

Morita Therapy: Potential Treatment for Borderline Personality Disorder

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Abstract:

Borderline personality disorder (BPD) is a cluster-B personality disorder known for its complexity and difficulty to cure, and was once considered untreatable. At present, the mainstream treatment is represented by dialectical behavior therapy (DBT), but there are problems such as the shortage of therapists and the high cost of training. In order to increase the therapeutic possibility of BPD, it is necessary to find a new treatment method. Morita Therapy originated in Japan and is based on eastern philosophy and Buddhism, emphasizing the oneness of man and nature. Due to the lack of clinical data on the direct application of Morita therapy to BPD and the lack of related studies, a definite conclusion cannot be drawn. But the concept and core features of Morita therapy are compatible with the core symptoms of BPD, and the potential efficacy of Morita therapy in the treatment of BPD and the potential as adjuvant therapy are possible. This study explores the potential efficacy of Morita therapy on BPD, and provides a new direction and idea for the research and practice of BPD psychotherapy.

Keywords: Morita therapy; Borderline personality disorder; Nature; Arugamama; Take-home morita therapy.

1. Introduction

Borderline personality disorder (BPD) is a cluster B personality disorder characterized by instability in interpersonal relationships, self-image, emotions, and behaviors [1]. Due to its complex symptoms and limited treatment, it was once considered incurable, and with the exploration of research and treatment of BPD, the term “incurable” was overturned.

The most studied and widely used psychotherapy for borderline personality disorder is dialectical behavioral therapy (DBT), which has offered the possibility of a cure for BPD patients. But disadvantages also exist: High training costs and difficulty in finding the right therapist [2]. To solve this problem and increase the treatment possibilities for BPD patients, it is important to find an alternative treatment.

Morita therapy is a Japanese psychotherapy that based on eastern philosophy. The core features include thinking symptoms are the nature of human experience, going with the flow, and thinking of emotions as uncontrollable and that people are not responsible for them [3].

The primary aim of this study is to introduce Morita therapy as a potential new psychotherapy for BPD, based on the analysis of the previous literature about the therapeutic

effect of Morita therapy in diseases with similar symptoms to BPD, and the theoretical effect of core concepts on the core symptoms of BPD. Although there is no direct clinical data showed that Morita therapy had a beneficial impact on the treatment of BPD, the results suggest that there is a therapeutic possibility between Morita therapy and BPD.

2. General Understanding of BPD

Borderline personality disorder (BPD), one of the most controversial personality disorders in the past, is a very complex and destructive mental illness. The core features are extreme idealization, uncontrollable anger, self-loathing, and dissociation, which are usually classified as low-functioning or high-functioning in unofficial diagnoses [1]. The prevalence of BPD is approximately 0.7% to 2.7% in the general population, 11% to 12% in psychiatric outpatients, and 22% in psychiatric inpatients [4]. The functional impairment in cognition, emotion, behavior, and high incidence make it even more devastating and make its treatment even more important.

The current treatment can be divided into pharmacotherapy and psychotherapy. Medications include first- and second-generation antipsychotics, mood stabilizers, and

anti-depressants; psychotherapy mainly includes five evidence-based treatments (EBTs) for BPD: DBT, mentalization-based treatment (MBT), schema-focused therapy (SFT), transference-focused psychotherapy (TFP), and systems training for emotional predictability and problem-solving (STEPPS) [5].

The challenge in psychotherapy, DBT the mainstream for instance, is the therapist: whether the therapist is well trained, willing to continue receiving BPD patients while receiving other clients, and how the patient can find the right therapist.

To solve this problem, it is necessary to find an alternative treatment to improve the treatment possibility of BPD. Morita therapy, which originated in Japan, is not widely used in Western countries at present, but it is full of potential as a complementary therapy for BPD.

3. General Understanding of Classical Morita Therapy

Morita therapy is a psychotherapy originated from Japan that reorients the patient's essence in a holistic, experiential approach, originally used to treat neuroses [3]. Unlike the Western philosophy that emphasizes alleviating and controlling symptoms, the core philosophy of Morita therapy is to allow suffering to exist and conceptualize unpleasant thoughts and emotions as natural and uncontrollable phenomena [3].

