

# MORITA THERAPY AS A “CONCEPTUS COSMICUS” FOR PSYCHOSIS INFLUENCED BY ZEN BUDDHISM – A COMPARISON OF THE PRINCIPLES OF MAHAYANA BUDDHIST PHILOSOPHY (EAST ASIA) AND THE COGNITIVE THINKING OF M. SCHLICK (VIENNA CIRCLE)

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**ABSTRACT.** *In Western-style medicine it is customary to diagnose the symptoms of an illness, to define its cause and, if necessary, remove it from the human organism by way of a surgical intervention. In surgery and in internal medicine this method is often successful. But for a number of psycho-physical problems this is not the best method of treatment. Furthermore, the problem of what might be termed as the essence of “suffering” often eludes definition in both physical and psychological forms of treatment. If the cause of individual suffering is defined in the course of dialogue therapy, the patient’s psychological situation will not remain static at the defined position; there is always the possibility of change. More intellectual patients may have reservations about their therapist: They may doubt whether a particular therapy will provide an effective cure for their sufferings. Some of them will try to analyze the methods used by the therapist. Here it is necessary to consider what the essence of “suffering” for an individual is. A possible solution to this problem might be found through comparing the different sciences, languages, and basic ways of thinking of different cultures.*

*The “Morita Therapy” developed by Dr. MORITA Masatake (1874–1938) and his successors shows a unique approach to overcome this problem, as a therapy as well as a method of “self-healing” for psycho-physical disturbances. In his youth, Dr. Morita himself suffered from obsessive neurosis and anxiety psychosis. He was a difficult patient on whom the classic Western style psychotherapy did not have an effect. One of the turning points for Morita for overcoming his illness was the knowledge and practice of Zen Buddhism and its psychic and intellectual influence on both body and mind.*

*Some think that it may be an innovative contribution to conventional psychotherapy, whereas others hold that the Morita Therapy lacks a well-founded scientific basis. I have a still different viewpoint: As a medical doctor, Morita did not leave a scientific theory backing up his therapy. The therapy itself is an original system combining psycho-physical medicine, physical therapy, and anthropology. In my paper I will compare the thinking system behind the Morita Therapy (the so-called “Art of Self-Healing”) with the basic principles of Moritz Schlick’s analytical thought and cognitive science (Vienna Circle, Lecture held in 1933/34). This may provide some useful insights for recognizing an efficient method for overcoming psycho-physical problems, which often arises within the complex dimensions of our lives governed by the networks of a globalized world.*

**KEYWORDS:** *Dr. Morita’s psychophysical therapy, body and mind as a microcosmic unity, Transmission of microcosmic organism (human body) and macrocosmic truth in Mahayana Buddhism, The art of self-healing in Zen Buddhism, Comparative philosophy of analytical thought and holistic insight of Zen, Cosmic truth in a real world, Inherent human nature in co-existential relationship*

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### **1. Introduction: The Method of Morita – based on Buddhist way of thinking**

Contrary to general prejudice, the East Asian Mahayana Buddhism is not necessarily full of mysticism or esoteric ritual. It strives for a realization of ethical life, awareness of self in human relationships, and clear insights in thinking and acting in daily life. This realization is not the same as the transcendental philosophy of Kant or the philosophy of mind of Hegel. The genealogy of Zen-, Huayen- and Tiantai-Buddhism in East Asia achieves a realization of embodied knowledge, wisdom and also a higher cognition through the unity of body and mind with life then is suggested by their western philosophical counterparts. The goal in a “conceptus cosmicus”, as shown by Kant in his Critique of Pure Reason (B 866, A 838) is held as an essential benefit of the realization of ideals of universal truth. By contrast in Buddhist philosophy, the goal of a fulfilled mind is to execute one’s ethical life in a co-existential relationship in the environment – whereas a similar goal could be found in another prototype by Aristotle’s “Ethika Nikomacheia”. The healing and self-healing in the therapy developed by Dr. Morita is based on a worldview corresponding to the Buddhist thinking, made up of clear insights and a system for achieving some degree of self-realization that can be expressed as a continuous practice in a daily life.

