

Case Report

Eco-Anxiety and Morita Therapy—A Review and Illustrative Case Report

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Abstract: Eco-anxiety, a growing psychological concern, affects an increasing number of individuals distressed about environmental degradation and climate change. Morita therapy, a psychological approach developed in Japan, that emphasizes acceptance and action has potential applicability for treating modern anxieties such as eco-anxiety. An illustrative case report focusing on Waltraud M., a 29-year-old legal professional experiencing eco-anxiety is used as an example for the basis of exploring eco-anxiety in general and Morita therapy more specifically. The therapeutic intervention was conducted over several months, and the progress was documented through therapeutic diary entries, which detailed her emotional state and actions. Waltraud reported significant improvements in managing her anxiety. Initially overwhelmed by her ecological concerns, she learned to channel her anxieties into positive actions, such as making lifestyle adjustments that align with her environmental values. Notably, her ability to focus on immediate actions rather than future uncertainties helped reduce her anxiety symptoms. Morita therapy proved beneficial in managing Waltraud's eco-anxiety by facilitating a shift from passive worry to active engagement with life's challenges. The therapy's focus on accepting emotions as they are, without trying to change them, and prioritizing meaningful action was effective in reducing the psychological distress associated with eco-anxiety. While promising, these findings are based on a single case report, and further research involving diverse populations and control groups is necessary to generalize the results and fully ascertain the therapy's efficacy across different cultural and clinical settings.

Keywords: eco-anxiety; climate change; Morita therapy; Shoma Morita; case report; eco-distress



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1. Introduction

The escalating climate crisis, induced by human activities, represents a significant existential threat to both humanity and our planet. This crisis influences both physical and mental health in numerous ways, such as through the rise in extreme weather events, crop failures, scarcity of drinking water, forced migration, and conflicts [1,2]. These consequences, widely recognized and reported by media globally, have instilled deep-seated fears across populations. The apprehension linked to the climate crisis goes by various names including eco-anxiety, eco-fear, climate anxiety, climate angst, and environmental anxiety, among others. While some researchers use these terms interchangeably, distinctions are made by others, like Pihkala [3], who argues that climate anxiety represents a narrower subset of eco-anxiety, not fully capturing climate change-related effects, while the concept of eco-anxiety can encompass an even wider range of concerns.

In this paper, the term eco-anxiety is adopted, drawing on the foundational work of several key researchers who have significantly contributed to its understanding. Susan Clayton has been instrumental in identifying and conceptualizing eco-anxiety, emphasizing its impact on mental health and well-being. Notably, she also developed the Climate Anxiety Scale, a crucial tool for measuring eco-anxiety levels in individuals [4,5]. Caroline Hickman has provided valuable insights into the psychological mechanisms underlying eco-anxiety, particularly focusing on how it affects young people [6,7]. Donna Orange has explored the existential and emotional dimensions of eco-anxiety, highlighting

the deep-seated fears and anxieties related to climate change [8]. Panu Pihkala has contributed extensively to the theoretical framework of eco-anxiety, examining its cultural and societal implications [3,9]. Paolo Raile has focused on the communicative aspects, investigating how eco-anxiety is discussed and perceived in various media [10,11]. Finally, Susan Taylor has researched coping strategies and interventions, aiming to help individuals manage their eco-anxiety more effectively [12]. Collectively, these contributions have laid a robust foundation for understanding eco-anxiety, providing a comprehensive perspective on its various dimensions and impacts. Here, eco-anxiety is defined as a persistent feeling of anxiety regarding the uncertain outcomes of the climate crisis and other environmental deteriorations that adversely affect both the ecological system and the animate and inanimate elements within it. This condition often coexists with other emotional responses such as sadness, despair, feelings of powerlessness, anger, guilt, and shame, all triggered by environmental concerns. While typically an appropriate response to real dangers, eco-anxiety can become overwhelming, impairing one's quality of life and daily functioning, potentially necessitating psychotherapeutic intervention. Despite its increasing prevalence, the psychotherapeutic discourse has only recently begun to explore eco-anxiety, with notable gaps in literature related to many forms of therapy, including the lesser-known Morita therapy.

