

# The Treatment of the Obsessive Ideas of a Junior Middle School Boy by the Technique of Move to Emptiness: a Case Report

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**Abstract:** This article reports a case in which the Technique of Move to Emptiness was applied to deal with obsessive thinking of a middle school boy. With the application of the Technique of Move to Emptiness, the therapist allayed the client's obsessive thinking by directly eliminating his negative physical and mental feelings in the most easily triggered scenarios. There were four times of this treatment: the therapist collected the client's information and evaluated his symptoms in the first time, then separately focused on two of the most easily triggered situations in the next two times, and the client had no obsessive ideas about his exams in the fourth time. Managing the obsessive thinking with the combination of Technique of Move to Emptiness and reflection turned out to have a quick and long-lasting effect. This paper discusses how the therapist can lead the client to find out the negative psychosomatic feelings in the situations with obsessive thinking triggered and identify the target symptoms of the Technique of Move to Emptiness.

**Key words:** Technique of Move to Emptiness; Reflection; Obsessive idea; Case report

A 14-year-old boy, transitioning from the eighth to ninth grade, approached his mother before summer break with two issues he wanted to address: getting orthodontic treatment and consulting a psychologist. The initiative to see a psychologist was his own, feeling the urgency to resolve his tendency to "overthink trivial matters" as he enters ninth grade, which he believes is crucial for his studies and future education. His mother, through acquaintances, found a consultant for him.

The boy, tall and slim, seemed to possess an inner vitality that was somewhat concealed. He was neatly dressed in a T-shirt, shorts, and sneakers. During our initial consultation, when discussing the schedule, he looked towards his mother, conveying a sense of helplessness as his summer was already filled with tutoring classes. His mother appeared to be overly involved in his academic life, treating him like a young scholar. In sixth grade, he showed tendencies towards compulsiveness, particularly liking to organize things.

The counselling goal for this case is set to address the issue of "overthinking about things that does not matter". Compulsive thinking is driven by unconscious negative emotions such as anxiety and fear. Resistance and self-blame after these thoughts arise only add fuel to the cycle, creating a vicious circle akin to a snowball growing larger as it rolls.

The first step in this counselling is to establish a concept and attitude for the client: everyone, to varying degrees, has involuntary thoughts about trivial matters. When

one becomes aware of these thoughts, they should not resist, judge, or blame themselves. This approach allows for acceptance of the thoughts, letting them pass without further energy. Resistance and self-blame will only make things worse, making the 'fire' of overthinking burn brighter and the 'snowball' of thoughts grow larger.

The second step involves using TME to address the negative emotions underlying the compulsive thinking. Specifically, this involves exploring the situations in which the client overthinks the most and understanding the physical and mental feelings in those contexts. The goal is to identify the unconscious negative emotions that trigger compulsive thinking in these situations and use TME to eliminate them.

Each counselling session focuses on identifying the most recent situations where the client overthinks, discovering the negative physical and mental feelings in those scenarios, and applying TME to treat these feelings.

## PROCESS

This counselling will consist of four sessions, including the initial interview and three follow-up sessions. These will be held once a week, with each session lasting 50 minutes. The consultations will be conducted face-to-face. Fees were charged for these services.

### 4.1 Initial Interview

The primary focus of the initial interview is to establish a counselling relationship, understand the client's concerns, discuss counselling goals, and introduce TME. The client's main issue is "involuntary overthinking about trivial matters." Specific questions were asked about the situations in which this overthinking occurs most frequently, and the feelings experienced during those times.

Counsellor: When do you find yourself overthinking the most, and when is it less intense?

Client: I notice I start overthinking when doing math and physics problems, but I can stop it. During the summer break, when I'm alone at home, I tend to overthink after waking up from a nap, feeling bored. Once I start, it's hard to stop.

Counsellor: How do you feel when you wake up from your nap?

Client: Bored.

Counsellor: Can you tell me more about it?

Client: Empty.

Counsellor: Anything else?

Client: Unhappy and upset. Sometimes I hit the bed a couple of times.

