

Natural Psychotherapy, A Novel Psychotherapy with Eastern Cultural Characteristics, for A Complex Case of Obsessive - Compulsive Disorder: A Case Report

Xiang-Yang Zhang^{1,2}, Dongmei Wang^{1,2}, and Thomas R Kosten³

¹CAS Key Laboratory of Mental Health, Institute of Psychology, Chinese Academy of Sciences, Beijing, China

²Department of Psychology, University of Chinese Academy of Sciences, Beijing, China

³Department of Psychiatry, Baylor College of Medicine, Houston, Texas, USA

*Corresponding Author:

Xiang-Yang Zhang, Institute of Psychology, Chinese Academy of Sciences, 16 Lincui Road, Beijing, 100101, China

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1. Abstract

The purpose of this paper was to describe the clinical application of Natural Psychotherapy (NP) to an 18-year-old Chinese high school student with refractory obsessive-compulsive disorder (OCD) associated with cell phone addiction, depersonalization disorder, and transvestism. The patient was treated with NT therapy, a new type of psychotherapy derived from Japanese Morita therapy and characterized by oriental culture, as a pilot part of a large study. The patient received an initial 60-minute admission, followed by eight outpatient NP counseling sessions (once a week for one hour), and then a 12-month follow-up visit, with no medication used throughout. At the 36-month follow-up, most of his OCD symptoms and comorbidities had resolved, and his social functioning had returned to normal, with occasional obsessive thoughts. NP seems promising in this patient's case, suggesting that NP is simple and feasible for the treatment of patients with OCD.

2. Introduction

We have improved Japanese Morita therapy [1-3], substantially by drawing on traditional Chinese culture to create a psychotherapy with oriental cultural characteristics-Natural Psychotherapy (NP) [4-6]. The treatment allows certain primary thoughts and emotions to emerge as part of the natural ecology of human beings and consider them as not under one's control, meanwhile controlling behavior and secondary thoughts that can be controlled, while acting positively [7-9]. This involves three concepts: 1) to endure pain and do what is right; 2) to accept pain and do not do what should not be done; and 3) to seek pain and do what is feared. Simply, it can be summarized as: treating neurotic symptoms by ignoring, not fearing, not confronting, and not avoiding them, and taking active actions at the same time [5-7,10]. NP has a wide range of applications, including but not limited to obsessive-compulsive disorder (OCD), phobic disorder, generalized anxiety disorder, sleep disorders, internet or cellphone addiction, and mild depression. For different disorders, NP can consistently adopt the above-mentioned treatment principles, with targeted guidance based on the clinical manifestations of these different disorders. Taking OCD as an example, the main contents of NP follow these steps. First, patients are required to try their best to restrain compulsive behaviors while allowing the obsessive thoughts to appear. Second, the obsessions are divided into two types, namely primary and secondary obsessions. The primary obsessions refer to various undesirable and unpleasant thoughts and ideas that cannot be restrained, such as thoughts of being afraid of dirt, terrifying scenes and thoughts, thoughts related to illness and death,

or impure, dirty, and sex-related thoughts. The secondary obsessions refer to compulsive associations, memories, imaginations, ruminations and exhaustive thoughts, or "what-if" thoughts, that arise from trying to get rid of the anxiety and worry caused by primary obsessive thoughts. NP allows primary obsessive thoughts to come up naturally, so as to ignore, not fear, not confront, and not escape from them. At the same time try to restrain secondary obsessive thinking (that is, accept pain caused by the primary obsessive thoughts and resist what should not be done) [4,10].

3. Case Presentation

3.1. Brief Description of the Case

Long is an 18 years old male with obsessive-compulsive symptoms for the past 3-4 years. He has four comorbid disorders beyond his OCD symptoms. First, his OCD symptoms were repeatedly thinking about philosophical issues related to life and death, some undesirable and intrusive violent and sexual thoughts, accompanied by some weird behaviors, such as laughing strangely, hand trembling and body twitching. The patient often laughed in his room at 2-3 am in the morning, which his mother described as sounding creepy. These weird behaviors occurred more than a few dozen times a day. Second, he had cellphone addiction and played with his cellphone every day for the past 4 years, progressing from about 1-2 hours a day to 5-6 hours a day. Because the school did not allow cellphones, the patient held his cellphone in his hands after school every day, and played with it even during meals and when in the bathroom, often until 2-3 am in the morning. In addition, he secretly spent more than 70,000 yuan from his mother's bank accounts to buy many online games. Third, he had a depersonalization disorder, and for 4-5 years he had been feeling that there was another "she" (a girl, another him) in his body. The patient had been communicating with this "her", and often imitated "her" voice in conversations and discussions with each other. Occasionally, there was also an old man in the patient's body, with whom the patient also had conversations and discussions. Fourth, he had transvestism and often wore girls' clothes since kindergarten. After about 14 years of age, he began to secretly wear his mother's underwear while masturbating.

In the past 2-3 years, the situation had worsened, and he had purchased many female costumes and sexual tools from the Internet. He wore female costumes several times a week for cosplay. Fifth, his social dysfunction included being at the bottom of his academic grade, and he planned to take a leave of absence. His relationship with his father was very tense, and when his father beat him due to his worsening condition,

the patient prepared to stab his father with a kitchen knife. In response, his father did not dare to go home for more than 80 days.

