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A Case of Obsessive-Compulsive Disorder (OCD) Associated with Special Japanese Cultural Background Involving Strong Fear against Entities Associated with Bad Omen

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Abstract

We report an OCD case exhibiting strong fear against entities associated with bad omen was treated by exposure and response prevention behavioral therapy. The patient was a 60-year old unemployed female. She married at 28 years old. Soon after the marriage, her husband showed violent behavior against her in response to situations and occurrences that he did not like and the patient subsequently became to despair of her marriage. When she was 57 years old, she first experienced strong feelings of bad omen and disgust when she saw funeral company advertisements for Japanese Buddhist altars or gravestones. After watching a TV news report on mass murder, she began to wash her hands and to change her clothes whenever she saw or touched entities or people related to "death" (for example, Buddhist priests) because she felt strong fear. When she was 60 years old, she was admitted to our hospital because she was no longer able to perform routine housework and had isolated herself in her house because of her symptoms. We observed her behavior for the first 2 weeks of admission. She agreed to undergo the exposure and response prevention consisted of 11 sessions during the admission period. As a result, she showed improvement to a degree that enabled her to go outside. She was discharged, and had no difficulties in living a normal daily life. It is relevant to report the clinical course and psychopathologic discussion in strong relation to Japanese culture.

Key words: exposure and response prevention; obsessive-compulsive disorder; bad omen; psychopathology; Japanese culture, behavioral therapy

Introduction

Obsessive-compulsive disorder (OCD) had been considered pessimistically as a disease which was hard to treat [1], however recently, it has been reported that many patients show improvement by combining pharmacotherapy and behavioral therapy[1–5]. Biological research on OCD has actively been conducted, and biological abnormalities in OCD have been reported[6,7]. However, the biological research only is not enough and also the psychopathologic research is important to understand the clinical condition of OCD.

Many of the patients with OCD the symptoms are a manifestation of a belief in lucky and unlucky numbers. Here we report a female case of OCD who exhibited a strong fear of god, Buddha and ghosts to a degree that disturbed her social life, that was successfully treated by exposure and response prevention behavioral therapy (E&RP), a type of behavioral therapy. We present the clinical course of treatment and psychopathologic

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discussion of a case which showed improvement by combination of pharmacotherapy and E&RP.

Case Report

[Case] 60-year-old female, housewife

[Chief complaint] Suffering from obsessive thoughts that she would suffer misfortune.

[Patient illness] The patient married when she was 28 years old. Soon after the marrige, her husband showed violent behavior against her in response to situations and occurrences that he did not like. As a consequence of the fact that her husband treated her as a slave, the patient became to despair of her marriage. Her husband was hospitalized with a cervical fracture for a long time period when she was 52 years old. Initially the patient was relieved thinking that she could live safely with her son during the period of hospitalization; however, she was forced to devote herself to take care of him as he could not move freely and again she experienced despair at being treated like a slave. When she was 57 years old, she first experienced strong feelings of bad omen and disgust when she saw funeral company advertisements for Japanese Buddhist altars or gravestones. After watching a TV news report on mass murder, she began to wash her hands and to change her clothes whenever she saw or touched entities or people related to "death" (for example, Buddhist priests) because she felt strong fear. She became unable to watch TV or movies at all as she felt strong fear when seeing TV programs or movies in which ghosts appeared or people died. When she was 60 years old, she became unable to perform routine housework as a result of obsessive thoughts and compulsions and she became to think that everything she saw when leaving the house was associated with "bad omen". Her family subsequently brought her to our hospital and she was admitted as a patient.