3.1 Core Features

3.1.1 Nature

Nature not only refers to the natural environment, but it also includes all phenomena in nature, such as the state of humans. Morita therapy states that humans are essentially antithetical to nature because of constantly challenging and controlling nature [3]. So Morita therapy tries to change this imbalance, transferring the patient from an unnatural state to a natural state, thereby accepting the inward natural response to the outside world, rather than suppressing the inevitable human nature [3].

3.1.2 Human nature

All human phenomena, both physical and mental, are influenced by human interaction with their surroundings [3]. All emotional experiences are natural, rational, and inevitable, and there is no positive or negative evaluation of emotions [3]. Therefore, Morita therapy believes that emotions are uncontrollable, and that people are not responsible for emotions [3]. If those emotions are left unchecked, eventually all will naturally dissipate. Behavior, however, is seen as controllable, requiring people to consider which actions to take without considering the accompanying emotions [3].

3.1.3 Arugamama

Arugamama means real, original state, meaning accepting the current status and going with the flow [3]. It is a state of intuitive and experiential acceptance in which one does not realize that the self has deviated from nature [3]. This state allows people to better adapt to life while allowing for emotional and mental ups and downs [3].

3.1.4 Desire for life

The desire for life refers to the individual's instinctive desire for self-improvement and self-realization, which is similar to the life force of narrative therapy in postmodernism, and is an innate inner motivation to promote and protect life [4]. This life force works best when the internal state is in a natural flow. Thus, Morita therapy is not about teaching people how to live a meaningful life, but about helping them comply with their intuitive desire to do so [3].

4. Four Stages of Classical Morita Therapy

The classic Morita therapy consists of four stages: 1) Bed rest. The patient lies in bed without receiving any stimulation until the patient is bored and can proceed to the next stage [6]. 2) Light monotonous work. Patients need to perform tasks that normally involve both hands and quietly complete tasks, increase contact with nature, and keep a diary [6]. 3) Moderate physical work. This stage requires the patient to participate in more complex work than the previous stage [6]. 4) Social integration, that is, reintegration into society. This stage typically includes more social tasks and events related to daily life, such as interpersonal interaction and communication [6].

5. Potential Efficacy to BPD Core Symptoms

5.1 From the Perspective of Thinking

The core cognitive symptoms of BPD are splitting and disassociation [2]. Splitting will cause great damage to the interpersonal relationship of BPD patients because extreme idealization and demeaning correspond to excessive proximity and alienation, which means the instability of interpersonal relationships, and repeated splitting will cause a trust crisis for the other party [2]. There are two ways to solve this problem: human interaction and cognition. Since splitting affects human relationships and is a cognitive defect, targeted treatment can be used to address the corresponding problem, that means Morita therapy can be beneficial to the progression of CBT.

In the first three stages of in-patient Morita therapy, the patient is required to be in a state similar to isolation, per-

form moderate work, and be in contact with nature [3]. This feature is that the patient is not in contact with society, which means that splitting can be greatly reduced, and the requirement of moderate work makes the patient more focused on real life rather than the spiritual world, thus reducing the probability of dissociation.

The split comes from the wrong perception, such as an over-interpretation of a small thing, which is often automatic, and cognitive behavioral therapy can be used during Morita therapy to educate BPD patients cognitively. Cognitive reconstruction can help patients identify, evaluate, and correct unhelpful automatic thinking, patients will learn to independently eliminate these negative underlying beliefs in a series of education [7].

The prerequisite for cognitive education is important: using Morita therapy to put the patient in a natural state. In this state, the dysfunction caused by division could be reduced, resulting in a more positive and peaceful state of mind. This may make the patient less resistant to CBT because if the patient is in a state of constant pain, he or she has to resort to maladaptive pain relief to make himself or herself feel better or numb. Patients were also more likely to follow the therapist's instructions, rather than being late, defaulting, or acting aggressively.

5.2 From the Perspective of Emotion

The emotional characteristics of people with BPD include extreme anger, intense emotional experiences, feelings of emptiness, and fear of abandonment [2]. The use of targeted medication seems to alleviate the experience, such as mood stabilizers and anti-depressants but is not radical, and lifelong use of medication is not an ideal option, since most patients want immediate results and hope their symptoms will not relapse. Based on the concept of Morita therapy human nature: all emotions are natural and uncontrollable, and people should not be responsible for emotions. Letting go and going with the emotional flow seems to keep patients in a more comfortable state of mind than holding on to the idea that they should suppress and alleviate unruly emotions.