3.2. The Main Treatment Process

A total of 8 outpatient consultations were conducted, once a week for one ~ two hours each time. The first session focused on in-depth understanding of the patient's basic condition, disease course, and clinical manifestations. The psychological reasons behind his strange behaviors were analyzed, such as his strange laughing and twitching behaviors. The patient's own explanation was that he deliberately made these bizarre behaviors as a way to divert and get rid of unpleasant thoughts in his head. Moreover, he found that the more bizarre the behaviors, the better the effect of restraining these thoughts. The patient was made aware of his responsibility in the treatment process to be motivated to obtain good treatment results and to cooperate with the subsequent targeted treatments. In terms of behavioral guidance, the patient was asked to formulate a daily schedule including his actual school hours and life activities, such as what time to get up, what time to go to bed at night, and what to do every hour. In general, the patient was required to act uninterruptedly and engage in a variety of activities (especially various physical exercises) and remain paying attention while attending classes and lectures at school. After returning home from school every day, he was required to do various housework chores, including but not limiting to sweeping, mopping, washing dishes, and tidying up rooms. On weekends, he developed a separate time schedule. The core idea was to be active at all times and participate in physical activities such as speed-walking, running, taekwondo, swimming, badminton and table tennis. Most importantly, from the first meeting on day one, the patient was required to keep a daily treatment diary focusing on recording various activities, mood changes and symptom changes, which was sent to the research psychiatrist via the Internet or cellphone on the same day. The treatment diary was annotated according to the NP's treatment guidelines and returned to the patient on the same or next day. The psychiatrist's annotations were mainly to encourage good behaviors, such as various household chores and physical exercise, while providing criticism and further guidance on undesirable behaviors, such as prolonged cellphone use and doing strange behaviors (compulsive behaviors). At the same time, the NP treatment principles described earlier were gradually annotated in the treatment diary, the core ideas of which were: first, the patient was asked to restrain compulsive behaviors as much as possible while allowing obsessions to appear; second, he was allowed to let primary obsessions emerge naturally and was asked to do his best to restrain secondary obsessive thinking. During the second to eighth sessions, the research psychiatrist spent the first half of the session asking the patient about his various activities during the previous week, and answering his questions about his own condition, particularly in relation to his illness. In the second half of the session, the psychiatrist arranged various activities for the following week, and instructed the patient on how to take positive actions in real life and to comply with the basic principles of NP. The main requirements included 1) exercising a lot after completing the learning tasks; 2) gradually reducing the time spent on the cellphone and handing it over to his mother by 11:00pm every day; and 3) using the APP in his cellphone for step counting, gradually increasing from 5,000 steps per day in the first week to 10,000 steps each day and then increasing to 20,000 steps. After 8 outpatient NP consultations, we did a 36-month follow-up. During the follow-up period, the patient carried out normal life activities but came to see the research psychiatrist once a month for about an hour each time. At each follow-up visit, the patient reported how he had been doing in the past month and was available to ask any questions about his condition. The research psychiatrist encouraged him to use the NP principle to deal with any situation that might cause fluctuations in his OCD symptoms.

3.3. Treatment Outcome:

The patient began to show improvement after three weeks, with significant improvement after 8 weeks. Most symptoms disappeared after 12 weeks, and there were basically no obvious symptoms at 16 weeks. The main manifestations were as follows:

(1) The patient's obsessive-compulsive symptoms gradually decreased and subsided. First, his compulsive symptoms, such as strange laughing, hand trembling and body twitching gradually disappeared, while his secondary obsessive thoughts were brought under control. Second, his

primary obsessive thoughts gradually disappeared, and more importantly, even if his primary obsessive thoughts occasionally appeared, he was able to face them openly and was no longer anxious.

(2) The patient's cellphone addictive behaviors decreased and subsided 2~3 weeks after the compulsive behaviors ceased. When the patient first received treatment, he was still unable to control himself, secretly playing with his cellphones and he quarreled with his mother, who tried to control the time he spent playing with his cellphone. After 4~5 weeks of treatment, his condition began to improve, and by the 10th week, he could control his cellphone playing time to less than 1 hour per day. After 16 weeks, he hardly played cellphone or online games. In this way, he could independently control the time to play with his cellphone and no longer delayed completing his homework and related activities [3]. In terms of depersonalization, not much attention was paid in the early stage of treatment. However, as the treatment progressed, the other "she" and the old man in the patient's body gradually disappeared after 3 to 4 weeks of treatment, and there were no more conversations with these other internal characters [4]. In the case of transvestism, the patient had been cross-dressing during the early stages of treatment. During follow-up, from the 3th month of treatment, the number of weekly cross-dressing episodes began to decrease, and he did not purchase new clothes. By month 5, he began to voluntarily discard some of his previous clothes, and by month 6, he voluntarily discarded all of them [5]. In terms of academic and social functioning, the patient had planned to suspend school, because his graders were already failing and he was unable to complete his studies. After receiving NP treatment, he stuck to his studies and went to school every weekday. By month 4 of treatment, the patient's grades had reached 38% of the passing grade at the midterm exam, and a further 25% of the passing grade by the final exam. In the last college entrance mock exam, his grades reached 10% of the passing grade. At the same time, the patient recovered a good relationship with his father. Finally, after a rigorous college entrance examination, the patient was accepted to a top 50 national university in China in July, 2022. After more than a year of college, the patient had stabilized and had no recurrence of symptoms other than some occasional obsessive thoughts. Moreover, the patient treated these obsessive thoughts according to the concept of natural psychotherapy and no longer felt anxious.

4. Discussion

This OCD patient had a wide range of symptoms and a severe condition that prevented him from completing his studies. However, after 8 outpatient NP counseling sessions, the patient's condition improved significantly in a short period of time without taking any medication. During the treatment process, the patient followed the guiding principles of NP and strictly followed the schedule he set up. By understanding the treatment process, we can see the simplicity and feasibility of NP, which is very conducive to large-scale implementation and promotion..

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