[Clinical course]

(1)Obsessive compulsive symptoms

The patient stated that any idea or substance related to god, Buddha or ghosts, associated with "people's death", was "bad omen". She experienced strong fear and exhibited compulsions when having ideas related to "people's death" or when touching entities associated with such ideas. The details of the obsessive compulsive symptoms are as follows: "when she remembered scenes of TV programs or movies associated with bad omen, she could not eat food that she had prepared", "when she remembered something associated with bad omen she could not stop washing dishes and continued until that idea had left her mind", "she could not touch newspapers containing advertisements of books related to religion because she thought 'something unfortunate may happen', and when she touched such newspapers by mistake, she washed her hand thoroughly". Japanese names are usually comprised of a combination of several Chinese characters, and "she did not want to talk to people with names that included Chinese characters which are in the names of traditional Japanese ghosts such as 'kiku (which originally represents the name of chrysanthemums)' or 'iwa (which originally means rock)' and she could not touch things that people with these Chinese characters in their names had touched. If the patient happened to touch these things, she washed her hands, changed her clothes and washed her clothes" and "when she touched people or things she considered to have bad omen she washed her hands and changed her clothes". The patient had the idea that "if she touched something associated with bad omen this would bring her misfortune". She became controlled by these obsessive ideas, and the number of entities associated with "bad omen" around her became very large. Therefore, she could not move even in her house because there were too many things she considered to bring "bad omen". The patient showed 33 points in Yale-Brown obsessive compulsive scale (Y-BOCS) and 21 points in Maudsley Obsessional Compulsive Inventory (MOCI). No abnormality was found in brain CT, MRI or EEG.

(2) Behavioral analysis (Figure)

a) When the patient talked to, touched or even remembered things or people she judged to have "bad omen", she suffered from the fear that "she may suffer misfortune" and to reduce this fear, she washed her hands or remembered things associated with good luck, such as weddings, to erase these obsessive thoughts.

b) Obsessive thoughts temporarily disappeared through the act of compulsion or by ritual thought.

c) Once she stopped compulsions however the obsessive thoughts soon returned and she fell into a vicious cycle. The number of entities that she feared continued to increase and there became a large number of items she associated with "bad omen" around her. To avoid feelings of fear, she could not move and she forced her son to take care of her. She became immobile and remained sitting in

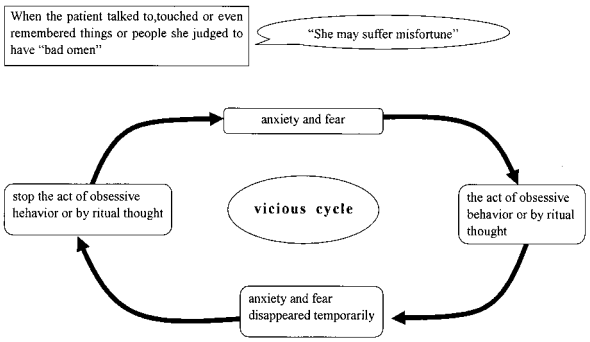

Figure. Behavioral analysis.

her house. As a result of development of these symptoms as described above, her husband also became the objective of "bad omen"; however, she did not mentioned anything about her husband to her attending psychiatrist at admission.

(3) Pharmacotherapy

The patient received clomipramine at a dose of 75 mg/day without any complications. The patient refused to increase this dose and therefore continued this dose until she was discharged.

(4) Behavioral therapy

We observed the patient's behavior following admission in order to plan a treatment regime. No compulsive symptom such as washing was seen immediately after admission to a hospital as she was released from her house filled with "things associated with bad omen". However, as she got used to life in the hospital, she started to recognize some people as "people associated with bad omen", and started to refuse to sit or to take a bath with these "people associated with bad omen". Additionally, as things which was touched by these people associated with bad omen turned out to be a phobic stimulus, she reprimanded them when they touched things which she had to touch. As the result, her interpersonal relationship in the ward worsened. On Day 10 of admission, she was arranged to share a room with one of these "people associated with bad omen" for the administrative reaseon, and she had a disagreement with the patient and showed symptoms of hyperventilation. Her attending psychiatrist changed her room upon her request ad hoc, and had a discussion with her regarding interpersonal problems that she had as a result of the obsessive compulsive symptoms and about the relationship between she and her husband, which she rarely mentioned about. She said that "I have never told anyone before, but I sometimes wanted to kill my husband. I felt comfortable when he was away from home during he was admitted to a hospital". On day 14 of admission, which was several days after she had a discussion with her attending psychiatrist regarding dissatisfaction and hatred toward her husband, she said that "I think I am so hard on other patients because of this 'contagious idea'". Therefore, with her consent, we stared the E&RP method as a treatment for compulsive behaviors. We prepared the hierarchical table of anxiety shown in Table and initiated the E&RP method from 14 days after admission (Table). The patient was exposed

