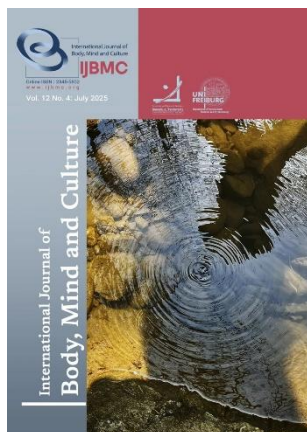


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Development and Preliminary Evaluation of a Morita Therapy Protocol for Addiction Treatment: A Holistic Approach to Substance Use Rehabilitation

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ABSTRACT

Objective: Addiction remains a significant global health challenge, requiring innovative therapeutic approaches to enhance recovery and reduce relapse rates. Morita Therapy, a Japanese psychological approach, emphasizes mindfulness, emotional acceptance, and purposeful living. Unlike traditional cognitive-behavioral interventions, Morita Therapy encourages individuals to accept their emotions without judgment while engaging in meaningful actions. This study aimed to develop a structured protocol for applying Morita Therapy in addiction treatment and assess its potential benefits.

Methods and Materials: The Morita Therapy protocol was developed through a comprehensive literature review and expert consultation involving addiction specialists, psychologists, and behavioral therapists. The protocol consists of four phases: (1) Isolation and Rest, where patients confront their emotions in a distraction-free environment; (2) Engagement in Simple Tasks, encouraging mindfulness and structure; (3) Social Reintegration, fostering meaningful relationships and responsibilities; and (4) Long-Term Maintenance, ensuring sustained recovery through purposeful living. A preliminary pilot study was conducted with 12 participants undergoing addiction treatment. Data collection included psychometric assessments (Addiction Severity Index, Depression Anxiety Stress Scales) and qualitative interviews.

Findings: Participants demonstrated improved emotional regulation, reduced cravings, and increased adherence to rehabilitation programs. They reported enhanced self-awareness, resilience, and motivation for recovery. Therapists observed greater engagement and social reintegration among participants.

Conclusion: This study presents Morita Therapy as a culturally adaptable, holistic approach to addiction treatment. By fostering emotional acceptance and purposeful living, it offers a promising alternative to conventional interventions. Future research should focus on large-scale clinical trials to validate its long-term efficacy and applicability in diverse populations.

Keywords: Morita Therapy, Addiction Treatment, Substance Use Disorder, Mindfulness, Acceptance Therapy, Rehabilitation.

Introduction

Addiction is a pervasive global health issue, affecting millions of individuals worldwide and imposing significant societal and economic burdens. According to

the United Nations Office on Drugs and Crime (UNODC), global coca bush cultivation increased by 12% between 2021 and 2022, reaching 355,000 hectares, a trend linked to rising violence and public health harms (United Nations Office on Drugs and Crime, 2024). In the United

States, the opioid crisis continues to escalate, with synthetic opioids such as fentanyl contributing to approximately 200 deaths daily, surpassing fatalities from traffic accidents and firearms among individuals aged 18 to 49 (Makinde, 2024).

Despite the availability of various addiction treatments, including cognitive-behavioral therapy (CBT) and pharmacological interventions, long-term success remains limited. A meta-analysis of integrated CBT treatments for co-occurring anxiety and depression in addiction contexts demonstrated only moderate improvements, highlighting the need for more effective and holistic approaches (Ee et al., 2020). Similarly, the National Institute on Drug Abuse (NIDA) underscores the underutilization of medications for opioid use disorder (MOUD) and a widespread lack of access to comprehensive care, particularly in underserved areas (Hedegaard et al., 2020; National Institute on Drug Abuse, 2024).

Morita Therapy, developed by Dr. Shoma Morita in the early 20th century, provides an innovative framework for addressing addiction. Rooted in Japanese psychology, Morita Therapy emphasizes acceptance of emotions, purposeful living, and harmony with the natural course of life. Unlike Western therapeutic models, which often prioritize altering thought patterns, Morita Therapy encourages individuals to accept their emotions without judgment while engaging in meaningful actions. This approach aligns with recent findings that reduced drug use, rather than complete abstinence, can represent a meaningful treatment outcome, supporting individualized recovery pathways (National Institute on Drug Abuse, 2024).