This paper aims to contribute to addressing one of the many global issues, namely the impact of climate change on mental health, by presenting an illustrative case report of Morita therapy focused on eco-anxiety as an example for the basis of exploring eco-anxiety in general and Morita therapy more specifically. It offers insights into the therapeutic potential of Morita therapy for psychotherapists unfamiliar with this approach. Therefore, this paper first describes the psychotherapeutic approach known as Morita therapy before examining the case report.

2. Morita Therapy—An Overview

Morita therapy is a method that is rarely known outside Japan and even there not very common. The therapy was founded by Shoma Morita. Born on 18 January 1874 in Noichi-cho (now Konan) in Kochi Province, Morita studied medicine at the University of Kumamoto before transferring to the University of Tokyo after three years, specifically in 1898. During his medical studies, he developed and suffered from hypochondria. Nevertheless, he graduated in 1902 and was interested in philosophy and literature too [13]. He specialized in psychiatry and, after graduating, started working at the psychiatric hospital in Sugamo. From 1906 to 1929, he served as a consultant at Negishi Hospital. Alongside psychiatry, Morita was deeply interested in Zen Buddhism and practiced it extensively. These two foundations, Zen Buddhism and Western scientific psychiatry and psychotherapy, significantly influenced Morita's career. In the following years, he developed his own form of therapy, which he first published in 1919. His main work on the True Nature of Anxiety Disorders—*shinkeishitsu* [14]—followed in 1928. Morita treated countless patients using his method and taught it to other doctors and students at Jikei Medical University in Tokyo as a professor. He passed away on 12 April 1938, leaving behind a collection of publications primarily in Japanese and English, which were published in 1975 in a seven-volume complete works [15], and a therapeutic construct that was named Morita therapy after his death by his student Takehisa Kora [16].

Morita criticized the increasing specialization of individual medical disciplines within the spectrum of science in the 1910s and 1920s and the resulting effect that both practitioners and patients focused more intensely on the disorder itself, overlooking the person behind it. Morita cited the example of one of his patients who suffered from mild heart valve disease, recurring strong palpitations, and dizziness. While others unsuccessfully treated only the physical symptoms, Morita diagnosed *shinkeishitsu*, which he translated as an anxiety disorder with hypochondria [17], and treated him using his method. Although the heart valve disease remained, the stress was alleviated, and the patient felt significantly better, healthier, and more active [14].

Morita postulated that there is generally a certain tension between the ideal desire of how life and self-feeling should be and how they actually are. The difficulty for neurotics (individuals who are excessively preoccupied with their internal emotional experiences, such as anxiety, and who engage in behaviors aimed at avoiding or eliminating these feelings) lies in their attempts to change reality by altering the ideal, without knowing the difference between the two entities. The ideal and the ideas are linguistic descriptions or explanations of reality—hardly more than reflections in a mirror. Only those who focus on the real and detach from erroneous thinking can overcome these difficulties and appreciate reality [14].

“The relationships between objectivity and subjectivity, and between knowledge and emotion require significant consideration in the treatment of *shinkeishitsu*. If a client’s emotional base is ignored, any intellectual pursuit (by the therapist) only serves to increase the distance between the experimental mastery and therapeutic resolution. [...] The same applies to people with obsessive thinking who become more trapped in their own sufferings when they try to escape from their fears and discomfort through various manipulative means. Instead, if they would persevere through the pain and treat it as something inevitable, they would not become trapped in this way”. ([14], p. 7f)

