The Psychotherapeutic Meaning of East and West

by

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Zen's appeal to a sprinkling of philosophically-oriented minds in the West never attracted unusual attention. Nor did the young artist's or poet's death-grip on a fresh source of enigmatic profundity. The West has long since accepted the Orient as a provisioner of strange staples. The appeal of Zen to Western professional psychotherapists is quite another matter, and has sent many serious students scurrying back to dependable translations to see if they haven't missed anything. Minds which have been responsible for a good deal of recent intellectual history—like Jung—have intimated sympathy for Zen. Horney, reputedly, was a serious student of Zen. And, more recently, there was an effort to broaden Zen's inspirational potential away from the intimately personal, and to make it public domain by a week's seminar on Zen held at Fromm's Cuernavaca home—to which were invited Western psychotherapists and Dr. D. T. Suzuki.

At first fertilization from a new stock, results are often curious. The equation of shock therapy with the *satori** experience, (Wolf, 1957) for example, is at least professionally sound. But one would need to keep a sharp eye on

Satori, the aim of the Zen method, is another term for enlightenment, the state of intuitive looking-into, in contradistinction to intellectual or logical understanding. Upon achieving *satori*, the Zennist "goes beyond thought," and is liberated from the fetters of a mundane existence. Any means of achieving *satori* are valid, although the trance is the basis for the method. Extreme physical deprivations of the *Zendo* (Zen monastery) combine with unbearable psychological pressures, to produce a change in functioning that often has an unmistakable psychotic flavor. See Becker, E., ZEN: A RATIONAL CRITIQUE, in press, W. W. Norton and Co., N.Y.

transactional psychologists if they followed the injunction to study under a Zen master until they experienced *satori*, and then returned to "vitalize" and "profoundly awaken" our culture. (Holmes, 1957, p. 249.)

An even more curious professional mutation of oriental mysticism is the interpretations it offers for psychotherapeutic cure. Van Dusen, in treating depressed patients and schizophrenics, claims that they are frustrated in their attempts to adjust to reality because they fight the "empty spaces"—the driftings and empty preoccupations to which they are prone. (1958) It is just these "empty spaces" that Van Dusen finds of high productive value in effecting a cure. Equating them with the "Wu Wei Doctrine of No-Mind" this therapist urges his patients to go down "and explore" the empty spaces. And, claims Van Dusen, as in Oriental philosophy, the empty space is a fertile void, and exploring it "is a turning point toward therapeutic change" for the patient.

Besides being a testimonial to the vitality of the Wu Wei Doctrine, this kind of reasoning is also a perfect example of the *post hoc ergo propter hoc* fallacy. B occuring after A does not necessarily mean that A caused B: the cure consequent upon exploration of the "fertile void" need not have derived from the exploration—at least not from that specific symbolic interpretation of it. More sober-minded therapists like Fromm-Reichmann and Devereux found that good results could be obtained if communication with the patient was established while respecting his peculiar anti-reality distortions and preoccupations. Devereux observes that the analyst must participate in the psychotic edifice to deprive if of its wholly "private" character. "Exploring the fertile void" together with the patient thus becomes a therapeutic "folie à deux" (in Devereux's words)— a step away from complete anti-social isolation. Abolishing the private character of the psychosis via the establishment of some kind of object relationship, however "*distorted it may be*," (Devereux, 1953, emphasis added) must precede a cure.

The denial of a logical view of reality and the appeal to direct unconscious communication of powers may be a

personal predilection that can lead to amusing error. But when the adherent to these views is also a manipulator of another's reality in a therapeutic situation, the possibilities for leading astray are more ominous. The alarm against irrational psychotherapy has already been sounded. (Wolf and Schwartz, 1958) The candidly anti-insight, anti-consciousness nature of this type of therapy, with its accent on unconscious communication, is close to Zen. So close, in fact, that it embodies all the essentials of the Zen world view, as well as the basic Zen rationale for furthering that world view by whatever means. But the world view and the rationale are clothed in respecctable scientific garb, so that our uneasiness is all the more justified.