Counsellor: Think of a time when you felt extremely bored.

Client: I have thought of one.

Counsellor: What do you feel?

Client: Discomfort in my limbs.

Counsellor: Which part is the most uncomfortable?

Client: My right forearm.

Counsellor: What kind of discomfort is it?

Client: It feels like the blood circulation is poor. I find myself clenching and then opening my fist to alleviate it a bit.

Counsellor: Does it feel like something is blocking inside? Focus and describe that feeling.

Client: It feels like two layers of plastic wrap sealing both ends.

Then, the counsellor inquired in detail about these two layers of wrap - their size, shape, texture, thickness, and weight. They are two circular, transparent plastic cling wraps with diameters of 3.5 cm and 4.5 cm, weighing 1 gram. The object they are encasing is a transparent glass bottle with a wooden stopper, weighing 200 grams, with a neck 7 cm tall and a base 5 cm wide.

## **First Session**

The primary goal of the first session was to teach him the three-step relaxation and address his most prevalent overthinking scenario: feeling a blockage in the right arm after waking up from a nap, using TME.

### **Guiding the Three-Step Relaxation**

While practicing the relaxation technique, he was breathing too forcefully. He was guided to breathe more gently, without exhaling forcefully. Due to his height, he habitually held his knees while sitting, causing his back to bend. He was instructed to

first relax his entire body, then straighten his back, and finally rest his hands naturally on his legs.

### Identifying the Target Symptom for This Session

After the relaxation exercise, he reported no significant discomfort and shared that the concept "do not resist, do not judge" had greatly helped reduce his compulsive overthinking. Upon further inquiry, it was determined that he experienced the most intense overthinking when alone at home during summer afternoons, leading to boredom. Therefore, "boredom" was identified as the target symptom for this session's TME treatment.

### Guiding the Symbol and Carrier Object

Counsellor: Think of a time when you felt extremely bored.

Client: I have thought of one.

Counsellor: What do you feel?

Client: Discomfort in my arms and legs.

Counsellor: Which part is the most uncomfortable?

Client: My right forearm.

Counsellor: What kind of discomfort is it?

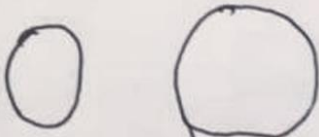
Client: It feels like poor blood circulation. I find myself clenching and then opening my fist and it feels better.

Counsellor: Is there something blocked inside? Focus and try to describe.

Client: It feels like two layers of plastic wrap blocked both sides.

二、象征物图

名称: 两片直径为3.5cm和4.5cm的保鲜膜.



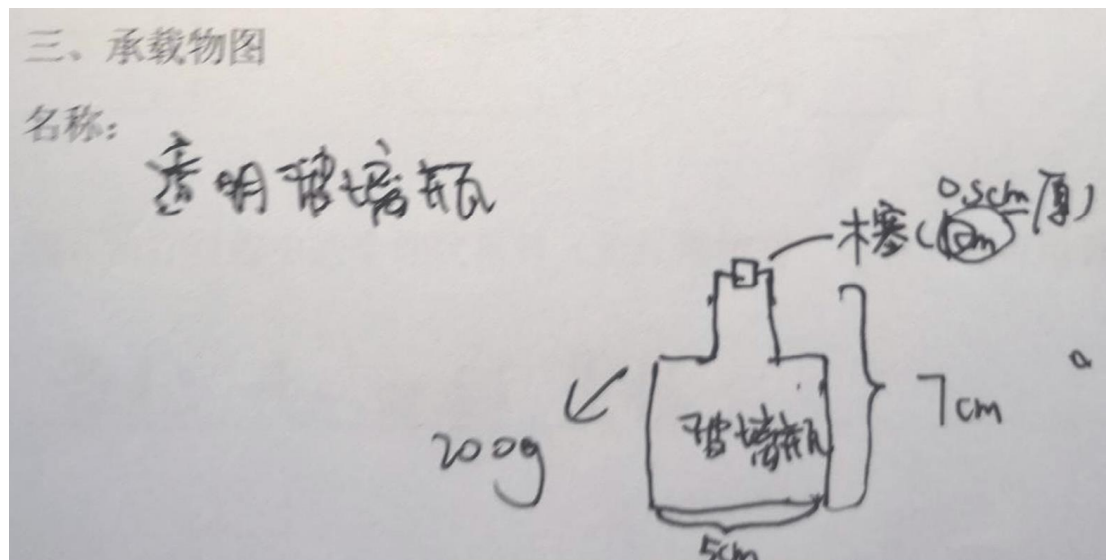
外观特征 (填写项目越多越好, 至少3项)