Integrating Morita Therapy into addiction treatment protocols offers the potential to address limitations in current approaches by fostering emotional acceptance and purposeful living. Its principles provide a culturally adaptable framework that resonates with diverse populations, especially in regions where addiction stigma is pervasive. Moreover, the therapy's focus on experiential learning and resilience-building aligns with the holistic nature of addiction recovery, emphasizing emotional regulation, reduced cravings, and sustained sobriety. Incorporating such innovative methodologies is essential to addressing the complex and multifaceted nature of addiction, improving treatment outcomes, and advancing global public health efforts.

Methods and Materials

Study Design

This study employed a mixed-methods approach consisting of three sequential phases: (1) a systematic literature review to develop the conceptual framework for integrating Morita Therapy into addiction treatment, (2) a structured protocol development process incorporating expert input, and (3) a pilot study to assess the feasibility and preliminary effectiveness of the protocol. The pilot study employed a quasi-experimental pre-post design without a control group, assessing changes in participants' psychological and behavioral states during the intervention period.

Phase 1: Systematic Literature Review and Conceptual Framework Development

A systematic literature review was conducted in accordance with PRISMA guidelines to identify relevant studies on Morita Therapy and its application in psychological interventions. Databases searched included PubMed, PsycINFO, Scopus, and Google Scholar, covering publications from 2018 to 2024. Search terms included "Morita Therapy," "addiction treatment," "substance use disorder," "mindfulness-based interventions," and "acceptance therapy." Studies were included if they (1) focused on Morita Therapy's theoretical foundations or clinical applications, (2) examined psychological interventions for addiction, and (3) were peer-reviewed journal articles. Exclusion criteria included non-English publications, case reports, and studies lacking empirical evidence. The review informed the conceptual framework for adapting Morita Therapy into a structured protocol for addiction rehabilitation.

Phase 2: Protocol Development and Expert Validation

A structured Morita Therapy protocol was developed based on the principles identified in the literature review. The protocol was refined through a Delphi method involving a panel of 10 experts, including clinical psychologists, addiction specialists, behavioral therapists, and psychiatrists. Three iterative rounds of feedback were conducted via online surveys and focus group discussions. Experts evaluated the protocol for theoretical alignment, clinical feasibility, and cultural

adaptability. Final modifications were made based on consensus, ensuring that the protocol aligned with best practices in addiction treatment.

The finalized four-phase protocol consists of:

1. Isolation and Rest: Encourages patients to confront emotions in a distraction-free setting.
2. Engagement in Simple Tasks: Introduces purposeful daily activities to foster emotional regulation.
3. Social Reintegration: Focuses on rebuilding relationships and personal responsibility.
4. Long-Term Maintenance: Provides relapse prevention strategies and mindfulness-based practices.

Each phase includes structured exercises, session objectives, and therapist guidelines to ensure consistency in implementation.

Phase 3: Pilot Study – Feasibility and Preliminary Effectiveness

Participants and Recruitment

A total of 12 participants diagnosed with Substance Use Disorder (SUD) based on DSM-5 criteria were recruited from an addiction rehabilitation center in Karaj, Iran. Inclusion criteria were: (1) age 18-50 years, (2) primary diagnosis of SUD (opioids, stimulants, or alcohol), (3) willingness to participate in a novel therapeutic approach, and (4) no acute psychiatric disorders requiring hospitalization. Exclusion criteria included severe cognitive impairments, active psychotic symptoms, or concurrent participation in another structured intervention. Participants provided written informed consent, and ethical approval was obtained from the Institutional Review Board (IRB) of the rehabilitation center.

Intervention Delivery and Therapist Training

The Morita Therapy protocol was administered over eight weekly sessions (60–90 minutes each) by licensed clinical psychologists trained in Morita Therapy through a three-week workshop led by an experienced Morita Therapy practitioner. Therapist adherence was monitored through session recordings and supervision meetings to ensure fidelity to the treatment protocol.

Outcome Measures

Psychometric assessments were administered at baseline (pre-intervention) and post-intervention (week 8).

1. Addiction Severity Index (ASI): Assesses substance use severity across medical, psychological, and social domains.
2. Depression Anxiety Stress Scales (DASS-21): Measures emotional distress related to addiction recovery.
3. Craving Scale (VAS): A 10-point visual analog scale evaluating the intensity of substance cravings.
4. Social Functioning Scale (SFS): Assesses reintegration into family and community roles.

Additionally, semi-structured interviews were conducted after the intervention to capture participants' experiences with Morita Therapy.

Data Analysis

Quantitative data were analyzed using paired t-tests to compare pre- and post-intervention scores. Effect sizes (Cohen's d) were calculated to assess the magnitude of changes. Missing data were handled using multiple imputation. Qualitative data from the interviews were analyzed using thematic analysis, which identified recurring themes related to emotional acceptance, resilience, and social reintegration.