Therapeutic jargon shares a quality with poetic metaphor: in skillful hands it provides respectable cover for what could normally be openly hostile to the critical mind. One has only to attempt to decipher the claims that irrational therapists make for their view of therapy in order to uncover some skillful, scientific smuggling. Whitaker and Malone, for example, find psychotherapy to take place whenever one person interacts with another and thereby increases his "integrative adaptive capacity." (1953, p. 51). This minimal definition is appropriate, they would claim, because therapy is not a science, but an art, "and no amount of description will ever make the operation scientific." (p. 51.) Of course, in this view of therapy, the directly experiential takes precedence over the deliberated, the reflected, the cerebrated; consciousness is a fracturing of experience. The patient need not understand "the genetic panorama of his current inadequacies." The important thing is to develop his capacity "to function within himself and the surrounding culture. This sythesis, [continue Whitaker and Malone] can be achieved by experience and seldom simply by understanding."* (p. 66.)

*This position is even more extreme than that of the usual support therapy, in which at least *the therapist's* understanding of the "genetic panorama" of the patient is important—if the patient's is not.

What is the mechanism for cultural integration as against understanding? To the irrational therapist, it seems paradoxical that the psychiatrist "deliberately breaks through repressions in the neurotic person to bring to consciousness unconscious fantasies, while he, at the same time diagnoses as . .. incurable those individuals who have almost all of their unconscious available to awareness and expression, that is, the schizophrenic." (pp. 117ff.)† The wiser course would be to let the unconscious alone, to let it guide the individual without his awareness of it. It is then that it "functions best." (pp. 117ff.) In order to effect this, the irrational therapist counsels "re-repression," a type of repression so "radically different" from the original repressions, "that perhaps even the use of the term re-repression is ill-advised." This kind of repression does not occur out of guilt or fear, but "in order to raise the level of homeostatic functioning in the individual."‡ The irrational therapist is not quite sure what, exactly, re-repression is. Whitaker and Malone observe that "Whatever the dynamics of the re-repression . . . it . . . constitutes the best way for the organism to function." (p. 117.) Re-repression would be a primary aim of therapy, "to restore to unconsciousness functions which seem to work best when the person is unaware of them." "The more unconscious the responses or the greater the participation of the unconscious in his total functioning, the more likely is the individual to function personally and socially on an adequate . . . level . . . " (pp. 53-54.)

Thus, the primary value in this therapy is one of unconscious powers. But they are not totally unconscious—they can be felt, *even communicated*: "The relationship of the unconscious of the therapist to the unconscious of the

†That the neurotic's ego is not submerged by unconscious contents, and that he is able to handle examination of the contents of his unconscious as they become unrepressed, is not the important difference between neurosis and psychosis for these authors.

‡Scientific authenticity is not conferred by mere mention of the biological fact—it must be demonstrated. "Homeostatic" is not the logical alternative to "guilt or fear."

patient underlies any therapy." (p. 65.) The therapeutic process itself is basically one in which there is an exchange of "unconscious dynamics," it is "intrapsychic" or unconscious, and therapy is only possible where there is a relationship of "unconscious dynamics." (p. 89.)

These procrustean manipulations of mysticism within a scientific framework owe nothing to the East, but we are here on a bridge between East and West. Re-repression is nothing more mysterious than effective suppression on the basis of newly-acquired ego strength within a new superego framework. The patient carries with him the introject of the infallible irrational therapist for a long time after therapy has ended. The irrational therapist and the Zen master find common ground in their employ of personal dominance and re-repression in the transmutation of the "patient" into a new value system. Whitaker and Malone make no pretense about the presence of counter-transference and coercion. Counter-transference must exist in "unconscious communication"—the therapist enters, emotionally, directly into the therapy.* Talk of the primacy of the interpersonal relationship and unconscious communication, and attempts to "scientifically" delineate the subtleties of re-repression as a "homeostatic" aid, do not disguise a dominance-submission relationship which terminates in the introjection—by the patient—of a new superego.

