

Meaningful Life Therapy:
Use of Morita Therapy Principles in Treating
Patients with Cancer and Intractable Diseases

Abstract. The Meaningful Life Therapy (MLT) is a recent psychosomatic approach developed by Jinro Itami, a Japanese physician working with terminally ill patients. It applies the basic principles of Morita therapy, such as accepting the fear of death, facing reality as it is, refocusing attention, and choosing action and purpose. Terminally and intractably ill patients receiving the MLT training learn to fight cancer actively with various techniques, to pursue personal meaning, and to engage in constructive and creative activities, including doing things for others. The MLT training objectives and activities are described, and its guiding principles are discussed in relation to Morita therapy.

Becker (1973) aptly pointed out the cultural heroism that underlies people's denial of death. As Buddha said, all living things are in the state of impermanence. No one can escape death. Where there is attachment to life, there is fear of death. Humans have devised various ways of coping with that fear, at both individual and cultural levels. Inner conflicts arise when one struggles to be free from it. After all, fear of death is a normal human response, which needs not to be denied or eliminated but to be simply accepted, according to Morita (1928/1974). There seems to be two options for coping then — a person may be either passively or actively engaged in living while fearing death. The present paper focuses on how terminally and intractably ill patients are helped to recognize and act on the latter option through a Japanese psychosomatically oriented therapy.

Although death is inevitable, one's struggle for life and meaning continues to the last minute of one's conscious existence. When one is faced with pain, fear, frustration, and despair, living can be a discouraging

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and miserable process. "Living fully" may be a noble concept, easy to utter in words, but difficult to put into practice. For terminally ill patients, realistic threats to their life span have a sobering effect on their psyche and personhood as well as on the people around them. Patients are forced to think about life and death in a most urgent manner.

How can those with cancer and other intractable diseases be helped? According to a new Japanese psychosomatic approach, what is helpful is not a religious conversion, a stoic philosophy, optimism through positive thinking, or death education. Instead, patients need to acquire practical tools which they can use to stay alive mentally and physically and to carve a meaning out of the present life.

This article briefly describes the practice of Meaningful Life Therapy (MLT or "*Ikigai Ryoho*"), which is largely based on the principles of Morita therapy. MLT was developed by Dr. Jinro Itami, a Japanese physician trained in internal medicine and psychiatry. Itami has been practicing it since 1981 in collaboration with other physicians. ^{Note 1.} They have found the method effective with patients suffering from cancer and other intractable diseases. From the perspective of psychoneuro-immunology, improvements have been observed in patients' immunity, life span, and their psychological conditions and the quality of life. The discussion mainly focuses on the basic principles studied and practiced by terminally ill patients in the MLT training and the practical activities for patients designed to raise their immunity and facilitate meaningful living.

Morita Therapy and the Principles of MLT

Morita therapy, founded by Shoma Morita (1874-1938), is a special treatment for nervous and anxious *shinkeishitsu*-type individuals. On the other hand, MLT is for terminally and intractably ill patients. In spite of the differences in clinical features between the two patient populations, I recognize several common aspects which make Morita therapy applicable to the latter group, in terms of cognitive-behavioral characteristics (Ishiyama, 1986a, 1988). They include the following: (a) excessive self-focusing and aggravation of emotional discomfort, (b) neglect of the desire for life and preoccupation with the fear of death, (c) neglect of freer choice of action, (d) self-imposition of dogmatic or idealistic thoughts (e.g., "should" and "should not" statements), and (e) rejecting or avoiding reality (the present life situation). One of the underlying philosophical underpinnings commonly shared between Morita therapy and MLT is a body-mind interactive perspective, which recognizes a

mutually influencing process of psychosomatic and somatopsychic symptom aggravation and resolution. These issues are addressed in the *MLT* training designed specifically for cancer and other terminally and intractably ill patients.

The *MLT* techniques and precepts are based on the psychological principles of Morita therapy, especially the following ones:

- (1) Recognizing the bilaterality of the fear of death and the desire for life
- (2) Facilitating clients' recognition that the fear of death is a normal human response and the fear reflects its underlying desire for life, and encouraging them to act on their desires to live actively and in good health and to pursue a constructive and meaningful life
- (3) Promoting choice and control of action instead of spontaneous emotions
- (4) Paying attention to and acting on the present situation realistically and being responsive to the practical needs of the circumstance
- (5) Accepting facts as facts, no matter how inconvenient they may be
- (6) Cultivating positive feelings and a sense of fulfillment resulting from their active engagement in productive activities

The aim of the *MLT* training is to encourage and help patients to engage in constructive and meaningful activities as long as they are alive and desire to live this way. Itami (1988) stresses the following attitude: "You may be physically sick, but do not become a sick person."