The following is an outline of the principles of the Morita Therapy, which differs greatly from the methods of Freud, Jung and others. Morita does not say much about the analysis of the pathological cause of the neurotic or psychotic symptoms. He defines the cause of obsessive neurosis and panics as being *a priori inherent in the nature* of individual patients whose psyche is prone to a repeated instances of hypersensitivity or panic attacks, thereby triggering an exclusively negative approach to any problem within the patient. A *definition* of the pathological causes, whether they originate from childhood experiences, from the parental relations or from

unsuccessful human interrelations, is not regarded to be of central relevance in Morita Therapy.<sup>1</sup>

Morita presumes that the therapist may accept this basic tendency *a priori* as *part of the inborn nature* of his patients, and that this presumption forms one of the basic dimension of the *therapy*. This readiness for acceptance does not only belong to the therapist, but also to the patients, who themselves must define the initial form of their healing process. Those familiar with the methods of Freud or Jung may believe that the Morita Therapy has neglected the pathological discourse. One principle of the Morita Therapy, however, is that an examination or analysis of the causality of the pathological symptoms would – with some patients – lead to an increase in their panic attacks, whereby their *inborn nature* would not be subject to change. Usually, the Western therapists will prescribe medication according to the diagnosis of the symptoms. If the condition of the patient gets worse, a higher dose will be prescribed. With psychotic conditions, this may have the *adverse effect* where patients are seen as objects to be diagnosed by the therapist, thus *disregarding their potential of self-healing*. If the therapy relying on an increased dose of medication is not effective, the patients will suffer defeat by losing their self-confidence. The Morita Therapy, on the other hand, has a different approach: The inclination of the patient to reproduce panic attacks is accepted as his *inborn, very human, nature*. On this basis, a joint working method is evolved between therapist and patient. Morita underlines that the inborn nature of psychosis is *not* an illness to be regarded as a shame or to be rejected by society. It forms the basis for any human effort striving for higher achievement in order to master one's life in a satisfying manner. By neither being ignored nor discriminated against, the patient will be led by the doctor towards a communicative field of co-existence in which a way for true self-healing is found.<sup>2</sup>

Seen in the light of comparative philosophy, this tenet of the Morita Therapy is related to Buddhism. Instead of a superstructure of pathological symptoms, Morita favours an *absolute acceptance of the psychotic nature* of the patient, as a basis of *one's own pure humanity*. It can be seen that this open readiness for and acceptance of a given phenomenon corresponds to the basic ideas of Buddhism as a philosophy: Man's whole life is "*duḥkha*" (suffering). Birth, aging, sickness and death belong to every individual. Encountering a spiteful person means suffering, just as the separation from a loved one, the loss of power or accomplishments means suffering. Suffering is not something to be removed as an object, but an inborn basic phenomenon that has to be accepted by man.<sup>3</sup> How the therapist and the patient

<sup>1</sup> The basic position of Morita Therapy: See the article of Hashi, published in the collected work of Wallner and Hashi, *Globalisierung des Denkens in Ost und West*, Nordhausen 2011: "Dr. Morita's Psychophysical Therapy and the Way it is Influenced by Zen Buddhism".

<sup>2</sup> Tashiro, Nobutada, *morita ryōhō nyūmon (Introduction to the Morita Therapy)*, Tokyo 2005: sōgensha: Chapter 14, 15, 16. Hashi, *ibidem* 2011, Chapter 2.