Physical, emotional, and cognitive activities are natural phenomena that cannot be artificially altered. Many fall into the misconception that such activities can be freely controlled, believing that courage or self-confidence can be willingly felt, or that pain and suffering can be ceased through sheer willpower alone. Morita posits that there are only two ways to approach the latter issue. First, one can become the personification of pain and suffering. By abandoning the objective perspective and embracing pure subjectivity, the tensions dissolve. Alternatively, one may focus on the pain, observing, describing, and evaluating it without seeking its elimination. This approach transforms suffering into an object that is projected into the external world, making it easier to distance oneself from it. Therapists working with Morita’s approach encourage patients to discard artificial avoidance strategies and manipulation attempts, urging them instead to follow and observe the natural flow of emotions or pain. In Morita’s understanding, the mind and thoughts are never static but are constantly active and flowing. To explore the psyche, one must carefully consider the dynamics and changes between external events and the self. He emphasizes the importance of a state of healthy mindfulness and spontaneity, which entails fully perceiving and adequately responding to external circumstances and events. Neurotic individuals are mentally fixated on their symptoms, which is why Morita’s treatment promotes spontaneous activities that redirect patients’ attention to external situations. He outlines several principles: (1) Emotions naturally take a parabolic course—igniting, peaking, and then fading away. (2) Emotions rapidly decrease and vanish once impulses are satisfied. (3) Emotions become duller and less distressing when stimulated by the same sensation repeatedly. (4) Emotions intensify when attention is directed towards the emotion or stimulus. (5) Emotions are learned through new experiences and cultivated through repetition (S. 8–33). He describes his method, specifically designed for *shinkeishitsu*, as follows:

“My therapy does nothing other than provide experiences that educate clients about nature and their lives, behaviors, emotions, and mental attitudes. Therapy uses methods that confront clients’ pretherapy experiences; they learn how to evaluate and apply their experiences in daily living. Different methods are used for different symptoms of *shinkeishitsu*. I have designed the following special prescription for treatment to serve as a fundamental therapy for general *shinkeishitsu*, regardless of certain differences in the therapeutic intervention for the specific type of *shinkeishitsu*”. ([14], p. 34)

His treatment method consists of four phases, applied consecutively in an inpatient setting [14]:

Phase 1: In the initial phase, patients undergo complete isolation for four to seven days, adhering to strict bed rest. On the first day, they typically experience peace and relaxation, but by the second day, their thoughts become restless, often accompanied by pain and anxiety. Morita advises not to dissociate from or attempt to escape these feelings but to allow emotions to flow naturally and to experience the pain fully. This leads to the realization that emotions, when allowed to pass through the mind and body unhindered, dissipate on their own. This cycle repeats, with each wave of emotions eventually vanishing, a process Morita describes as immediate liberation through experiencing genuine suffering. By the third day, the pain from the previous day disappears and does not return, leaving patients feeling better, akin to overcoming a challenging mountain climb. From the fourth day, the pain returns in a different form, usually leading to intense boredom. The subsequent day marks the transition to a lighter form of isolation, signaling the move to the second phase.

Phase 2: Patients are still restricted from engaging in conversations and other leisure activities (like exercising, singing, or playing with dogs), and their sleep is limited to seven to eight hours a night. They must spend their days outdoors, not in their rooms, and are encouraged to keep a diary in the evening and to read aloud from a book in the morning and evening to stimulate cognitive activity. For the first two days, activities requiring significant muscle movement, such as climbing stairs, are prohibited. The goal of this phase is to allow patients to peacefully endure their distressing symptoms and to stimulate spontaneous activities and desires for action by experiencing mental and physical boredom. Therapists should not impose specific tasks on patients. The boredom induced in this phase motivates patients to willingly undertake tasks they previously deemed pointless. For example, after cleaning a section of bamboo flooring, they might notice another dirty section and proceed to engage in new activities like removing cobwebs or harmful insects from flower beds. From the third or fourth day, they are allowed to perform light duties, such as sweeping with a broom, gradually becoming more active.