尺寸 (长: <sup>4.5</sup> 3.5 宽: <sup>4.5</sup> 3.5 高: \ 厘米)	重量 (1g <del>千克</del> )		
形状 (圆形)	材质 (塑料)	硬度 (软)	质感 (光滑)
颜色 (透明)	光泽 (透明)	气味 (无)	款式 (保鲜膜)
装饰 (无)	锁匙 (无)	其它 (无)	

The counsellor then inquired in detail about these two layers of wrap - their size, shape, texture, thickness, and weight. They were two circular, transparent plastic cling wraps with diameters of 3.5 cm and 4.5 cm, weighing 1 gram. The carrier object was a transparent glass bottle with a wooden stopper, weighing 200 grams, with a neck 7 cm tall and a base 5 cm wide.

### Moving Process

After clearing the cling wraps and the glass bottle, the wraps were placed inside the bottle. He described how he crumpled the wraps slightly and leaned them against the sides of the bottle, slightly wrinkled. The moving process went smoothly with no perfect distance identified. The maximum distance reached was 1000 m, and at 5000 m, the wraps were no longer visible or felt.



### Assessment

The impact level dropped from 5 to 1, and after another round of relaxation, it reached 0. The client reported that his arm felt unblocked and he felt relaxed, happy, and refreshed.

### Second Session

The focus of the second therapy session was on the situation where the client experiences the most overthinking: feeling "headache" when encountering new words during English reading exercises.

### Feedback

The client shared that repeating "do not resist, do not judge" helps them to stop his overthinking. After removing the two pieces of wrap from the right forearm in the previous session, he no longer feel blocked and have stopped overthinking after

waking up from naps.

### **Identifying the Target Symptom**

Counsellor: Last time, you mentioned being fully focused and calm when doing physics and mathematics exercises, without overthinking. How about now, do you still compulsively overthink when bored, especially after waking up from a nap?

Client: No. It also doesn't happen when I am doing things I enjoy, like playing Go or basketball. I might have distracting thoughts while playing basketball, but I focus on the ball.

Counsellor: So, when do you find yourself unable to stop overthinking?

Client: During English reading exercises.

Counsellor: Specifically, when does this overthinking occur?

Client: When I encounter new words.

Counsellor: Right, imagine you are reading in English, and you see a new word.

Counsellor: Does it happen every time you encounter a new word?

Client: I feel it even before.

Counsellor: Find a time when it felt the most severe.

Client: Found one.

Counsellor: How do you feel now?

Client: Annoyed.

Counsellor: Okay, today we will address the annoyance you feel when encountering new words during English reading comprehension.

Counsellor: How intense is this annoyance for you? On a scale of 1 to 10?

Client: 7.

### **Guiding to the Symbol and Carrier Object**

After a few minutes of relaxation, the client was guided into the scenario of feeling annoyed while reading English and encountering new words.

Counsellor: Where do you feel discomfort when you're annoyed?

Client: In my heart.

Counsellor: Focus on your heart.

Client: It's not the heart; it's the head.

Counsellor: Focus again, is it the heart or the head?

Client: The head, it's a headache.

Counsellor: What kind of pain is it? Like being pricked, burned, or pulled?

Client: Needles. There are six needles.

Counsellor: Can you see them clearly? What kind of needles are they?

Client: Like sewing needles.

Counsellor: Do the needles have eyelets?

Client: No.

Counsellor: Are they solid or hollow?

Client: Solid.