Open avowal of aim is often a virtue of those with deeply-held convictions. A tidy fit into the larger society is the chief good, and not the furtherance of individual rationality.

*Attempts to rehabilitate otherwise incurable psychotics by some form of therapy must naturally rely on methods which depart radically from orthodox practice. For example, it is questionable whether, in the treatment of schizophrenia, "technical" means are of any avail. Counter-transference appears to be necessary to produce good results. But, techniques like bottle feeding and rocking the patient, which apply and seem to work well in the treatment of chronic psychotic patients should not be generalized into standards of therapy. It is just this generalization to which we are taking exception here. Another crucial fact is that none of these "techniques"—which include administering punishment—is followed by insight therapy.

There is only one way to achieve this: it "involves *a certain submission to the cultural structure* for the economy of the culture as a whole." (pp. 117-118, emphasis added.) In a statement of desired adjustment that neither the Zennist nor the Brainwashing commissar would disavow, the irrational therapist makes plain the goal of re-repression:

> [Submission to the cultural structure] . . . demands a re-repression of certain aspects of *fantasy existence,* and the acceptance of the need for a certain amount of *conformity and realism.* . . . In this way, the cultural pressures which operated initially to bring about about repression also operate in the Post-Interview patient to bring about re-repression. The critical difference is that now *the individual accepts these cultural restrictions for their positive value,* and only to the extent that they do not interfere with his vital needs and with his new-found image of himself as a unique individual who has a status *even more profound* than that which the culture can provide him. (pp. 117-118, emphasis added.)

Exactly: the individual has been brainwashed. Re-repression combines with ego-strengthening for a more compulsive handling of a limited segment of reality. The elimination of "certain aspects of fantasy existence" could be put directly in Zennist terminology: the uprooting of the error of self-seeking attachment. Once this "fantasy" of *self*-ishness is done away with by re-repression in the service of a new value system, then, "a certain amount of conformity and realism" is achieved. But, the individual is not denuded: not only does he accept "cultural restrictions for their positive value" —he also has a "new-found image of himself as a unique individual who has a status even more profound than that which the culture can provide him." This status and this new-found image derive from the value system inculcated by the therapist: *the vitality and the mystical profundity of unconscious powers.* Just as in Zen, the irrationally cured patient can find better adjustment in the larger society by periodically refreshing himself in the special, rejuvenating and esoteric values of his conversion-cure. If enough individuals could be converted to the new values, then this catharsis would be a culture-wide value. But, wistfully complain Whit-

aker and Malone, the responsibility "for the development of social therapists on any planned basis has not been accepted by our society." (p. 137.)

The therapeutic utopia would have no ideological disputes with the Zen utopia. In a society constructed on a mystical value system, all citizens would do their share in inculcating the creative values of the unconscious—and in maintaining self-less submission to the society at large. "Unconscious dynamics" like the "nameless power" would work through all citizens for the creation of a supra-rational world. Personal dissatisfactions—"fantasy existence"—would be effaced in periodic rejuvenation sessions with one's favorite therapist (master), a re-steeping in transcendental powers, and a re-repression of personal values.

In scientific guise, the mystic presents us his personal vision of a reform. But we cannot claim that he is dishonest, even if he is justified in assuming that we are gullible. To the mystic, reality cannot be apprehended cognitively; it must be experienced directly, and unconsciously. Unconscious communications exist in every human relationship. In the magical isolation of the therapeutic situation, it is easy to impute to these non-verbal communications an extra-individual significance—especially if one personally inclines to such a world view. Curiously, the psychotherapies of the 20th century are utilizable in the same way that primitive Buddhists utilized the psychological experiences of the trance state: to generalize a religious philosophy—while using the symbolism of that philosophy, in turn, to describe the experiences of the trance state. The theory of irrational therapy derives from an "'understanding" of the workings of the therapeutic dyad situation: Empathetic personal experiences and non-verbal communications are termed proof of direct communication from "unconscious to unconscious" in a mystical value system. In turn, the symbolisms of speculative mysticism serve to confirm and account for the felt experiences. The historical durability of circular reasoning* would be less upsetting if the mutually re-enforcing extrapolations were confined to the errors of one individual; but

they extend to the many who fall within the professionally legitimized powers of the irrational psychotherapist.