Phase 3: Tasks become more physically demanding over time, allowing patients to engage in activities such as sawing, chopping wood, or doing fieldwork. This phase aids in developing patience, enduring work, building self-confidence, and enhancing subjective experiences through the encouragement of repeated successes. Patients are motivated to do everything they believe “healthy” individuals do, experiencing continuous engagement in labor-intensive tasks. The feelings elicited during this phase serve as indicators for therapists to transition to the fourth phase. The objectives of Phase 3 are typically achieved within one to two weeks, although the timeframe can vary among individuals.

Phase 4: Known as the preparation for daily life, this phase focuses on detaching from all previous fixations, including self-interests, and training patients to adapt to changes in external circumstances. It prepares them to return to an everyday rhythm of activities. Patients are encouraged to read books and run errands outdoors but not for entertainment or ideological content. Reading should be done only when tired from work, after meals, or when desired, and not in isolation. They may leave the clinic for practical reasons, such as grocery shopping, but not for leisurely walks or to check on their well-being. Targeted outings expose patients to various mental states after a long period of isolation, allowing them to experience the external world again. For instance, a client with erythrophobia (the fear of blushing) managed to shop for work clothes without feeling anticipatory anxiety, which he always had when he went shopping for everyday clothes before. Similarly, patients who feared going outside due to the risk of a heart attack often forgot their fears during this phase.

The overall duration of Morita therapy is about 40 days, traditionally covered by health insurance and widely practiced in Japan. Nowadays, it is mainly utilized by physicians who acknowledge its foundations in Western sciences [18]. Peg LeVine, editor of Morita’s main work in 1998, discusses the therapy’s dissemination after Morita’s death in her preface, criticizing the false dichotomy between Eastern and Western methods, which leads to the unfair labeling of Morita therapy as unscientific and ineffective for Westerners.

However, some North American psychotherapists have incorporated elements, especially from phases three and four, into their practice. While less known in other parts of the world, there are still practitioners familiar with and applying the method to some extent. In Japan, as of 1994, the method was still used in 33 hospitals and numerous private practices, undergoing various adaptations and applications across different fields over the past century [19,20]. The current application of Morita therapy in the context of psychotherapy in private practice does not correspond to Morita's concept, which is designed for inpatient therapy. It is based on his fundamental values and occurs in an outpatient setting with one therapy session per week or every two weeks [20].

Over the past century, Morita therapy (MT) has undergone significant changes while retaining its core principles. Initially, MT was practiced in a highly structured inpatient setting, characterized by four distinct stages of treatment and strict therapeutic discipline. This classic approach emphasized isolation, monotonous work, and non-verbal therapeutic dialogs. However, by the 1980s, the number of facilities offering such intensive inpatient therapy had declined significantly in Japan, leading to the adaptation and modification of MT for outpatient settings. Modern MT has shifted from the rigid, inpatient model to more flexible outpatient therapy. The classic four-stage structure has been modified to suit outpatient care, where patients engage in therapeutic activities and dialogs in their daily environment rather than in isolation. This transition also introduced a more dialog-based, individualized approach, which has been found more practical and accessible. The establishment of the Japanese Society for Morita Therapy in 1983 marked the beginning of formalized training systems for MT practitioners. This replaced the previous apprenticeship model, ensuring a more standardized and systematic approach to training new therapists. MT has increasingly been compared and integrated with Western therapeutic approaches, such as mindfulness and acceptance and commitment therapy (ACT). While MT and these therapies share some philosophical roots in Zen Buddhism, MT maintains a unique emphasis on accepting and experiencing emotions naturally, without attempting to control or suppress them. Despite changes in therapeutic techniques and settings, the fundamental principles of MT remain unchanged. The therapy still focuses on accepting reality as it is (*arugamama*), understanding the natural course of emotions, and breaking the vicious cycle of symptom fixation. MT continues to draw heavily from Zen Buddhist concepts, particularly the ideas of accepting life as it is and the natural flow of emotions. This philosophical basis provides a distinctive approach that differentiates MT from other psychotherapies. While classic inpatient MT is less common, the therapy's effectiveness has been continually assessed and validated through clinical studies and meta-analyses. Modern MT has expanded its applications to a wide range of psychological disorders, adapting its principles to suit various clinical settings and patient needs [21].