Counsellor: What material are they made of?

Client: Iron.

Counsellor: What colour are they?

Client: Silver.

Counsellor: Is there any rust on them?

Client: No.

Counsellor: Are all six needles the same length?

Client: Yes.

Counsellor: How long are they?

Client: 4 centimetres.

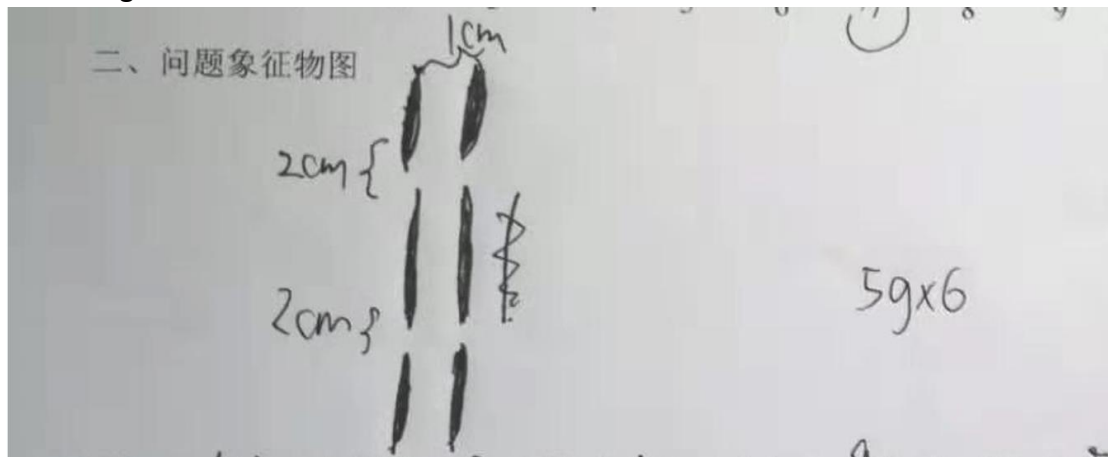
Counsellor: What formation are the needles in?

Client: They stand in two rows, 1 cm apart, with 2 cm between the front and back rows.

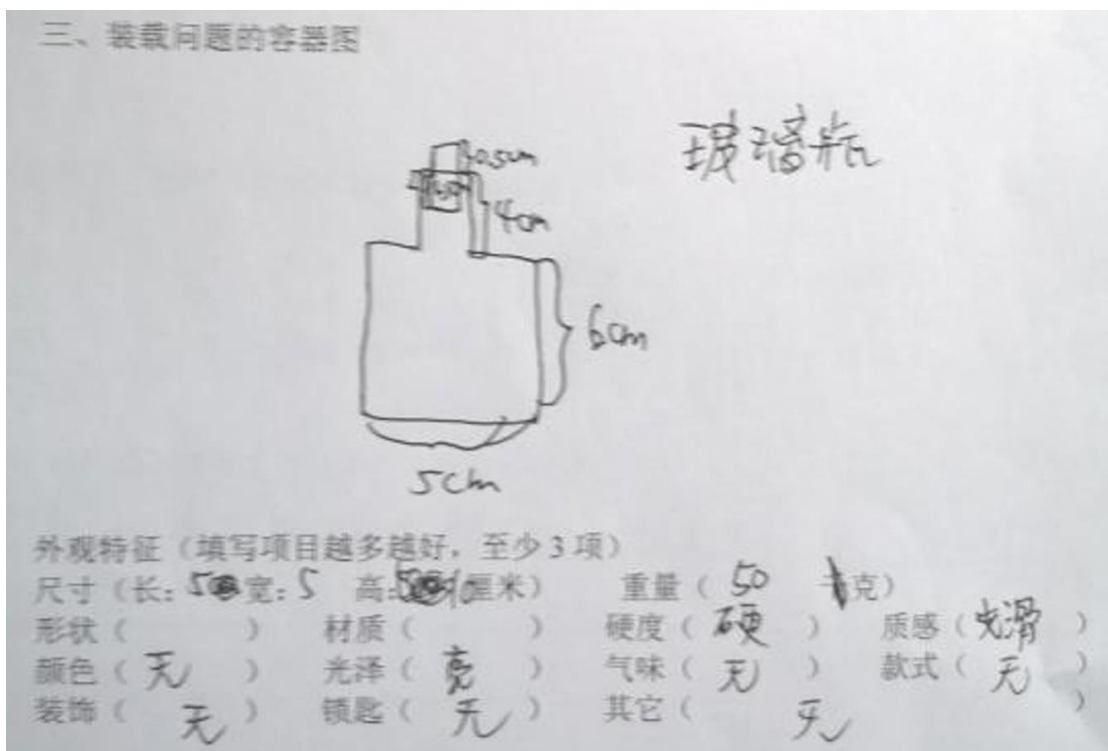
There are three rows in total.