The psychotherapeutic meeting of East and West need not be so unqualifiedly mystical, nor so cavalierly dismissing of the need for fullest possible individuation on the part of the patient. Fromm, expressing his gratitude "for this precious gift of the East," is well aware of the methodical differences between Zen and psychoanalysis. The Western professional knows—or should know—that the infiltration of a scientific, rational therapeutic process by mysticism, would "write the epitaph for psychoanalysis." (Wolstein, 1958, p. 140.) The gift from the East only seems precious, perhaps, because of one's own view of the plight of modern man. The practising analyst, deftly laying bare the torments of a few chosen souls, nears the end of his professional career with the sobering and perhaps haunting realization that he has barely scratched the surface of human misery.

Western man is anxious and desperate, says Fromm, due

*No branch of science is immune to this pitfall: the interplay between methodology and theory is one that requires close scrutiny. David Rapaport, in a brilliant essay at systematizing psychoanalytic theory, makes the following observations:

> " . . . one essential methodological task—the study of the relationship between a theory and the method of observation by which the data it explains are obtained—is rarely pursued . . . to what extent does a theory, based on data obtained by a given method, reflect the nature of the data itself, and to what extent does it reflect the method of data-gathering and its limitations? . . . the investigator *may* get back little more than what he has already built into his method. . . ." (1959, p. 115.)

Rapaport illustrates how the investigator may get back little more than what he uses in his method, by pointing out that H. S. Sullivan, using the two-group therapeutic situation and the transference concept, came up with a theory which accented precisely the interpersonal relationship. The method of investigation overrode "a crucial characteristic of the nature of the subject matter, namely, the individuality of the person." (p. 115, footnote 74.)

This is a perfect example of what Whitaker and Malone are doing with their transference and counter-transference centered methodology. Their theory is *par excellence* a function of their manipulation of the method.

to his "schizoid inability to experience affect." Life is aimless, and nobody "knows what he is living for." Glimpsed through the torments of an individual psychotherapy, the situation of mankind seems serious. The question is not why *some* people become insane, but rather "why *most* people do not become insane," (1959, pp. 86-87.) The source of man's unhappiness is his "separateness, aloneness, powerlessness." The world has become too cold and unethical, in Fromm's view, too mechanical and impersonal, too hostile to man—who has a right to expect it to be warm, friendly and fair.

For man, as Goethe pointed out, a vision of the desirable is already a statement of the possible. The separation, alienation and distortion that plague modern man can be overcome: the humanist therapist's program is to make the entire unconscious conscious. This, admits Fromm, is a more radical aim than that of psychoanalysis; for full recovery of the unconscious he would propose a "humanistic psychoanalysis." (Suzuki, Fromm and De Martino, 1960.) Thus, Fromm is not erring into an unwitting subversion of his professional discipline by uncritically using it to further his own beliefs. The total aim of integrating man into a productive whole would outstrip the traditional psychoanalytic practice, and become part of a "wider, humanistic frame of reference." (1959, p. 96.) This new therapeutic orientation would nourish itself in the soil of a "spiritual humanistic orientation,"—Buddha, the prophets, Jesus, Master Eckhart, Blake, Whitman or Bucke. (p. 96.) The new therapy would create the new man by replacing the conscious with the "cosmic unconscious," (p. 94) and converts would be fashioned into the therapist's image of the good society. Again, the therapeutic utopia would join hands with the Zen utopia—or rather with the kind of utopia the sincere Western humanist would imagine Zen to produce.