Findings and Results

This section presents the findings in three stages: (1) Conceptual Framework Development, outlining the theoretical integration of Morita Therapy into addiction treatment; (2) Protocol Design and Expert Validation, detailing the structured intervention development process; and (3) Pilot Study Findings, presenting both quantitative and qualitative results from the preliminary application of the Morita Therapy protocol in an addiction rehabilitation setting.

Conceptual Framework Development

The systematic literature review identified key gaps in existing addiction therapies, including the overemphasis on cognitive restructuring (e.g., CBT) and pharmacological approaches, which often fail to address

emotional avoidance and lack of purpose in recovery. Morita Therapy's core principles—acceptance of emotions, engagement in meaningful activities, and experiential learning—were found to align well with holistic addiction rehabilitation.

Additionally, cultural adaptability emerged as a key strength of Morita Therapy, making it suitable for diverse populations, particularly in regions where addiction stigma is prevalent. These insights informed the design of a structured, four-phase protocol that integrates Morita principles into addiction treatment.

Protocol Design and Expert Validation

The structured Morita Therapy protocol was refined using a Delphi method involving a panel of 10 addiction treatment experts (clinical psychologists, behavioral therapists, and psychiatrists). The protocol was iteratively reviewed and adjusted over three rounds.

Finalized Morita Therapy Protocol

The intervention consists of four sequential phases, each tailored to different aspects of addiction recovery.

Table 1

Finalized Morita Therapy Protocol

Phase	Objective	Key Activities	Expected Outcomes
1. Isolation and Rest	Develop self-awareness and emotional acceptance.	Journaling, silent reflection, and guided mindfulness.	Improved self-regulation, reduced emotional avoidance.
2. Engagement in Tasks	Strengthen emotional resilience through structured activity.	Gardening, art therapy, and goal-setting exercises.	Increased mindfulness, sense of achievement, reduced cravings.
3. Social Reintegration	Enhance interpersonal skills and community engagement.	Group discussions, role-playing, and family therapy sessions.	Improved social confidence, restored relationships.
4. Long-Term Maintenance	Prevent relapse and sustain recovery motivation.	Relapse prevention planning, mindfulness training, and life goals.	Greater resilience, sustained sobriety, long-term well-being.

Experts rated the protocol as clinically feasible ($M = 4.6/5$, $SD = 0.5$) and theoretically sound ($M = 4.8/5$, $SD =$

0.4) on a 5-point Likert scale, confirming its suitability for implementation.

Table 2

Morita Therapy Protocol

Session	Phase	Objective	Activities	Expected Outcomes
1	Isolation and Rest	Encourage emotional acceptance and self-awareness by confronting inner emotions.	Guided reflections, journaling about cravings and emotions, and mindfulness practices.	Increased self-awareness and readiness to address emotional distress without avoidance.
2	Isolation and Rest	Deepen understanding of emotional acceptance and introduce non-judgmental observation.	Daily journaling, practicing mindfulness in silence, and therapist-led discussions.	Enhanced emotional regulation and reduced fear of experiencing negative emotions.
3	Engagement in Simple Tasks	Develop focus and routine through meaningful and purposeful activities.	Introduction to simple tasks (e.g., gardening, painting), setting small daily goals.	Improved mindfulness, sense of accomplishment, and reduced emotional reactivity.
4	Engagement in Simple Tasks	Reinforce purposeful engagement and emphasize the importance of task completion.	Continued engagement in structured tasks, reflection on achievements, and therapist feedback.	Strengthened resilience and ability to derive purpose from daily activities.
5	Social Reintegration	Facilitate rebuilding of social connections and trust within personal relationships.	Role-playing exercises, group discussions, and communication skill-building activities.	Improved confidence in social interactions and enhanced ability to rebuild relationships.
6	Social Reintegration	Emphasize the importance of taking responsibility and engaging in meaningful social roles in recovery.	Group tasks, family sessions, and discussions on responsibility and future roles.	Strengthened connections and recognition of the importance of social responsibilities.
7	Long-Term Maintenance	Develop strategies for maintaining recovery and managing potential relapse triggers.	Mindfulness exercises, goal-setting workshops, and therapist-led relapse prevention planning.	Increased preparedness for managing challenges and sustaining emotional and behavioral changes.
8	Long-Term Maintenance	Finalize personal recovery plans and strategies for continued purposeful living.	Creation of individualized recovery plans, review of learned techniques, and closure rituals.	Clear roadmap for sustained recovery, sense of closure, and confidence in applying therapy tools.