Despite its limited presence in psychotherapeutic publications, Morita therapy is linked to eco-anxiety in some public comments. Morita therapy is mentioned on the British website Psychologies in the context of eco-anxiety. The authors stated that there is this Japanese therapy, rooted in Buddhism, suggesting that understanding our feelings is not as crucial as acknowledging them and then taking action. This approach naturally diminishes feelings over time as our focus shifts to activity [22]. This brief quote highlights Morita therapy's approach to eco-anxiety: accepting feelings while simultaneously engaging in action. This method will be explored through a case report in the following subsection.

A short comment on the relationship between Morita therapy and other methods like CBT and EFT: The Morita therapy, cognitive behavioral therapy (CBT), and emotion-focused therapy (EFT) are distinct psychotherapeutic approaches that share several core principles and objectives, emphasizing the improvement of psychological well-being and practical application. All three therapies underscore the importance of a strong therapeutic alliance, which is crucial for fostering trust and collaboration between therapist and patient. Each approach provides concrete techniques and exercises that patients can apply in their daily lives to enhance their mental health. Morita therapy, rooted in Zen Buddhism and Japanese culture, CBT, grounded in cognitive psychology, and EFT, influenced by human-

istic and attachment theories, all aim to equip individuals with strategies to better manage their emotional and cognitive experiences. Despite their different theoretical foundations, these therapies promote the acceptance and understanding of emotions, encouraging patients to engage in meaningful activities and behaviors that align with their values and goals. By focusing on practical, goal-oriented methods, Morita therapy, CBT, and EFT help individuals develop skills to navigate life's challenges, demonstrating a shared commitment to enhancing the overall quality of life for their patients. Consequently, in practical application, these approaches may exhibit significant similarities and overlap, as they all provide structured, actionable techniques for improving mental health and fostering adaptive coping mechanisms.

3. Materials and Methods

The Treatment-Expanding Psychotherapeutic Science (TEP) framework was established to offer a structured methodology underpinned by the principles of radical constructivism. While not a standalone psychotherapeutic modality, TEP serves as an integrative tool [10,23,24]. It is designed for psychotherapists who, having completed their formal training, are inclined to transcend the boundaries of traditional methods by integrating new techniques, methodologies, and viewpoints into their practice, as suggested by Cramer et al. [25] and Norcross and Alexander [26]. Within the TEP framework, specific phenomena such as eco-anxiety are examined through the lens of diverse psychotherapeutic traditions.

In this case report, eco-anxiety is explored within the context of Morita therapy. The aim is the interpretation and treatment of eco-anxiety in this theoretical framework and to offer practicing psychotherapists insight into novel theories and methods. This endeavor seeks to broaden the psychotherapist's repertoire of treatment methods and techniques and enhance their professional skills in addressing contemporary psychotherapeutic challenges.

The application of Morita therapy to eco-anxiety will now be illustrated through a case report [27,28], structured similarly to Reynolds' case presentation [20,29].

4. Results

The case report demonstrates Morita therapy applied to eco-anxiety, structured like the original Morita style as diary entries from the perspective of the therapist, which also include the therapist's comments in parentheses.

About the patient (based on the anamnesis and additional information, which she told during the sessions): Waltraud M. was born and living in Vienna, Austria, 29 years old, and lives in a household with her partner. She holds a master's degree in business law and works in the tax law department of a law firm. She has been dissatisfied with her job and career choice for several years, feeling more drawn to social issues. However, she has not considered changing careers due to economic concerns, specifically the loss of income during the reorientation and training phase and the significantly lower income in the social sector. Additionally, she has been experiencing increasing fears about the climate crisis and its consequences, which have significantly intensified in the past two years since she participated in a Fridays-For-Future demonstration, in which she learned more about the threat of climate change. In the last months, the fears became so strong that they are affecting her daily life. Moreover, she will soon have to leave her apartment due to the landlord not renewing the lease, which is also causing her partner to be very unhappy and even threatening to move out and live with a friend, thus separating from her at least physically. Due to her fears and worries, she finds it impossible to focus on searching for an apartment, which is the topic of the initial consultation. During this, she is advised to look for an apartment despite her fears and desperation.