The ease with which even the most acute psychotherapeutic mind can take to a proselytizing program suggests that one look elsewhere than to the individual for this fallibility. The fact is, it resides in the very nature of psychotherapy

itself. Therapeutic change takes place as a result of an interpersonal, emotional involvement; it is a basic human process, and the "cures" that are effected can be due to any combination of factors. The theory of cure and the actual success of a given psychotherapeutic treatment have yet to be satisfactorily fitted: there is "no necessary correlation between the correctness of a theory and its success in producing 'cures.' " (Munroe, 1955, p. 329.) The multifold effects of one individual on another has yet to be exhaustively, cognitively tallied—one reason why therapy is still an "art" as much as a science.

The gamut of therapies runs from "insight" therapy, in which the patient learns about himself, to the most extreme types of "support" therapy, in which the patient learns a new superego to the exclusion of self-knowledge. Un-repression is not necessary in support therapy. Also, the lines between the techniques of "rational" and "irrational" therapy are sometimes thin indeed: Munroe mentions that she has " . . . heard many quite orthodox analysts admit the therapeutic value of having lost their temper with a patient—very occasionally and by no means as a technique to be advised." (1955, p. 311)* The treatment of psychotics and schizophrenics revealed new aims as well as more limited possibilities—self-knowledge has to be sacrificed to the gaining of ego-strength. Even the restoration of full reality-testing here is

*The position taken throughout this work is that there are hard and fast lines between objective neutrality on the part of the analyst, and direct interference in the patient's "world view." It must be stressed that this is quite ideal; so much so that to the practicing analyst it may seem an unpardonable naiveté to maintain that this dichotomizing is possible. For example, George B. Wilbur observes:

> " . . . with the best of intentions not to interfere with the patient's world view . . . the analyst cannot avoid that, and it may be weeks or months before the analyst discovers how and when he did it or better said, was thought to have done it by the patient who is secretly wanting just that, i.e., the patient ascribes to the analyst just what the patient secretly wants and believes is necessary to 'cure' him." (Personal communication.)

However, for psychoanalysis, the ideal remains a standard.

not an absolute goal: there may be an attempt to limit disorganization simply to those conscious processes "which do not collide with reality." (Federn, 1942, p. 150) The definition of psychoanalysis itself may be infinitely broad, and may cover "any therapy based on psychodynamic principles which attempts to bring the patient into a more satisfactory adjustment to his environment and to assist the harmonious development of his capacities." (Alexander and French, 1946, p. 27.) Brainwashing and Zen, as well as certain shamanistic cures, fit without embarrassment into the most strict definitions of psychotherapy, and even into a loose definition of psychoanalysis.

But even the most orthodox practice of psychoanalysis carries within it the seeds of proselytization. The eschewal of counter-transference—the need for strict objective neutrality of the therapist—a role of spectator, helper, but never co-actor, is an ambitious ideal. In the therapist's aim for an extremely individuated patient, he may even find himself hurt by the patient's quick independence of him upon cure. In his strictly neutral role as sympathetic shadow-boxer, the analyst must use in the patient's interest the powerful transference, which is capable of binding the patient to the therapy and keeping him away from the real world. (Freud, 1912, p. 320.) Perhaps most indicative of the psychoanalytic ethic of rational, neutral therapy, is the therapist's own psychoanalysis, which Freud counselled be renewed at five-year intervals. The patient's interests were paramount, and Freud formulated in no uncertain terms a credo for the powerful therapeutic method he devised:

> We rejected most emphatically the view that we should convert into our own property the patient who puts himself into our hands in seek of help, should carve his destiny for him, force our own ideals upon him, and with the arrogance of a Creator form him in our own image and see that it was good. (1919, p. 398.)