<sup>3</sup> Basic concepts of suffering in Early Buddhism are found in samyutta-nikāya 56. 11, majjhima-nikāya 28, 115. For the concept of *karunā* in Zen Buddhism see *hisamatsu shin'ichi bukkyō kōgi (Hisamatsu Shin'ichi: Lectures of Buddhism)*, Complete Works, vol. II, Kyoto 1990: Hōzōkan.

behave towards each other will be determined by the way in which this basic phenomenon is handled, strengthening the positive side of our inherent nature, and finally transcending the phenomenon of suffering. Here a *dichotomy differentiation* of therapist and patient is not in the foreground, neither is the definition from the pathological analysis nor a visualization of the substance of sickness (which is important in analytical thinking). Of course, various symptoms of panic attacks, anxiety, or obsessive psycho-phenomena are most carefully observed in the dialogue therapy. Suitable medication is one of the basic principles of the Morita Therapy; but it should not be administered without the integration of a co-ordinated balance of the patient's body and mind. A re-orientation of the patient's own mind, developed by himself / herself, is an indispensable part of the therapy, drawing on the strength *one's own power for self-healing*.<sup>1</sup>

## 2. Definition of pain in an analytical way of thinking

A reference to Moritz Schlick (1882–1936), one of the prominent representatives of traditional scientific theory, and one of the founders of the Vienna Circle, seems appropriate for comparative reflection. In his series of lectures *Die Probleme der Philosophie in ihrem Zusammenhang* (Winter Semester 1933-34) Schlick propounded the theory that the ego/self (Ich) as such was certainly a subject of metaphysics and ontology, but could not be made a topic of cognitive theory of science. Reasons for this were:

(1) That statements of a self are always subjective expressions by an individual: A statement of any kind beginning with the personal pronoun (“I have (...)”, “I think (...)”, “I see (...)” and so forth) always expresses a phenomenon to which a personal subject *I / ego/ self* is bound, whereas the nature of this subject cannot be objectively analysed.

(2) The phenomenon of feeling can hardly be analysed in a scientific way, since this phenomenon is bound to the most subjectivist area of human activity. For example, *feeling pain* is a highly subjective sensation that can be described only in correlation with an ego or self as a subject feeling pain.

(3) The problem is that statements relating to the *category of the “self”* cannot be defined in a positivist, material or cognitive scientific way, because they are always expressed by a personal pronoun, in the singular form, connected always to a *subject statement form*.<sup>2</sup>

Comparing the Morita Therapy with the tenets of Buddhism, I would point out that the features of this theory do not conform to Buddhist philosophy. Today one can establish neuronal and physiological causes of the phenomenon of feeling pain: The

<sup>1</sup> Tashiro, ibidem, Chapter 3.3. Hashi, 2011, ibidem, Chapter 8. Today psychotherapists and physicians employ not only the advanced methods of modern medicine but are also influenced by Morita's system of thought; a special project is the application of the Morita therapy to schizophrenic patients.

<sup>2</sup> Moritz Schlick, „Vom Ich oder von der Psyche“, in: *Die Probleme der Philosophie in ihrem Zusammenhang*, Frankfurt a. M. 1986, Paragraph 22.

organism, that receives an unusual stimulus, transmits stronger signals via the central nervous system to the cerebral regions. This process is a reproducible phenomenon of *pain* that can be observed and measured in the body which experiences the pain. Psychic suffering can be investigated by examining the hormone level of cerebral cells. And in Buddhism another phenomenon becomes relevant: regardless of the medical method used for diagnosing the causes of pain, *the patient is bound to suffer*. If the cause is found to be an imbalance of the neuronal hormone level, for instance in a lack of Serotonin, the therapy will resort to anti-depressants, which will cause the Serotonin to be retained in the cerebrum for a longer period. In this case the patient's state of mind will experience an improvement. This kind of diagnosis and therapy may be helpful, but *they are not exhaustive*. Psychotic patients fall ill *not only* because the material substance of their organism is affected but also because this also triggers off an orientation of the mind involving the *patient's free will* and the *liberty of action*. It is often because neurotic-psychotic patients have an inborn inclination to look at things in a depressive, negative way, that they need an *inner reinforcement*, a *reorientation* in the content of their consciousness. If this reorientation does not take place, medication alone will not achieve the desired results.<sup>1</sup>

The principles outlined by Schlick are valid within the frame of his cognitive theory. Of course, he did not specifically problematize the subject of healing from an illness. But it is important to discuss the following aspect of Schlick's philosophy: Any subject that cannot be proved by cognitive scientific or positivist methods is to be excluded from discussion. I think that this viewpoint holds true within the limits of cognitive theory but not for therapy of psychosis, because the causes of this condition are not restricted to a substantial matter that can be positively defined. Psychic illnesses have their causes in the orientation of the patient's mind, in the connection of their relations to their environment. An integrative method is necessary to help them on the way towards health. This method must rely on both a medical diagnosis as well as on a co-operative joint dialogue of two individuals or "selves", the therapist and the patient.