Counsellor: How much does each needle weigh?

Client: 5 grams each.



A glass bottle was then selected to contain these needles.



### **Moving Process**

Before moving, relaxation exercises were performed, and the six needles and the glass bottle were carefully prepared. The client described how the needles were placed in the bottle: "Three on each side, leaning against the glass."

The moving process went smoothly, with no perfect distance. At 550 meters, they became invisible, and the client no longer felt anything.

### **Assessment**

The impact level dropped from 8 to 1.

The client reported feeling relaxed, as if he just washed his face and the wound of needle pricks was healing.

### **Third Session**

During the third session, the client mentioned they no longer resist their overthinking and have become more at ease with encountering unfamiliar words in English reading comprehension. When faced with situations, they now practice a self-devised relaxation technique, which seems to mitigate any lasting effects. They still experience overthinking, but it no longer affects them significantly.

Interestingly, the focus of the third therapy session shifted from "overthinking" to dealing with the anxiety of encountering difficult questions during physics exams and the subsequent negative emotion of worry when moving on to the next question.

Counsellor: What shall we work on today?

Client: I get anxious when I encounter a difficult question in a physics exam.

Counsellor: How intense is this impact on you?

Client: About 8.

Counsellor: Do you feel anything in your body when you're anxious?

Client: No, I can't feel anything.

Despite multiple attempts and even a 3-step relaxation exercise, the client still couldn't identify any physical symptoms. The counsellor continued to guide patiently.

Counsellor: When you're anxious during a physics exam, what do you feel?

Client: It's like running, running fast.

Counsellor: Hmm.

Client: I tell myself to skip it and move on to the next question.

Counsellor: Do you get stuck on it?

Client: No, I decide quickly.

Counsellor: Oh.

Client: It's just that I can't concentrate on the next question.



Counsellor: Hmm.

Client: I worry that I might encounter more questions I can't answer.

Counsellor: So your efficiency drops and the error rate increases.

Client: Yes.

Counsellor: Worry and anxiety, which feels stronger?

Client: Anxiety is stronger, but it passes quickly.

Counsellor: So, it doesn't form a symbol. What about worry? How intense is it?

Client: About a 4.

Counsellor: Where do you feel worry in your body?

Client: It's not in my body.

Counsellor: That's fine. What does worry look like?

Client: Dark clouds. The exam starts sunny, but dark clouds appear when there are difficult questions, affecting my confidence.

Counsellor: Let's move these dark clouds away.

Target Symptom: Worry; Symbol: Dark Clouds (10 cm wide, 4 cm high, pitch black, 50 grams);

Container to the Symbol: Glass Bottle (15 cm wide, 7 cm high, 1 cm thick transparent glass, 200 g).

Moving Process: At 300m, it blurs; at 500 meters, it's out of sight. Prefers staying at 100 meters (perfect distance). Feels secure and slightly anxious there.

Assessment: Impact reduced from 4 to 1.

After paying for four sessions, the client mentioned in the last one that they had no more issues. The counselling concluded.