Not only was the patient to be protected against influence by the analyst, but the nature of the psychoanalytic cure was such that it served often to alienate the individual

from his family and community. The analyst's task, in helping the patient, was to resolve not only the therapeutic transference, but also the "internal transference" (Devereux) —the patient's automatic and unquestioning but restrictive and self-defeating obedience to the superego introject. Thus, the psychoanalytic liberation was effected by calling into question everything that might hobble the patient. Fromm-Reichmann frankly considers psychiatrists to be treasonous to the patients who come for their help, if recovery is effected "in terms of a conventional adjustment to society rather than in terms of his individual needs." (1946, pp. 307-308.) The goal of treatment is individual freedom, and *not* "an adjustment to the social standards and requirements of . . . family group, much less to living with . . . parents." (Fromm-Reichman, pp. 307-308.) Society, and its surrogates in the home, are responsible for repressions and illness, and Freud makes this quite clear:

> Just as we make any single person our enemy by discovering what is repressed in him, so the community cannot respond with sympathy to a relentless exposure of its injurious effects and deficiences . . . (1910, p. 292.)

If positive therapeutic results may be socially dysfunctional, it is easy to understand the dilemma into which the analyst is placed. How can he permit himself to conceptually dichotomize man and society? It is impossible, in the present state of knowledge, to draw a sharp line between individual neurosis, social structure, cultural ethos, economic system, and even international politics. (The last thing a science finds out, according to Whitehead, is what it is really all about.) Freud, seeming to overlook this, was critical of the early disciples who broke away to form their own variation of therapy, precisely on the score that they did not attempt to draw lines between their beliefs about society and the changes they sought to effect in their patients:

> The importance of theological tradition in the former history of so many Swiss is no less significant for their attitude to psychoanalysis [i.e., Jung] than is the socialistic element in that of Adler for the line of development taken by his psychology. (1914, p. 352.)

In the closeness of analysis, the effect of this blending of personal and therapeutic orientation was to blend social values of the therapist with emerging values of the patient. (Munroe, 1955, pp. 509-510.) And with the passions of personal politics, analytic aloofness and neutrality suffer. Adler, for example, is said to have once "bedevilled" a patient in order to "cut through his erroneous life style and invite a new one." (Munroe, 1955, pp. 509-510.)

But the personal and the social were not so easily separable as Freud early maintained. A shift in analytic orientation away from unrepression was necessary in many cases—the analysis of the whole characterological bent of the patient, was necessary for cure. In character analysis, it is not the repressive superego that is etiological, but rather what the analyst tends to view as a "deprivation"—a deprivation traceable to "the changed character of the family and, more embracively, to the altered prevailing ethos." (Galdston, 1959.) The patient's distorted perceptions are a social as well as a personal phenomenon. Social values as such were found to be inseparable from the analytic scene. One of Fromm's major contributions lay precisely in this area—he attempted to define "the prevailing ethos" that was responsible for character disorders. The "market value" orientation of our culture, for example, leads individuals to manipulate and maneuver, rather than to live out their "inner potential." The question to be asked in this kind of analysis is: "What are man's goals and what is the purpose of his existence?" (Thompson, 1958, p. 667.) In order to answer questions such as these, the analyst becomes, in a real sense, a "philosopher and religious leader." His neutrality gives way to the need for "participant" observation.

Thus, social values are inseparable from the therapeutic needs of certain patients—character analysis joins these values to the most objectively-conceived analytic orientation. But Fromm finds that even the results of character analysis have been "relatively disappointing," because the aim for cure of the neurotic character has not been "radical enough." (1959, p. 96.) Not surprisingly, there is little in the disciple's

zeal that was not anticipated in the mature reflections of the master: Freud, sensitive to the "injurious effects and deficiencies" of the community, actually brought society under criticism long before the "Neo-Freudians." One had not really to wait for the recognition of "character disorders" in order to know where to hope for the real change to take place.

> Is there one of you who has not at some time caught a glimpse behind the scenes in the causation of a neurosis and had to allow that it was the least of the evils possible in the circumstances? And should one really require such sacrifices in order to exterminate the neuroses while the world is all the same full of other inextinguishable miseries? (Freud, 1910, p. 295.)