### **3. The core of the Morita Therapy for a well-balanced mind**

Morita suggests that neurotic psychosis results from an increased tension between the patient's *own perception of wish-fulfilment* and a *reality running counter to this*. The stronger the involvement in one's own desires, the stronger the suffering of the psyche. It is important for psychotic patients to recognize this pattern in order to arrive at a different mindset while efforts for healing and self-healing continue: "*Let it be as it is. Let us leave things as they will develop by themselves spontaneously*": This is not indifference or passivity remaining in ignorance or

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<sup>1</sup> In this preposition the Buddhist way of thinking is transparent that the "suffering of the soul or psyche" should not be viewed from a material causality only, but also from the orientation of one's own mind. An integration of the sufferer's body and mind is parallel to the co-existence of medical doctor and patient.

idleness, but a profound, judicious composure, a kind of “*extinguishing and cleansing of a fiery craving for wish-fulfilment here and now*”.

This thought of Morita is based on the idea, “Reality is the best Truth, which is *given here and now* (whereas circumstances in reality are changing into the future)” – an important concept of Zen Buddhism. This insight into an affirmation of reality, accompanied by efforts to accept the conditions of real life, is one of the basic characteristics of Chinese and East Asian Mahayana Buddhism, which is quite different from the highly developed speculative logic or mystical features represented by the Indo-Tibetan Mahayana Buddhism. The Tientai-(Tendai)-School in China and East Asia follows the principle: 諸法実相, Japanese; *shohō jissō*, Chinese; *zhū-fǎ shí-xiàng*; “*dharma, the eternal truth of universality is shown in the phenomena of the real world*”. In the Huayen-(Kegon)-School another similar principle is followed: “Things A and B are distinguished from each other, while they are in a relationship and in harmony. Every being in the real world maintains an intermediation and intra-relation with another one to achieve a complementarity.” (事事無碍 Japanese; *ji-ji-mu-ge*; Chinese; *shì-shì-wú-ài*). The goal of these ideas is striving for the *best reality in the real world*, whereby the affirmative orientation and the effort to change the given circumstances should be executed in freedom, with a cautious view and transparent insight into the reality of daily life. The essence of Tientai- and Huayen-Buddhism was reworked in Zen, in which the relevance of the daily practice in thinking and acting was primarily accented, i.e. the reality of here and now, which cannot not immediately be drastically changed by one’s own effort, has to be accepted in a tranquil state of mind by a continuous effort, during which the environment is perceived as changing.<sup>1</sup> Against the background of this culture of thought, Morita coined the *key word for his patients* in his therapy, based on the vocabulary of Japanese everyday language, *aru ga mama: Let it be as it is*. At the heart of this is the individual self, a self who is actually free in breathing, thinking and acting, who can find the right way in his/her life at every moment, even if the self in this moment suffers from a panic attack. Of course, this kind of self-control is almost impossible for patients with serious panic attacks or chronic anxiety psychosis. In such a case Morita’s therapy prescribes that the patient should stay in bed without any disturbance for several days, until the *motives for the occurrence of the panic attack or anxiety have exhausted themselves completely*.