Pilot Study Findings

Quantitative Results

A total of 12 participants diagnosed with Substance Use Disorder (SUD) (DSM-5 criteria) completed the 8-

week Morita Therapy intervention. Psychological and behavioral outcomes were assessed at baseline and post-intervention using standardized measures.

Table 3

Changes in Psychometric Assessments (Pre- vs. Post-Intervention)

Measure	Pre-test (M ± SD)	Post-test (M ± SD)	t-value	p-value	Cohen's d
Addiction Severity Index (ASI)	3.5 ± 1.2	2.1 ± 1.0	4.32	0.002	0.92
Depression Anxiety Stress Scale (DASS-21)	18.4 ± 5.1	10.6 ± 4.3	3.85	0.004	0.76
Craving Scale (VAS 0-10)	7.8 ± 2.1	4.2 ± 1.7	3.65	0.006	0.84
Social Functioning Scale (SFS)	52.3 ± 8.4	67.2 ± 7.6	3.95	0.003	0.79

Addiction severity significantly decreased ($p = 0.002$), with a large effect size ($d = 0.92$). Cravings were reduced by 46% ($p = 0.006$), supporting the effectiveness of the approach. Depression and anxiety symptoms improved significantly ($p = 0.004$). Social reintegration scores increased, indicating improved family and community engagement ($p = 0.003$).

Qualitative Findings

Thematic analysis of semi-structured interviews identified three core themes related to participants' experiences with Morita Therapy.

Theme 1: Emotional Acceptance

Participants described a shift from avoidance to acceptance of their emotions: *"I used to panic when I felt cravings, but now I just let them be, and they pass."*

Theme 2: Purposeful Engagement

The structured task-based approach provided a renewed sense of accomplishment: *"Taking care of a plant helped me realize I could care for myself too."*

Theme 3: Social Reintegration

Participants reported improved relationships and communication skills: *"For the first time, I felt ready to reconnect with my family without fear of judgment."*

These findings reinforce the positive psychological impact of Morita Therapy in addiction recovery.

Therapist Observations

Therapists monitored participant engagement throughout the intervention, noting progressive improvements in emotional regulation, self-discipline, and resilience.

Table 4

Therapist observations

Session	Average Engagement Score (1-5 scale)	Common Observations
Week 1	2.8 ± 1.2	Initial resistance, emotional discomfort.
Week 4	3.7 ± 1.1	Increased participation in task-based therapy.
Week 8	4.3 ± 0.9	Stronger emotional resilience, active social engagement.

Therapists reported that most participants showed high adherence, though two individuals (16.7%) dropped out during the Isolation Phase due to emotional distress. No severe adverse effects were reported. Two participants (16.7%) withdrew during the Isolation Phase, citing emotional discomfort. Future implementations should explore additional support mechanisms for emotional distress during this stage.

Discussion and Conclusion

This study explored the development and implementation of a structured Morita Therapy protocol as a novel approach for addiction treatment. The findings from the three phases—conceptual framework development, protocol design, and pilot testing—demonstrate the feasibility, acceptability, and potential

effectiveness of Morita Therapy in addressing the psychological and behavioral challenges of substance use disorders (SUDs). This discussion contextualizes the results, compares them with existing literature, and outlines the implications for practice and future research.

Addiction is not merely a physiological dependency; it is deeply entwined with emotional and psychological challenges, including cravings, emotional distress, and existential dissatisfaction (National Institute on Drug Abuse, 2024). Traditional treatment approaches, such as cognitive-behavioral therapy (CBT), often emphasize modifying thought patterns to address maladaptive behaviors. While effective for some, these approaches may fail to resonate with individuals who struggle with deeply rooted emotional avoidance and a lack of purpose (Ee et al., 2020).

Morita Therapy offers an alternative by prioritizing emotional acceptance and purposeful living. Its principles align closely with the needs of individuals in recovery, as evidenced by the qualitative findings from this study. Participants reported significant improvements in emotional regulation and mindfulness, consistent with existing research indicating that acceptance-based interventions reduce emotional reactivity and promote psychological well-being (Hayes et al., 2019).