For Freud the choice was clear—duty lay in eliminating the neurosis. But, society was to be condemned in any event. Perhaps after all the only thing that kept the focus of attention on the individual patient was the lack of sufficient resources, *therapeutically*, to enable effective action on society itself. The criticism of society—since the evil had been recognized as residing there—turns easily into a crusade if enough forces are marshalled. It was no Neo-Freudian or support therapist—but Freud himself—who observed:

> It is very probable . . . that the application of our therapy to numbers will compel us to alloy the pure gold of analysis plentifully with the copper of direct suggestion . . . (1919, p. 402.)

An undercurrent of total social reform inheres in a therapeutic method that must seek to enable man to function better as a member of society; in unguarded aspiration the most orthodox psychoanalysis leans to meet the East. The modern East, in turn, draws its scientific inspiration from the West, and finds that it can do so without departing from its own ideals. In Japan, for example, a cultural tradition that places social adjustment and family authority over the expression of individuality would be motivated to a peculiar use of psychoanalysis. In a culture where group-centered roles predominate, freeing the individual from family ties and community morality is an entirely negative value. Moloney observes that the general orientation of analysis in Japan

is to free the individual, via therapy, *for* the family—for conformity to the culture pattern. (1953, 1954.) "By the term 'cure' the Japanese mean conforming behavior rather than the patient's own feeling of well-being." (Jacobson and Berenberg, 1952, p. 327.) The illness itself, in fact, and the patient's concern over it, is viewed as a "character neurosis." This elastic label finds amusing reverse usage: not as a criticism of society for its effect on the individual, but as society's epithet for the individual deviant.

Expectedly, in this psychotherapeutic orientation, fitting the patient back into society and proper, expected cultural behavior, does not need the service of un-repression. Insight techniques, the analyst's objectivity and neutrality, are looked upon as antithetical to therapeutic goals. In brief, suppression and conformity seem to be the dominant theme in therapy. (Jacobson and Berenberg, 1952, p. 327.) There is nothing in the accounts of more recent observers that would seem to contradict this general picture of a socially-oriented, rather than an individually-oriented therapy. Caudill reports that the role relationship of patient to doctor is an automatically dependent one, that prevents any effective communication or insight by the patient into his illness. (1959.)

This is not an implication that the Japanese therapist has failed to understand Freud—especially when the Western professional already claims the need to go beyond him in a socially-oriented employ of his technique. It seems simply to indicate that to work for the freer individual and the good society at one and the same time may not be the province of the psychotherapist—but rather of the duly elected people's representative. Surely if the Western therapist were to look for a testing of Zen therapy in action, he need look no further than modern Morita therapy.

Morita is a direct outgrowth of Zen principles. Dr. Morita, who died in 1938, discovered the therapy by accident: he found that losing his temper and striking one of his patients led to her sudden cure. (Sato and Kora, 1958, p. 219 footnote.) He thereby elaborated a "unique psychotherapy in the Zen mode of thought." Although the Japanese seem

to be using Morita in well thought out and sober fashion, (Caudill, 1959) its kinship to Zen would require such careful usage. Critical Japanese have remarked that this therapy "seems to be rooted in the authoritarian social climate of about 40 years ago when it was established." (Tsushima, 1958, pp. 235-236.) And, if it is going to be effective with the younger generations, Morita school therapists will have to change their "rather authoritative" attitude. (Tsushima, 1958.)* The authoritative attitude is part of a supportive therapy that eschews the use of insight—furnishing the patient with self-knowledge has little place in Morita: "words or verbal expression . . . [are] of secondary or tertiary importance." As with Zen, insight using logical symbols to determine cause and effect is of almost no significance in Morita therapy. "Zen people would say for such analysis: it is to 'cut wound on sound flesh.'" (Sato, 1958, pp. 216-217.) But Morita is no ordinary supportive therapy—it employs such time-honored Zen techniques as the thundering "Kwats" cry, and, evidently, the famous *Keisaku* or "Warning-stick" of the *Zendo.* Surely no Western therapist would have his utopia created by shock-treatments.

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*Coercive reform techniques work less well in an atmosphere where personality types are more diverse, and where political and social controls no longer join to support the process. (See Haring, 1953, for the effects of three centuries of Tokugawa dictatorship on the Japanese character.)

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