Anyway, the core of the Morita Therapy reminds us of a similarity to the thinking and acting in Zen Buddhism. If we have a cause for anger or frustration, unsatisfied emotions of any kind, *let us concentrate our insight without explosion*,

<sup>1</sup> Nakamura, Hajime (Ed.), *kegon-kyō* (華嚴經 Huayen-Sutra), in: *daijō butten*, Vol. 5, Tokyo 2007. The characteristics of logic and cognition in Huayen Buddhism are discussed by Sueki T., reviewed from the perspectives of Cognitive Science, Formal Logic and Analytical Philosophy: Sueki, Takehiro, *tōyō no gōri-shisō* (東洋の合理思想, The Rational Philosophy of East Asia), Tokyo 1968, Chapter 2, Paragraphs 1, 2, 3. “*Let it be as it is*”: *aru ga mama* (Jap.); Tashiro, Chap. 9. 3., pp. 136, cf. Chap. 2. Hashi, *ibidem* 2011, Chap. 6. Tashiro, Chap. 3. 5.

screaming or attacking anyone, to first clarify why we are angry and to what degree the cause of our anger is correct. This kind of self-critical reflexion should be undertaken until the reason for our anger is exhausted. Just at this point, the negative energies of anger, panic, or anxiety, find a *turning point* where they can be turned into positive energy required for thinking and acting.<sup>1</sup>

Morita's "Change in Thinking" aims at a kind of "*nirvāṇa*", i.e. the "*quenching of fiery greed*" in original Indian Buddhism. A re-interpretation in East Asian Zen Buddhism has found the formula "*to be free from suffering, in a transparent state of mind resulting therefrom*" (*gedatsu* 解脱).<sup>2</sup> The patient must first calmly look at the pattern of his behaviour that led to the origin of his suffering and realize why this has arisen and grown. If he can identify this pattern, he may then move into the opposite direction thereby – "*releasing his bonds*".

This position, "*aru ga mama*" / "*Let it be as it is*", is not to be confused with some form of careless behavior. Rather, it is a cautious view to the environment of life as we live it, as a part of the human world and also as a part of cosmic reality. In this thinking the human is recognized as an expression of indivisible unity of body and mind in which a *microcosmic organism* is inherent. Expressing this microcosmos, a self has a relationship to other selves from which a co-existential base can be developed. Our self-consciousness also includes a *macro-cosmic unity* of the truth. The principle of the Morita therapy ("*aru ga mama*" / "*let it be as it is*") can be interpreted in Comparative Philosophy as follows: Our "suffering" in a life is always enveloped in a world of the eternal truth. The cognition of "*aru ga mama*" / "*let it be as it is*" can be embodied primarily through our body and mind. Accompanied by the clear self-consciousness, one's own self makes sure that it presents a micro-cosmic truth of its expression as a living organism and at the same time manifests such that it simultaneously takes part in the macro-cosmic truth via our embodied mind. In so far as we succeed in this effort to live our lives from an affirmative mentality, we negate the factors which lead our thinking towards negativity or to a nameless anxiety. We can say, "*aru ga mama*" / "*let t it be as it is*", thus remaining in a more positive state of mind and releasing control of various other factors to their own processes so that they can develop and evolve naturally. In this way the Morita therapy transmits the

<sup>1</sup> We have to underline that this way of calming down patients suffering from serious depression is possible only, if the patients stay in bed in absolute calmness, if they get enough sleep, and a well-balanced diet, and of course also the support of well organized medication. See Tashiro, Chapter 3, Hashi 2011, Chapter 6 and 7.

<sup>2</sup> Instead of the "*nirvāṇa*", the basic principle of Buddhism in general, an alternative term is often used in Zen Buddhism: *gedatsu* (jap.) 解脱, "overcoming one's own limit of knowledge or recognition to achieve self-liberty and self-recognition in body and mind". The active character of Zen Buddhism is shown in that "*nirvāṇa*" is viewed in close integration into daily life as "reset of the mind in awareness and cautious view" in regarding and accenting the "self liberty and self transcendence". Morita in his therapist theory used the term *gedatsu*. *hanmon soku gedatsu* 煩悶即解脱: Suffering (*kleśa*) and Awakening (*bodhi*) are simultaneous, both of them being in transmission. i.e.: The energy of the suffering psyche must be transformed into positive energy for acting and resetting of the well-integrated body and mind.