Itami (1987) believes that patients should know the diagnosis and the accompanying symptoms and learn about them. This is because patients' knowledge of the pathology will help them fight the illness more effectively and live the remainder of their lives more meaningfully. He suggests that the physician take time (1 to 6 months) to assist patients to learn about their illness and provide necessary medical information as part of the *MLT* training.

Patients practice five fundamental principles of *MLT* as guidelines for dealing with their illness and for daily living:

- (1) Being an active agent of disease management (i.e., as their own doctor) to understand and fight the disease, instead of passively relying on physicians' medical assessment and treatment
- (2) Setting immediate life goals and devoting time to doing something meaningful and purposeful every day
- (3) Doing something positive for the benefit of others and contrib-

- uting to others' well-being
- (4) Receiving counseling to learn to cope with the fear of death and to act on the desire to live
 - (5) Acknowledging death as a fact and a part of the natural living-and-dying process, and preparing for one's own death as practically and constructively as possible (e.g., writing a will, dealing with unfinished business, and making funeral arrangements).

MLT Training Activities

The *MLT* training uses an individualized learning approach, coupled with: (a) medical advising and counseling by physicians, (b) group support, and (c) mutual learning sessions. As mentioned earlier, the most prominent goal of *MLT* is to activate the immune system to fight illnesses. Patients read short textbooks on *MLT* which explain the above principles and illustrate how to apply the principles to daily living. In addition, they attend support group meetings and mutual learning sessions. Itami offers 2-hour weekly sessions and graduated courses. Three courses are offered in a progressive way; Course "A" focuses on *MLT* Principles 1 to 3, Course "B" on Principles 4 and 5, and Course "C" on applying all five principles to patients' occupation and contribution to society.

As a way of combatting cancer and other illnesses, Itami and his group offer structured learning programs (i.e., Courses "A", "B", and "C"). Learning is facilitated by modes of instruction and interaction, such as individual instructions, diary guidance, workshops, audio-visual learning aids (e.g., books, audiotapes, and videotapes), support group meetings, and correspondence guidance for those living in remote areas. Much of mutual modelling and support networking occurs as a natural byproduct of group involvement.

In the *MLT* training, participants practice the following activities (Itami, 1988):

Engagement in meaningful activities. Although patients may be limited in physical activities depending on their stage of illness development, it is possible for them to find things they can enjoy doing passively or actively and find personally meaningful and fulfilling. Therefore, patients are encouraged to identify the activities that they are interested in and capable of doing (e.g., hobbies, creative work, and socializing). The following are such examples: painting, writing poems and stories, telephoning or writing to friends, dry flower arrangement, organizing exhibitions and social get-togethers, weaving, and doing volunteer

work. Thanking the family members and others in various forms of expression is also a meaningful activity. They set daily goals and learn to appreciate every effort and progress.

Being useful for others. A sense of fulfillment and meaning may be found in other-directed activities. In *MLT*, participants are guided to pay attention to the immediate environment to recognize constructive things they can do for others, no matter how trifling, such as picking up trash, sweeping the street, and teaching their skills and talents to others. They may visit other terminally ill patients and share their experiences and show support. Giving talks on their personal experience of struggles is highly educational to others. Thus, contributing to one's environment and other people's well-being, within the patient's own capacity, can bring joy and strengthen meaningful social contacts.

Humor training. Laughter is considered health-promoting. Participants are instructed to pay close attention to daily events and to discover something humorous as story-preparation homework for the next session. This directs patients' attention to various aspects of daily living, and improves their awareness and observation skills. They search for humorous experiences and ideas to prepare a story to tell other group members. Other group members are encouraged to laugh in amusement at the slightest humor when a story is told as a reward for the story-teller. Humor training such as this helps to give patients a refreshing perspective on life and reduces self-preoccupations and aggravation of depressive ideations.

Drawing therapy. Drawing in the *MLT* training has several functions: (a) to activate the five senses and stimulate the brain; (b) to do one's best, (c) to pay close attention to the object, and (d) to offer drawings as gifts to others. Casual drawing (portraits, still pictures, cartoons, etc.) is a simple activity that anyone can learn to do. Individual differences may be observed in how people approach the drawing activity. *MLT* trainees are encouraged to do their best to tackle with the task of drawing and stay focused in the here-and-now. A drawing project takes on an extra meaning when it will be used as a gift for someone. In this process, they temporarily become free from the fear of death and other morbid concerns, because of self-immersion in a drawing activity. It is an experience of what is called "ego-transcendence" in Morita therapy (Ishiyama, 1986b). Patients are encouraged to cultivate an attitude of approaching each activity seriously, focused, wholeheartedly, and mindful of its constructive purpose. In addition to the intrinsic reward of being engaged in a creative activity, they also enjoy positive and encouraging

feedback from the training therapist and other patients and a wider recognition of their efforts at public exhibitions.