Table. Hierarchical table of fear.

Grade Ⅰ:	Touch newspaper political columns
Grade Ⅱ:	Touch newspaper obituaries or advertisements of books related to ghosts
Grade Ⅲ:	Touch advertisement for Japanese Buddhist altars or gravestones
Grade Ⅳ:	Use cosmetics of company S of which the actress M was used in advertisement (Actress M was in movie about ghosts)
Grade Ⅴ:	Shop at Y department store (The poster of ghost movie was put on the wall of the department store)

to fear stimulation from Grade I based on the hierarchical table of anxiety from 16 days after admission and the patient was prevented from indulging in compulsive behavior. For example, the attending psychiatrist touched a newspaper and asked the patient to do the same thing. The patient was subsequently not allowed to wash her hands within 1 hour after touching the newspaper. She understood the rationale behind this treatment; but immediately before initiating the first session still exhibited fear and anxiety towards touching newspapers and insistently asked the attending psychiatrist "Are you sure that I won't suffer misfortune after touching something associated with bad omen?" and it seem that she was emotionally unstable. After undergoing the first session and facing grade I stimulation of fear, she calmly commented that "it was not as frightening as I had expected" and showed a good response. Consequently medical staff was not required to monitor the patient while undergoing sessions of response prevention. Her

anxiety and fear decreased as the sessions progressed and she showed a willingness to undergo exposure to grade III stimulation of fear. Therefore, the attending psychiatrist asked the patient not only to touch a newspaper advertisement of gravestones but to tear it and put in a wastebasket. She was bewildered by this order because she felt that such behavior disrespected the dead; however, she persuaded herself that she should not be too worried with things associated with bad omen and completed this task. Following completion of this session, the patient was able to touch and read newspapers and advertisements without fear.

As grade IV and V stimulation sessions could not be conducted within the hospital, the patient and her son went out from hospital to complete the session. The E&RP method consisted of 11 sessions and after completing the final session the patient was able to shop at Y department store. Approximately 8 years has elapsed since the patient was discharged from hospital, but she is still in a good condition without pathological OC-symptoms. She made the following comment after completing the session; "I have been obsessed by ridiculous things and by running away from things I associated with fear I exacerbated my symptoms. There are still some things that cause me anxiety, but I now know that it is important to face and touch them instead of running away. It is great being able to go out without being disturbed by the symptoms I used to have." This comment shows that her recognition has also been modified by the session.

Her compulsive symptoms worsended when she was 67 years old when her husband came back home from a hospital after a long-term admission. Although her husband was re-admitted to a hospital one month later, her compulsive symptoms did not show improvement. However, she showed improvement by changing her basic medication to fluvoxamine 150mg/day. Ten years has passed since we have started her treatment and today, she lives by herself as her son started living by himself. Her symptoms have stabilized and she accepts "things associated with bad omen", and lives her life wearing young-looking clothes. She says "I don't think I have completely recovered, but I think the ways to cure my diease are to avoid things associated with bad omen and to be relieved from loneliness and solitariness".