*micro-cosmic unity of the human body to the macro-cosmic fulfilment of human mind and achieves an integration of both in our real life, in another word as the “mezzo-cosmic reality”.*

#### **4. The basic diagnosis of the Morita Therapy to achieve a well-conditioned body**

The Morita Therapy prescribes the following procedure:<sup>1</sup> At the very beginning the patient should be confined to his/her bed (for one to not more than seven days, with medication treatment). If neurotic, psychotic, or compulsive panic attacks arise – “*let it be as it is*”. The sources of psychotic imaginings will run dry in due course. From the eighth day onwards the patient should revert to his/her normal daily routines, however, with a considerable reduction of his/her working load. He/she should at best engage in light physical work (cleaning, handicraft, sewing etc.) Regardless of whether his state of mind has improved or not, the patient should attend to the task in hand. A flowing state of consciousness should help the body and mind to give itself up to the current piece of work. If panic attacks occur they should be disregarded – again: “*Let it be as it is*”. What is important is the full dedication to the task in hand. This method reminds us of the practice of integrative concentration of body and mind through the cautious breathing practised in Zen Buddhism: The physical organism is consciously stilled so that all members of the body are drawn towards an absolutely quiescent point. Concentration is directed to rhythmical breathing uncontaminated by particular thoughts or visions. Whether advantageous or not – any value judgments or calculations are to be dropped. If thoughts or visions arise, let them pass. Do not make them subjects to be fought against. Let us accept this phenomenon as inherent to the nature of our minds, while we concentrate on the original motive of life, on deep breathing and on the core of our transparent consciousness.

#### **5. The misleading of “intuition” – Different status and meaning of the “intuition” in the thought of Morita (Zen Buddhism) and Schlick (Cognitive Science)**

Suzuki Daisetz (1870–1966), a well-known Zen thinker of the 20<sup>th</sup> century, has coined the term *satori*, *prajñā*, i.e. “intuition“, to be found in profound calmness getting a clear insight into all things.<sup>2</sup> This may give rise to misunderstandings, especially with thinkers of an analytical orientation. Looking at Moritz Schlick and his lectures about “intuitive cognition“, one may come to the following conclusion: For Schlick and other analytical thinkers “intuition“ means the emotional sensation or momentary ideas (or an invasion) that cannot be scientifically explained. This, however, is *not* the kind of “*intuition*“ which Daisetz explained. I think that another translation including an explication would be preferable: a “*clear insight*” which is

<sup>1</sup> Tashiro, Chapter 3.3. Hashi 2011, Chapter 8.

<sup>2</sup> Suzuki, Teitarō Daisetz: 1870–1966, one of the most well-known Zen thinkers in the 20<sup>th</sup> century. Daisetz is his dharma name. See the Complete Works of Daisetz, Tokyo 1968-1970, and selected works published in various languages, for example, “Prajna”, Zürich 1990: Otto Barth.



free from any sensation or invasion, grasping the entity of the whole situation and the condition of the self in the environment.

On the other hand, the following conception summarizes the basic proposition of Schlick, what “intuition“ is in his cognitive thought:<sup>1</sup>

‘This is only a motion, a movement in the mind, stimulated by the environment. But it is momentary. The person who has this experience comments on this sensation and believes in a subjective way that this seems to be cognition: this is never correct. The recognizing subject has to analyse the object of what he will recognize in a deductive way, executing the process for cognition. He has to expound what has been recognized in a critical discourse and what has been not recognized. With *intuition* the recognizing subject is no longer in the position of this analytical division. Therefore intuition cannot be bound to cognitive discourses.’

If some followers of Schlick cling to this proposition and, based on this, question the scientific quality of Zen Buddhist “*intuition*“, this may be seen as a breach of logic, resulting from an *error of translation* and a *lack of explanatory discourse*. The “intuition“ of Daisetz and other Zen philosophers is a *clear insight* into the circumstances and the “transparent” affectation of an individual as a distinct self (with body and mind in correlation to the environment). This is recognized by an alert, sober and clear consciousness that is aware of its own being and its environment. Thus, it is far from an “intuition of a mystifying nature“, condemned by Schlick as lacking an analytic and scientific eye. The following phrasing would more accurately describe the term ‘*intuition*’ in Zen: a profound insight in the midst of experiencing an active, fully concentrated, clear state of consciousness.