Visualization training. A visualization technique was proposed by Simonton and Mathews-Simonton (1978) as an effective way of improving cancer patients' immunity. In this method, patients are instructed to relax the body and visualize healthy cells destroying the cancerous cell and the body becoming stronger and healthier. Itami (1988) has added to the relaxation procedure the method of counting breaths as practiced in yoga and zazen. Itami has his patients draw a colorful picture of the cancer cell being eaten and destroyed by the healthy and powerful cell. Patients then recall their vivid drawing during the visualization to reinforce the image of a successful combat against the cancer cell. This is considered to intensify the therapeutic effects of imaging, according to Itami.

Association involvement. The Association for the Practice of MLT consists of patients, their families, medical practitioners, and the general public. They organize local workshops, tours, public exhibitions of the members' creative work and of the Association's activities, support group meetings, and the publication of their newsletter, *Ikigai Tsushin*. MLT participants are actively involved in the Association's projects, in personally capable ways, and contribute to society and express their desire to live constructively. Those suffering from neurotic and psychosomatic problems also participate in the Association's activities and apply the MLT principles to themselves.

Unique Features of the MLT Training

The MLT training offers a unique and highly practical perspective on working with cancer and other terminally and intractably ill patients. As discussed earlier, the method successfully incorporates the philosophy and principles of Morita therapy, originally developed only for *shinkeishitsu* type clients. In addition, there are unique aspects to MLT worthy of mentioning.

First, patients are taught skills such as biofeedback and visualization techniques in order to fight the disease and to improve their immune system. Fighting to live longer and working on personal projects and goals, as discussed below, are their major daily tasks. Action taking and the realistic appraisal of the present situation are important elements of meaningful living. In this regard, Itami (1990) warns that the MLT training is not a "positive thinking" method. One may wish to willfully reduce and resolve the fear of death and other inconvenient feelings.

However, thinking positively and expecting desirable changes in life do not necessarily alter reality or postpone one's inevitable death. What is required of patients is the acquisition of skills and techniques for living longer and more meaningfully.

Second, the fear of inevitable death is regarded as normal and natural. Patients are not encouraged to try to lessen their fear of death but to coexist with it reluctantly. Therefore, no ideological intervention is used to change their fear of death or ambivalent feelings toward death.

Third, there is no specific "meaning in life" or ideology promoted in *MLT*. The training is presented to patients not as a philosophy of life, but as a system of learnable psychosocial and behavioral skills for enabling themselves to pursue life in a personally meaningful way. The training helps to redirect self-focused attention and energy to rewarding activities which would in turn enhance mental well-being and raise immunity. This would result in prolonged life and an enhanced sense of fulfillment in a personal way.

Fourth, *MLT* is present-focused. Unlike Kubler-Ross' approach which emphasizes the life after death, the *MLT* training focuses on the living process and activities. Instead of seeking peace and resolution through the appreciation of their spiritual life after death, *MLT* patients are guided to find fulfillment in the present by doing and living to the best of their ability. Concerns about death and post-death are left with each individual and his/her philosophical, religious, and spiritual orientation. Itami's training exclusively deals with living issues and the task of coexisting with the realistic fear of death. He writes, "It is more important for us to do 'what we can do with our life' and to leave something useful for society than to merely set our mind at rest".^{Note 2.}

Conclusion

Itami's approach and successful treatment cases challenge the general attitude held among many people toward the terminally ill — that persons with cancer and intractable diseases are helpless and incapable of leading an active and fulfilling life as normal persons do, and that they are unable to enhance greater meaning in life because they are sick and destined to die within a short period of time. As Itami (1990) pointed out, people need to realize that terminally ill persons, such as those practicing *MLT*, can live their lives as productively as, or even more productively than, do ordinary healthy persons. In fact, there is much to be learned from the former who are trying to live to their fullest potentials until their last living moment.

Note 1. Dr. Jinro Itami can be contacted at: 6108 Tamashima Otoshima, Kurashiki-shi, Okayama-ken, Japan 713.

Note 2. From an undated mimeographed article by Itami, entitled: *Life and death studied from the standpoint of the Meaningful Life Therapy*.

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