Discussion

In contrast with Western countries where Christianity is the predominant religion, Japan has been polytheistic since ancient times and both Shinto and Buddhism are predominant religions. Japanese people have the freedom whether or not to embrace religious beliefs and if so to choose which religion they believe. Generally, people that profess Shinto or Buddhism believe in the presence of god or Buddha and in such individuals it is normal behavior to also feel guilt in committing religious sacrilege against gods or Buddha. Conversely individuals that do not believe in certain religions are generally indifferent to religious sacrilege against either gods or Buddha. Moreover in Japan, it is believed that whilst not scientifically proven, ghosts exist as abstract entities in a similar way as gods and Buddha. The legends of ghosts are however generally different and ghosts are usually considered to bring misfortune to living people and to be frightening entities. Even though ghosts are believed as abstract entities in a similar way as gods or Buddha, in general people do not have faith in ghosts. In Japan however, people may associate gods, Buddha and ghosts with the "afterworld" and "people's death".

Many of the Japanese with OCD show a manifestation of a belief in lucky and unlucky numbers[1,3,8]. In Japan, there are several ways to pronounce numbers and Chinese characters, and the number 4 can be pronounced as "shi", the same pronunciation as the Chinese character which means "death", and the number 9 can be pronounced as "ku", the same pronunciation as the Chinese character which means "agony". A significant number of Japanese OCD patients try to avoid facing these numbers. Some Japanese OCD patients suffer from obsessive thoughts that they will be punished or suffer misfortune (e.g. "death" or "pain") should they think about committing sacrilege against god or Buddha. The social lives of patients who suffer from these obsessive thoughts are disturbed because they exhibit compulsive behaviors to avoid the occurrence of misfortune. Some people who do not suffer from OCD may have obsessive thoughts when thinking about committing sacrilege against god or Buddha, but to a degree that does not disturb their social lives.

Her complusive symptoms consisted of the theme of "omen", and the ways she recognizes things as something "associated with bad omen" and avoids

them are extremely similar to those of people suffer from mysophobia recognize and avoid “dirtiness”, and it is considered that these ways are related to the psychopathological characteristics extremely similar to those of cases reported by Tsukamoto[8]. That is, although the object of entities she associated with “bad omen” was widespread and indefinite, it is considered that the structure of “object of hatred = object of dirtiness” suggested by Tsukamoto[8] exists at the base of the onset of the symptoms. The patient despaired of her marriage because of the violence her husband used against her immediately following marriage. Her husband's attitude did not change even after the birth of their son and because she did not have skill to adequately resolve her anger towards her husband, she became to despair of her life. Under these circumstances obsessive symptoms suddenly appeared in relation to entities associated with “death” and “bad omen”. From a behavioral psychology aspect, these symptoms were considered to have been learned and strengthened by ritually relating, submersion and avoidance.

The E&PR method, in which control of stimulation and obsessive behavior is carried out simultaneously, was employed as the mode of treatment. In order to expose the patient to stimulation relevant to daily life, the patient was taken out from the hospital in order to complete the session. As a result, the patient gradually became used to anxiety and fear disappeared and her living area expanded. She began to feel pleasure in living freely and this enabled her to proceed to subsequent treatment steps and this finally led to an improvement of the patient's obsessive compulsive symptoms.

From a psychopathological aspect, based on the fact that her husband forced her to “live like a slave” and she hated her husband to temporarily have an intent to kill him, that treatment started to go smoothly after she verbalized the feelings against her husband, that she felt secure when her husband was admitted to a hospital and away from mome, and that her obsessive compulsive symptoms once showed improvement but exaggerated when she started to live with her husband, we can conclude that the “objective of hatred = objective of things associated with bad omen”, and her husband was at the core of her idea of “bad omen”. Conversely, regarding her psychological characteristics, her desire against her husband's death was suppressed and isolated (repression, isolation, displacement) and it is considered that as a result the obsessive symptoms against entities associated with bad omen appeared as a reaction formation. Looking at the fact that she passionately visits her attending psychiatrist wearing young-looking clothes even 10 years after we started her treatment and that she said that “I think the method to cure my disease is to be relieved from loneliness and solitariness”, it is suggested that the anxiety for her existence as a woman getting older underlies her disease and that the onset of obsessive compulsive symptoms has a role of flight into disease.

