

Morita Therapy: Prospects in Cultural Adaptation

May 6-8th, 2015

Vilnius University, Faculty of Philosophy (Universiteto str. 9/1, Vilnius)

Visiting lecturer Dr. Natalia D. Semenova, PhD, graduated from Lomonosov Moscow State University as a Clinical Psychologist, currently works at the Department of Outpatient Psychiatry of Moscow Research Institute of Psychiatry. She is very experienced in psychosocial rehabilitation and has been actively involved in studying, teaching and applying Morita therapy, and has been participating in Morita therapy conferences and international congresses since 1990. Her contribution to scholarly exchange and overseas promotion of Morita therapy was acknowledged by awarding Shoma Morita Prize in Tokyo in 2014.

PROGRAMME

May 6th Morita therapy: the key elements. Morita therapy & psychotherapy schools. **16.00-20.00, room 301**

Morita therapy: the key elements

Introduction. Shoma Morita (1874-1938). *The True Nature of Shinkeishitsu and its Treatment (1928)*. Morita therapy: unique views on human nature, the process of healing and personal growth. Morita therapy: the key elements, the scope of theory, practice, and application. Various modalities of Morita therapy: from rather traditional and highly structured inpatient treatment to more flexible, diversified, and eclectic/generalized applications. The target population for Moritian interventions: various adjustments and creative modifications.

Morita therapy & psychotherapy schools

Cultural and professional resistance to Morita therapy observed in the past. Friendliness (latent syntonicity) and unfriendliness (latent dystonicity) toward Morita therapy among European and American psychotherapists. Recent changes in Morita therapy. Four interrelated areas: (a) clinical practice and applications, (b) therapist training, education, and supervision, (c) research and development of assessment tools and evaluation methods, and (d) scholarly and professional communication and collaboration. Importance of dialogues across cultures and psychotherapy schools.

May 7th Morita therapy: inpatient and outpatient treatment. Brief Morita intervention based on active counselling. **15.00-19.00, room 304**

Inpatient treatment

“Residential Morita Therapy” – original inpatient treatment. The 4-stage Program (Jikei Univ. Centre for Morita Therapy): 1. Absolute bed rest period (7 days); 2. Light work period (4-7 days); 3. Work period (1 month); 4. Complex living task (social reintegration) period (1 week – 1 month).
Following FILM No 1.

Outpatient treatment

Outpatient therapy and counselling (individual and group). Guidelines: Attempts to Standardize Clinical Practice and Develop Treatment Protocols and Assessment Tools (*Japanese, English, Chinese, and Russian Versions*). Brief Morita intervention based on active counselling (AC) Model.
Following FILM No 2.

May 8th Current Morita therapy practice and applications. **13.00-17.00, room 201**

Current Morita therapy practice and applications.

Psycho-educational & Peer-help Approaches; Applied Integrative Clinical Practice; Out-patient Morita Therapy; Inpatient Morita Therapy, original. Various Applications: Parent education; Diary commentary and correspondence therapy, and recent *e*-counselling; Peer help and learning promotion by the *Hakkenkai* Association; *Yojo* Method (self-care approach for depressed clients) by Nakamura; PTSD, Trauma and support work by Ogawa, LeVine, and others; Occupational training and career development by Yamada and Hokkaido group; School and early childhood education and special education by Azuma.

Meaningful Life Therapy (MLT) (for cancer patients) by Itami.

Following FILM No 3.