In summary: Age: 29; Living Situation: In a domestic relationship; Occupation: Holds a master's in business law, working in tax law at a law firm; Issue: Dissatisfaction with her job and drawn to social issues, heightened fears of climate crisis impacting daily life, upcoming need to vacate her apartment due to lease issues. Diagnostics: A specific diagnos-

tic evaluation was not conducted for Waltraud, nor did she consult a psychiatrist or other mental health specialist for this purpose. Eco-anxiety is also not a diagnosis recognized in the ICD-11 or DSM-5-TR classification schemas. The most fitting diagnosis would be generalized anxiety disorder (F41.1/6B00), as her fears and worries are significantly associated with the climate crisis but also extend to a variety of other topics, such as her personal future, health situation over the coming years and decades, financial situation, potential children and their future, and other subjects. As an alternative diagnosis, “F40.228 Specific Phobia—Natural environment (e.g., heights, storms, water)” could be considered. However, this would be insufficient, as her anxiety is not limited to these areas. Her concerns encompass broader and more varied themes beyond specific natural environmental triggers.

Therapy Diary Entries:

4 August 2021: Waltraud attended her second session and resolved her housing issue. The lease was signed yesterday. (The directed approach of actively and intensively searching for an apartment despite her overwhelming feelings of anxiety and despair proved to be worthwhile).

11 August 2021: The urgent problem of housing has been resolved, and her boyfriend will move into the new apartment with her. The focus now shifts to ongoing psychotherapy and its objectives. She was introduced to the Morita approach, which emphasizes concentrating on her behavior rather than allowing her emotions to overwhelm and control her. Action is deemed more important. (In Morita therapy, the goal is to accept one’s emotions without trying to change them, yet still act productively and meaningfully).

18 August 2021: Waltraud sold her car. She reflected on how she could contribute to climate protection, spontaneously drove to a used car dealer, and accepted a reasonable offer. Her boyfriend called her crazy, but she was indifferent to his remarks; to her, it was a significant achievement. (People with anxieties like eco-anxiety often overthink and fail to act. They wish life was different—Waltraud wishes the climate crisis would magically disappear—but they do not adequately respond to their actual circumstances). She received further explanations about Morita therapy and was instructed to keep a diary. She should fold each page in half and write her feelings and thoughts on the left and actions or accomplishments on the right. (This clear separation of thoughts/feelings and actions is fundamental for the progression of therapy).

1 September 2021: Last week, Waltraud was in quarantine but kept a detailed diary, which she brought with her today. She unexpectedly found it helpful to make a clear distinction between her internal world of thoughts and feelings and her external actions, referring to it as separating the “inner” and “outer” selves. (In her own words, she articulated the core principle of Morita therapy—that actions should be independent of internal thoughts and emotions). I recommended a book on Morita therapy to her.

8 September 2021: Over the past week, Waltraud has immersed herself in Morita therapy, purchasing and reading a book on the subject. She understands and agrees with the fundamental principles. She also began re-evaluating her traditional Christmas and New Year’s travel plans from an environmentally friendly perspective and is adjusting her itinerary to minimize greenhouse gas emissions, which has improved her sense of well-being. (Understanding the theory behind the method is useful, though not essential. The practical application, as demonstrated by the travel adjustments, has given her a true appreciation of the therapy’s effectiveness).

22 September 2021: Waltraud reports significant improvement in her condition. She has grasped the essence of Morita therapy and realized that she copes best with life when she does not overthink the future and focuses instead on living in the present. (While some consideration of the past and future planning is important, excessive rumination is counterproductive and debilitating).