## 6. The comparison of the horizons of Zen and Cognitive Science

In light of comparative philosophy, the following comments might be added: Contrary to the principles of analytical philosophy, the cognition of Zen Buddhism does not maintain a distance between subject and object. Buddhist cognition generally means the opposite: *The thinking and observing person is part of the total phenomenon making up the problems that have to be solved*. In the Morita Therapy the therapist does not try to manipulate the patient, but instead acts as a consultant and mentor on the same level as the patient, furthering the potential for self-healing in the latter. There is not a division between cognitive subject and object, but patient and therapist move on a *level of co-existence*, the patient on his way towards developing his self-healing faculties, and the therapist as a mentor, as a mediator between the sick and the sound psyche.

Turning back to Schlick’s terminology and the philosophy of Zen Buddhism, we have to regard the basic thinking system of Suzuki Daisetz (1870–1966, Zen

<sup>1</sup> Moritz Schlick, „Von der sogenannten intuitiven Erkenntnis“, in: Die Probleme der Philosophie in ihrem Zusammenhang“, Chapter 9, Frankfurt a.M. 1986.

thinker), Hisamatsu Shin'ichi (1889–1980, Kyoto School, philosopher and Zen philosopher), Akizuki Ryōmin (1921–1999, Zen philosopher) and Izutsu Toshihiko (1914–1993, linguist, orientalist, philosopher)<sup>1</sup> The most important principle to grasp their system of thinking is that a *cognition is obtained* when a recognizing subject and a recognizable object achieve a unity, i.e., the subject and the object meet within the dimensions of co-existential experience. According to Morita, in developing their relationship, the therapist and the patient build a *field of co-existence* and achieve an effective healing practice in which the subject-object (patient and doctor) achieve a field of oneness. Hereby the position of subject and object is not fixed; they are in a relationship of interdependency. In this relationship of therapist and patient, subject and object are constantly changing roles. For the patient, the consultation of the therapist is a recognizable object and at the same time, it is a part of his self-recognition, in other words, the realization of what he can do for himself on the co-existential level. For the therapist, the further development of the patient is not an object to be controlled, but rather, he is a critical mediator controlling his own consciousness to monitor the effectiveness of the healing practice. Instead of a division of recognizing subject and recognizable object, there is an *integrative connection*, the *change of subject and object roles* and a *reunion of both on a co-existential basis*. An intermediate balance of this discourse within the horizon of comparative philosophy is that in the Morita Therapy (underlined by the Zen Buddhist interpretation of cognition) the recognizing subject (therapist) is placed in the position of a recognizable, discussible phenomenon. With purely analytical thinkers such as Schlick this is not the case.

## 7. Conclusion: Integration of the thinking and acting self to the scientific subject

The position of the analyst is at the same time that of an analytically thinking subject. The latter cannot be regarded at the same time as the object of his analysis. If he wishes to analyse part of his own features of thinking, this requires a definition of which part of the features of the recognizing subject is to be the object of interpretation and which is not. The parts of the recognizing subject must therefore be turned into a recognizable object of research. The latter is part of the features of an analytically thinking subject, from which several non-analysable factors are omitted. In this basic method of analytical philosophy, a series of objects of thinking are accumulated, which remain untreated and eliminated from the discourse. In order to define an intractable problem in cognitive, scientific thinking, the method of analysis is preferable. But the analytical method alone will not be able to expound the wide range of philosophical problems during which numerous issues have been excluded from the facility of analytical thinking. Schlick, for example, thought that “*the synthetic judgement a priori* devised by Kant is not acceptable for cognitive

<sup>1</sup> Japanese names are given in the original order: surname, given name.