## Discussion and Summary

### Case Approach and Effectiveness

The approach in this case was inspired by three aspects: Firstly, the concept of "fan guan" (introspection) often emphasized by Professor Liu Tianjun when discussing traditional Chinese culture. This concept suggests looking back to the origins to understand what triggers compulsive thoughts. Secondly, the "exception" technique in hypnotherapy, which identifies situations where symptoms do not occur, guided the counsellor to find the scenarios where compulsive thinking was most prevalent. Thirdly, insights from guiding students to write self-exploration papers on sudden 'organizing compulsions' revealed that organizing is often a response to anxiety and fear in uncontrollable situations, attempting to gain control and adjustment. This insight suggested that treating compulsive behaviors and thoughts might involve eliminating the deep-seated forces driving them.

When the client expressed their inability to stop overthinking about trivial matters, the

counsellor sought to return to the moments before these thoughts began, asking when and under what circumstances the overthinking was most and least prevalent. The client reported being fully engaged and quiet when solving physics and mathematics problems and not overthinking; while playing basketball, they had stray thoughts but focused on the ball; after waking up from a nap, they couldn't stop overthinking. This confirmed that negative physical and emotional sensations drove the overthinking. Upon further inquiry, boredom was identified as the primary sensation upon waking from a nap. The therapeutic approach was then set: using Transcendental Mental Emptying (TME) to eliminate negative emotions in scenarios where overthinking was most frequent, thus reducing compulsive thoughts.

After the first therapy session, which addressed the feeling of being 'blocked' upon waking from naps, the client reported feeling unblocked in their arm, relaxed, happy, and refreshed. They later shared that they no longer overthought after waking up. The second session, which addressed the 'headache' experienced when encountering new words, led to a feeling of relaxation and a decrease in overthinking upon encountering new words. By the third session, the client could no longer identify scenarios with frequent overthinking and was no longer troubled by this issue.

A follow-up forty days later showed sustained effectiveness, with the client reporting minimal overthinking in the previously problematic scenarios. The tendency for compulsive thinking had not shifted to other scenarios, with overall overthinking rated at 3 out of 10 and its impact at 2 out of 10.

The traditional wisdom of 'fan guan' prompts us to look back, not be led astray by external symptoms, and not focus solely on them, which can be counterproductive. This approach uncovers deep-rooted causes and drivers of compulsive thinking. Once the sources or drivers, such as blockages, pain, anxiety, or fear, are eliminated, compulsive thoughts naturally subside and heal. TME provides strong technical support for eliminating negative physical and emotional sensations. In this case, just two 50-minute sessions effectively resolved the client's problem of overthinking about trivial matters, showing significant and lasting effectiveness.

**Case Key Point: Identifying Negative Physical and Emotional Sensations Underlying Compulsive Thinking as the Target Symptom for TME**

The client in this case had not been experiencing compulsive thinking for very long or severely. They had a strong motivation for help and were open to exploring negative physical and emotional sensations, although this required a careful process of identification: Initially, the target symptom for the first session was thought to be 'boredom', but it was actually a sense of being 'blocked'; in the second session, it initially seemed like 'irritation', but it was actually 'headache', which was the actual target symptom. Accurately identifying the target symptom ensures the effectiveness of TME.

Many individuals with compulsive thinking have become habituated and automatically engage in these thoughts. Therefore, our approach needs to be clear and retrospective, directly leading clients into specific situations and feelings. TME works not on a cognitive level but on a feeling and concrete thinking level. Performing relaxation exercises and asking detailed multi-channel questions during guidance are crucial.

Case Insight: A New Approach to Treating Compulsive Thinking - Combining Introspection and TME

Previously, the treatment of compulsive thinking focused on post-occurrence. The introspective approach inspires us to focus on what happens before compulsive thoughts arise. While accepting, not resisting, not judging, and not blaming oneself is effective in stopping overthinking, it requires prolonged practice to master, especially in instantly recognizing and stopping compulsive thoughts as they occur. With TME, we can directly eliminate the negative physical and emotional sensations underlying compulsive thinking, reducing or preventing their occurrence.

Combining the insightful approach of introspection with the rapid and effective TME technique offers a new possibility and direction in treating compulsive thinking.