6 October 2021: This week, Waltraud has been feeling quite downcast, yet she has managed to fulfill all her responsibilities. Modifying her vacation plans has proven more challenging than anticipated. Her boyfriend is hesitant, and it appears that canceling the flight is not an option. She sought advice from the lawyer she works for and has also ex-

explored other roles she could take on within her field. She plans to propose a shift or partial shift in her responsibilities to her employer next week. (The desire for a more fulfilling life is both a source of improvement and conflict. Directing energy towards meaningful actions contributes to betterment).

20 October 2021: Waltraud has good news to share. She persuaded the lawyer to let her handle adult guardianship cases, allowing her to engage in social work without changing jobs. In exchange, she will transfer some of her tax-related duties to a colleague. She is pleased with this successful outcome.

10 November 2021: Waltraud is currently feeling very anxious due to widespread news reports about the climate crisis. (Emotions fluctuate; she is anxious, and that is a fact. However, knowing that she can control her actions despite her fears allows her the freedom to fully experience these emotions). Focus has been redirected to external circumstances. She successfully managed to cancel the flight and even obtained discounted train tickets, with which she is very pleased. Her boyfriend, despite initial reservations, is also satisfied.

24 November 2021: Waltraud read from her diary. Over the past week, she experienced a range of emotions—happiness, sadness, anxiety, and confidence; she pondered the climate crisis, her relationship, and her work. Despite all, she continued to work, managed household tasks, and did what needed to be completed, feeling overall very productive. She believes her actions are meaningful and important again, which provides stability and makes challenges seem more manageable.

12 January 2021: The holiday trip was a complete success and environmentally friendly. Waltraud is actively involved with a local Fridays-For-Future group, offering legal and economic advice. She reports having learned to manage any task and now copes better with her emotions. She still feels anxious about the climate, but she accepts her anxiety's presence, knowing it will eventually reduce its intensity on its own.

The case report illustrates how Morita therapy's emphasis on action over emotional control helps patients like Waltraud manage eco-anxiety effectively by encouraging practical engagement and present-focused attitudes.

5. Discussion

Over the course of several months, Waltraud M., grappling with eco-anxiety, underwent Morita therapy, which provided a structured approach to managing her anxiety through action and acceptance rather than rumination and resistance. The detailed diary entries from her therapy sessions illustrate a clear trajectory of progression from distress to a more empowered and proactive engagement with her life circumstances.

Initially, Waltraud's therapy focused on addressing immediate practical issues such as housing, which was causing significant stress. Successfully securing a new apartment despite overwhelming feelings of anxiety showcased the therapy's emphasis on action, affirming that engaging directly with problems can lead to tangible results and alleviate stress. This achievement was a practical demonstration of Morita therapy's principle that action should be prioritized over excessive contemplation.

The subsequent sale of her car to contribute to climate protection was another significant step. It not only represented a personal commitment to her environmental values but also highlighted her ability to make impactful decisions independently of others' opinions, reinforcing her autonomy and self-efficacy. The therapy encouraged her to maintain a diary, which became a critical tool for reflection and for separating her internal emotional experiences from her external actions. This exercise helped Waltraud to articulate and externalize her feelings and actions, fostering a clearer self-understanding and a more structured approach to managing her emotions.

As Waltraud's therapy progressed, she not only addressed her immediate anxiety triggers but also re-evaluated her lifestyle and daily habits in line with her environmental concerns. Adjusting her holiday plans to reduce her carbon footprint demonstrated her growing ability to integrate her environmental values into practical aspects of her life, which enhanced her sense of well-being and personal integrity.

The shift from feeling overwhelmed by her anxieties to taking constructive action was evident in her professional life as well. By negotiating with her employer to modify her job role to include social work, Waltraud could align her career more closely with her values, which improved her job satisfaction and reduced her professional discontent.