In Japan, there are legends related to gods, Buddha and ghosts and whilst these cannot be scientifically proven it is not too much to say that majority of Japanese people still believe in their existence. This fact does not however mean that the majority of people that believe in these entities are psychiatrically ill. However should the normal function of an individual's social life become threatened by abstract entities such as god, Buddha or ghosts, it can be said that their mental state is pathologic.

This case revealed obsessive symptoms that reflect Japanese cultural background. In this case the OCD patient did not try to simply avoid contamination or misconduct but “misfortune” or “death” of the patient herself.

As mentioned in this report, we consider that it is important to describe the mechanism of the onset and characteristics of symptoms to understand the psychopathology of OCD.

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日本の文化において「縁起が悪い」とされる対象に著しい恐怖を抱いた強迫性障害の１症例

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【はじめに】精神科領域においては，強迫性障害（obsessive-compulsive disoreder : OCD）の治療は困難であるとする悲観的な定説があった．最近では，OCDの生物学的研究が活発になされ，その生物学的異常性が明らかになるとともに，薬物療法と行動療法の組み合わせによって，多くのOCD患者が軽快するとの報告がみられるようになった．しかし，OCDの病態を解明するためには，生物学的研究のみならず，精神病理学的研究もまた重要である．今回，我々は，日本文化に独特な神仏や幽霊を「縁起の悪い物」とみなし，著しい恐怖を抱いたOCD患者に対して，薬物療法と行動療法の一型である曝露反応妨害法を実施し奏功したので報告する．

【症例の概略】入院時60歳の女性．専業主婦．28歳で恋愛結婚したが，夫は暴力的で短気な人であることがわかり，患者は「奴隷のような生活」に失望した日々を送っていた．52歳時，夫が交通事故に遭い頸椎骨折し，後遺障害のため長期の入院生活を余儀なくされた．これにより夫は，献身的介護を患者に強要するようになり，「奴隷のような生活」に拍車がかかった．そのような中，57歳時，葬儀屋の看板，仏壇・墓石の広告，新聞に掲載されている死亡広告などを見たりすると患者は「気持ちが悪い」と感じるようになった．さらに，テレビで殺人事件のニュースをみたり，人の死に関する人（例えば，僧侶）に触れたりすると，手を洗ったり，洋服を着替えるという強迫行為が認められるようになった．60歳時，強迫観念および強迫行為のために家事ができなくなったため入院した．

【治療経過及びまとめ】患者は自己の周囲に存在する全てを「縁起が良いか？悪いか？」という独特の二分割思考で認知し，「縁起が悪い」と認知した場合は，それらを回避・消去するための強迫行為を露呈させていた．入院後の治療としては，薬物療法とともに不安･恐怖刺激となっていた具体的な物，すなわち，死亡広告が掲載されている新聞，仏壇･墓石のチラシを用いた曝露反応妨害法を施行した．さらに，これまで患者が「縁起が悪い」と認知し，回避していた場所に外出する訓練を行った．その結果，前述した症状は軽快し退院した．しかし，67歳時，長期間入院していた夫が退院し自宅に戻ってきたことを契機に症状の再燃が認められたためフルボキサミンを主剤とした治療を行ったところ軽快した．以上の治療経過から，本症例は，“憎しみの対象＝縁起の悪い対象”であり，「縁起の悪い」の核心は夫の存在であることが示唆される．すなわち，本症例は，「夫の死」の願望が，抑圧，分離，置き換えられ，縁起の悪い対象に拘泥する強迫症状を露呈させていたものと思われる．本報告のように症例の症状発現機序および精神病理学的特徴を記述することは，「強迫」の精神内界を解明する上で重要である．