Akizuki, Collected Works Vol. 1-15, Tokyo 1978-1980. Hisamatsu, Complete Works Vols. 1-9, Kyoto 1994-1996; Izutsu, Die Philosophie des Zen-Buddhismus, Hamburg 1988; Izutsu, Complete Works Vols. 1-12, Tokyo 1992.

science”,<sup>1</sup> because synthetic judgement of any kind is based on one’s experience – therefore a “*synthetic judgement a posteriori*”. Hereby a new dimension will open for the comparative reflections of thinking methods, namely what is the category of *a priori* by Kant and by Schlick. If the thesis of Schlick is acceptable, a further issue will arise: to reconsider what is the position of “experience” for philosophy and how far “experience” can be valid as a principle to construe a theory of cognition.

Furthermore, regarding the problem of the ego/self, the issue of the Morita Therapy and its insistence on self-healing, cannot be solved only by a nominalization of the causes of mental suffering.<sup>2</sup> Similarly, the complex of problems in Kant’s antinomies (Critique of Pure Reason) cannot be solved by methods of analytical philosophy alone.<sup>3</sup>

Thus we have to reconsider that there are plenty of disciplines within the entire range of philosophical thinking that cannot rely on analytical methods alone. It is remarkable in the thesis established by Humberto Maturana (1928 –), in collaboration with Francisco Varela (1946–2001), that an absolute objectivity cannot be achieved, even if a theory of cognitive science is constructed in every detail by scientifically evident factors, because ‘every theory needs *its own methodology* and the methodology executes one’s own position in scientific thought, which is unavoidably a subjectivism in a scientific way.’<sup>4</sup>

A self-critical approach to one’s own method of thinking, a reconsideration of its possibilities and also its borders, opens our minds to search a possibility of integration based on a critical and self-critical comparison of different thinking

<sup>1</sup> Moritz Schlick, *Die Probleme der Philosophie in ihrem Zusammenhang*, 13<sup>th</sup> lecture, „Von der sogenannten Denknötendigkeit“, Frankfurt a. M. 1986. p. 165. Cf. Kant, *Kritik der reinen Vernunft* (Critique of Pure Reason), Hamburg 1990, B 11, A 7.

<sup>2</sup> Morita, Masatake, *Complete Works*, Vol. 4, 5, Tokyo 1974, 1975. Tashiro, *ibidem*, Chapter 2, Chapter 3.1., 3.2., 3.4., 3.6., 3.7. Morita thinks that the basic causality of psychosis is an “intensified contradiction between the wish for a better life and the unsatisfactory reality of the environment”. Self-confrontation is the starting point for overcoming of this problem, leading to self-transformation of the patient, according to the method of Morita.

<sup>3</sup> Kant, *Critique of Pure Reason*, B 432-595, A 408-567. In the method of cognitive science (by Schlick) every category the existence of which cannot be proved by an evident fact must be regarded as distinct from scientific knowledge: “Metaphysical” categories (like that of Kant) would not come under analysis. Even if problems are excluded in this way, the causal logical fundament of all being cannot be completely explained – not only in view of the natural sciences but also in the analytical way of thinking. A fundamental ontological approach is needed in which analytical thinking takes an important part. A similar problem of the aporia accompanied by the character of antinomy is found in early Buddhist philosophy, “avyākṛta”: For this problem see Hashi: *Zen und Philosophie*, Wien 2009, pp. 163. *Philosophische Anthropologie zur globalen Welt*, Münster/Berlin 2013, II. Main Section, Chapter 5.

<sup>4</sup> Humberto Maturana, „Kognitive Strategien“, Chapter C: Kognition als subjektabhängiges Phänomen; in: *Erkennen: Die Organisation und Verkörperung von Wirklichkeit*, Braunschweig 1982, p. 301. A border region of that what cannot be completely treated in the analytical philosophy is the problem of ‘pain’ – a highly interest topic for psychosis in regard of the Morita Therapy. A further discourse for this problem is found by Wittgenstein and by Putnam. See References.

methods. The latter will be most welcome in our time of globalization – also from experts of analytical philosophy: And I wish that this article may be a contribution to a dialogue between theoreticians of comparative medicine and interested analytical thinkers.

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