Throughout the therapy, Waltraud's consistent engagement with the Morita principles of accepting emotions as they are and focusing on actions rather than on emotional control was evident. She learned to manage her feelings about the climate crisis more effectively by focusing on what she could control and act upon, rather than on uncontrollable outcomes. This approach helped her to remain functional and proactive even when feelings of anxiety were strong.

In summary, Waltraud's case illustrates the usefulness of Morita therapy in managing eco-anxiety by enabling a shift from paralyzing overthinking to empowering action. The therapy helped her to navigate her anxiety not by attempting to eliminate uncomfortable feelings but by embracing them and channeling her energies toward meaningful activities. This not only alleviated her anxiety but also fostered a sense of competence and achievement. The case report underscores the potential of Morita therapy to be adapted effectively for contemporary psychological issues, particularly those intertwined with personal values and societal challenges.

The application of Morita therapy for treating eco-anxiety, as illustrated through Waltraud M.'s case report, provides significant insights into the adaptability and effectiveness of this therapeutic approach beyond its traditional contexts. Waltraud, a 29-year-old legal professional experiencing profound eco-anxiety, engaged in Morita therapy, which highlighted several key aspects of the approach and its relevance to contemporary psychological issues. Of course, it must also be considered that the core principles, as demonstrated here in Morita therapy, are not exclusive to this approach, but other psychotherapeutic approaches such as CBT and EFT also contain comparable elements as stated in the last paragraph of Section 2. However, there are significant differences between those approaches. Morita therapy, rooted in Zen Buddhism and Japanese cultural principles, emphasizes acceptance of emotions and engagement in meaningful activities despite emotional discomfort. It incorporates phases of rest and work, encouraging clients to accept feelings without analysis and focus on purposeful actions. In contrast, CBT is grounded in cognitive psychology and targets the interplay between thoughts, emotions, and behaviors. It employs evidence-based techniques such as cognitive restructuring, behavioral experiments, and exposure therapy to modify dysfunctional thought patterns and behaviors systematically. On the other hand, EFT, influenced by humanistic and person-centered approaches as well as attachment theory, focuses on the emotional experiences and expressions of individuals. It involves techniques aimed at identifying, articulating, and transforming emotional responses to foster deep emotional change. While Morita therapy emphasizes action and acceptance of reality, CBT prioritizes the alteration of cognitive distortions and maladaptive behaviors through structured interventions, and EFT centers on understanding and processing emotions as the core of therapeutic change.

Despite its successes, this single case report also highlights certain limitations of Morita therapy. The findings are based on a single individual's experience, which limits the generalizability of the results. Individual differences in personality, socio-economic background, environmental factors, and the specific nature of eco-anxiety experienced by Waltraud may not reflect the wider population's experiences or responses to therapy. Therefore, while the report offers a detailed exploration of one person's therapeutic journey, the results cannot be broadly applied without further research involving diverse participant samples. The primary data source in this case report is the therapist's documentation. While this provides in-depth insight into the therapist's personal perspective, it can be biased by the individual's memory accuracy. Objective measures of anxiety, behavioral changes, and ecological engagement were not utilized, which might have provided a more balanced assessment of therapy outcomes. These limitations highlight the need for further research involving more diverse populations, comparative study designs, objective measures, long-

term evaluations, and adaptations that consider cultural variability. Such studies would help validate and refine Morita therapy as a treatment for eco-anxiety and possibly other modern psychological challenges. The case report of Waltraud M. shows, despite all limitations, that the little-known psychotherapeutic approach of Morita therapy can make a valuable contribution to the treatment of eco-anxiety. Morita therapy shows some promise in helping people adapt to our changing environment and climate. Practicing psychotherapists are explicitly encouraged to learn more about this approach if interested and to try it in their own practice.

In this paper, a relatively unknown but potentially valuable psychotherapeutic approach is presented in a practical manner for psychotherapists and interested readers. This approach aims to help mental health professionals treat individuals suffering from eco-anxiety, enabling them to better manage their anxiety while simultaneously becoming active in climate protection.

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