Under the premise of ensuring the relative stability of emotions, choosing the same natural and effective treatment can be beneficial. Mindfulness skills training is a core part of DBT, and DBT is an effective treatment for common symptoms of BPD. The concept of mindfulness, derived from Buddhism, is often defined as being aware of the present moment, and having an open and accepting attitude, rather than being evaluative, and research has shown that mindfulness can be effective in reducing BPD symptoms and impulsivity [8]. The ability to decentralize is thought to be a major enhanced part of mindfulness, defined as the ability to observe one's feelings and thoughts

in a non-attached way, which allows people to view themselves from other perspectives, separate from personal experiences, and at the same time view these experiences as transitory mental events rather than reflections of a static self or reality [8]. The decentralized ability of BPD patients is weakened, mindfulness teaches patients how to train and enhance this ability, and Morita therapy gives patients more training opportunities and a better state. Although being alone for long periods may aggravate feelings of emptiness, this can be adjusted by adjusting the intensity of moderate work.

5.3 From the Perspective of Behavior

The core behavioral characteristics of BPD are impulsive behavior, including uncontrollable anger, maladaptive pain management behavior, and potential self-harm behavior [2]. Both inappropriate pain management behavior and self-harm, contrary to the surface, can be viewed as an inappropriate protective mechanism, that is, a force to protect life. Based on the views of psychoanalysis, self-harm means cutting off a part of oneself, protecting oneself by letting a part of the subject die by splitting, and can also be manifested in sexual and substance abuse and to numb oneself or relieve emotions [9].

Morita therapy deals with both emotional experience and action, including experiencing emotions and taking transformational actions in the context of life experiences, conducted through four stages and therapeutic conversations and diaries. Also, Morita therapy does not directly instruct patients in behavior but helps them to follow intuitive desires. But the impulsivity and self-destruction instincts of patients with BPD are not ideal and should be transformed into an instinctive desire for self-improvement and self-fulfillment. Therefore, cognitive and emotional intervention should precede behavior, because both often play a decisive role in decision-making. On the basis that symptoms improve, treatments targeting behavioral modules in CBT can be paired to increase the effect of treatment.

6. Discussion

Although traditional Morita therapy was performed in the form of in-patient therapy, it was later changed to the main form of out-patient therapy to adapt to the needs of the times, and the treatment techniques were also adjusted. The continued use of in-patient Morita therapy in the context of a high prevalence of BPD is a challenge for healthcare facilities, as it requires more inpatient space and nursing staff. Out-patient Morita therapy alleviates this difficulty and gives BPD patients more options, but it arouses the problem on the relationship between the therapist and the BPD patient: trust, treatment skills, cultural

background, and even the therapist himself. Limitations in various aspects lead to difficulties in the implementation of Morita therapy, so a take-home Morita therapy should be proposed.

In the take-home Morita therapy, the therapist only needs to teach the patient the core characteristics of BPD, how to perform the four stages of Morita therapy and what to pay attention to, and the patients can complete the four stages at home by themselves, then the therapist turns to nature and the patients themselves. The advantage of this model is that patients have more time to adapt to the concept of Morita therapy and adjust their work tasks according to their own conditions, which is more in line with the natural state without the supervision of others. While this may take longer, and whether the patient will perform the task themselves is an issue to consider, everything goes with the stream, just like the Morita treatment concept.

All the treatment objects only referring to low-functioning people, excluding typical high-functioning people, because the high-functioning people would not realize or admit that they are BPD patients, and therefore unwilling to receive treatment.

7. Conclusion

Morita Therapy is a form of psychotherapy from Japan based on eastern philosophy, and the core features include nature, human nature, arugumama, and desire for life, and is performed in four stages. This paper explores the potential efficacy of Morita therapy for patients with borderline personality disorder, and proposes a new take-home approach based on out-of-patient Morita therapy, which provides the possibility to solve the problem of lack of Morita therapist and the relationship between therapist and patient. Although there is currently a lack of clinical studies

and data on the treatment of BPD with Morita therapy, the concept and core features of both parties show that Morita therapy has great potential as an adjunct therapy in the treatment of BPD

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