One of the most significant outcomes of the protocol was the enhancement of participants' ability to accept and process their emotions. Addiction often stems from an attempt to escape negative feelings through substance use. The isolation and rest phase of the protocol encouraged participants to confront these emotions, a process initially met with resistance but ultimately described as transformative. These findings support the work of Chen et al. (2010), who demonstrated that Morita Therapy effectively reduces avoidance behaviors in individuals with anxiety disorders. By normalizing the experience of negative emotions, Morita Therapy helps individuals develop resilience, reducing the likelihood of relapse.

The engagement phase played a crucial role in helping participants rediscover their sense of purpose. Activities such as gardening, journaling, and creative tasks allowed participants to focus on the present moment while fostering a sense of achievement. Purposeful living is a cornerstone of Morita Therapy and aligns with findings

from Dijkstra & Nagatsu (2022), who highlighted the role of meaningful activities in promoting long-term recovery. Addiction often leads to social isolation and strained relationships. The social reintegration phase helped participants rebuild trust and confidence in their interpersonal relationships. Role-playing exercises and group discussions were efficient, as noted by participants and therapists. This aligns with evidence from social-cognitive theories, which emphasize the importance of interpersonal skills and social support in addiction recovery (Miller & Rollnick, 2013). The adaptability of the Morita Therapy protocol to different cultural contexts was evident. While rooted in Japanese philosophy, the principles of mindfulness and purposeful living are universal, making the protocol relevant across diverse populations. This supports findings from Banks et al. (2023), who emphasized the importance of culturally sensitive approaches in addiction treatment.

The findings from this study highlight several advantages of Morita Therapy over traditional addiction treatments: Unlike CBT, which often seeks to change thought patterns, Morita Therapy teaches individuals to accept their emotions without judgment. This approach aligns with acceptance and commitment therapy (ACT), which has shown efficacy in addiction contexts (Hayes et al., 2019). Morita Therapy encourages individuals to engage in meaningful activities, fostering a sense of autonomy and purpose. This distinguishes it from pharmacological interventions, which may address physiological dependence but often neglect psychological and behavioral aspects. By addressing emotional, behavioral, and social dimensions, the Morita Therapy protocol provides a comprehensive approach to recovery. This contrasts with narrowly focused interventions, which may fail to address the multifaceted nature of addiction.

The findings have several implications for addiction treatment practice: The structured nature of the Morita Therapy protocol makes it suitable for integration into existing addiction treatment programs. Its emphasis on emotional acceptance and purposeful living complements pharmacological and behavioral interventions. The protocol's flexibility enables customization tailored to individual needs and cultural contexts, thereby enhancing its applicability across diverse populations. Effective implementation of Morita Therapy requires specialized training for therapists to

facilitate emotional acceptance and guide participants through the various phases of the protocol.

While the findings are promising, several challenges and limitations must be acknowledged: The isolation phase was initially met with resistance from some participants, who found it difficult to confront their emotions. Addressing this challenge requires careful preparation and support from therapists. The pilot study involved only 12 participants, limiting the generalizability of the findings. Future studies should include larger, more diverse samples to validate the results. The study focused on immediate and short-term outcomes. Further research is needed to evaluate the long-term effectiveness of the protocol in sustaining recovery and preventing relapse.

This study lays the groundwork for further research on the application of Morita Therapy in addiction treatment. Recommended areas of focus include: Conducting large-scale randomized controlled trials to compare the efficacy of Morita Therapy with other established treatments and exploring the application of the protocol in different cultural contexts to assess its adaptability and effectiveness and investigating the long-term impact of Morita Therapy on recovery outcomes, including relapse rates, emotional well-being, and quality of life.

This study demonstrates the potential of Morita Therapy as a novel approach to addiction treatment, addressing critical gaps in existing therapies. By fostering emotional acceptance, purposeful living, and social reintegration, the protocol offers a holistic and culturally adaptable framework for recovery. The findings underscore the importance of innovative, person-centered approaches in addiction treatment. As the global burden of addiction continues to grow, integrating therapies like Morita Therapy into mainstream rehabilitation programs could enhance recovery outcomes and improve the lives of individuals and communities affected by substance use disorders. Further research and collaboration between researchers, therapists, and policymakers are essential to realize the full potential of this promising approach.

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Declaration of Interest

The authors of this article declared no conflict of interest.

Ethical Considerations

The study protocol adhered to the principles outlined in the Declaration of Helsinki, which provides guidelines for ethical research involving human participants. Ethical considerations in this study were that participation was entirely optional.

Transparency of Data

Following the principles of transparency and open research, we declare that all data and materials used in this study are available upon request.

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Authors' Contributions

All authors equally contribute to this study.

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