





## ORIGINAL ARTICLE

# Characteristics of patients with neurotic disorders requiring long-term treatment: Relationship to “nervous personality” as described in Morita's *Shinkeishitsu* theory

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## Abstract

**Aim:** Few studies have investigated the association between premorbid personality and the prognosis of neurotic disorders. The aim of this study was to investigate the relationship between the presence of a “nervous personality” described in Morita's *Shinkeishitsu* theory and the duration of treatment in patients with neurotic disorders.

**Methods:** The study included 70 patients aged  $\geq 15$  years old who first visited the Department of Psychiatry, Toho University Omori Medical Center, between January 2010 and December 2010 and were diagnosed as having neurotic disorders. The subjects' medical records over a 10-year period from 2010 until 2020 were examined retrospectively to determine the influence of the presence of a “nervous personality” in the subjects on the duration of their treatment.

**Results:** There were no significant differences in the basic demographic characteristics or severity of illness at the first visit between groups with and without a “nervous personality.” The mean and median duration of treatment were 25 months and 5 months in the group with a “nervous personality,” and 5 months and 2 months in the group without a “nervous personality,” respectively. Kaplan–Meier analysis revealed a significant difference in the duration of treatment between the two groups. Multiple regression analysis performed using treatment duration as the dependent variable identified only presence of a “nervous personality” among the independent variables as a significant factor influencing the duration of treatment, with the duration of treatment being 20 months longer in the group of subjects with a “nervous personality.”

**Conclusion:** The presence of a “nervous personality,” as described in Morita's *Shinkeishitsu* theory, may prolong the required duration of treatment in patients with neurotic disorders.

## KEYWORDS

Morita therapy, Morita's *Shinkeishitsu*, nervous personality, neurotic disorder, premorbid personality

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## INTRODUCTION

The neurotic, stress-related, and somatoform disorders included in the *International Classification of Diseases* (ICD)-10<sup>1</sup> (hereafter referred to as neurotic disorders) are, at first glance, clinically mild, and many appear to carry a good prognosis. However, for example, social anxiety disorder, which has a high lifetime prevalence of 12%,<sup>2</sup> is often coexistent with depression<sup>3,4</sup> and is associated with a significant decrease in patients' quality of life.<sup>5,6</sup> Anxiety disorders, which are among the most commonly diagnosed mental disorders in the United States, in general, show a chronic course<sup>7</sup> and cause significant disability, reduce quality of life, and increase the risk of alcohol and substance abuse in patients,<sup>8</sup> making them mental disorders of medico-social concern.

There have been numerous reports of prognostic factors in patients with neurotic disorders, including the duration of illness at the baseline, disease severity at the baseline, age at onset, comorbidity with other psychiatric disorders, such as mood disorders, and family history of anxiety disorders.<sup>9–15</sup> However, few studies have examined the influence of a premorbid personality on the prognosis in patients with neurotic disorders.<sup>16,17</sup>

One reason for this is that premorbid personality has become less important in the treatment and diagnosis of mental disorders in recent years. This is likely due to the fact that the operational diagnosis, which has become popular in recent years, does not ask about the pathogenesis or circumstances of the onset of a psychiatric illness when making a diagnosis.<sup>18</sup>

However, there are some who argue that in the management of patients with psychiatric disorders, it is very important to understand the personality of the patients. Tyrer et al.<sup>16</sup> noted that personality is an important factor in follow-up studies of neurotic disorders. In addition, in the treatment of patients with neurotic disorders, it is important to intuitively and typologically understand the patient's original personality traits, carefully trace the patient's unique life history to develop a unique image of the patient, and understand the circumstances that triggered the onset of the disorder, all of which could be expected to enable the psychiatrist or therapist to form a picture of the direction of recovery.<sup>19</sup>

Morita therapy refers to a psychotherapy method that was originated and developed independently in Japan around the year 1920 by psychiatrist Shoma Morita.<sup>20</sup> Morita therapy is based on Shoma Morita's original theory of neurosis (Morita's *Shinkeishitsu* theory). A distinctive feature of Morita therapy is that no attempt is made to eliminate anxiety and fear and patients are encouraged to "accept" these as they are, so as to allow them to escape from the mechanisms involved in the development and maintenance of the symptoms, and maximize the healthy, natural healing power of their self.<sup>21</sup>

Morita therapy is based on the principle that neurotic disorders often develop on the basis of a premorbid personality trait of the patients called "nervous personality."<sup>22</sup> The "nervous personality" is a personality that combines the weak personality traits (introversion and fragility, hereinafter referred to as fragility) of introversion,

self-reflexivity, timidity, hypersensitivity, worrisomeness, and a tendency to obsess over trivial matters (tendency to pay too much attention to things) with the strong personality traits (obsessive and self-empowering characteristics, hereinafter referred to as self-empowering characteristics) of idealism, perfectionism, stubbornness, and a tendency to hate losing, and is considered as a personality that is prone to internal conflicts.<sup>19</sup> No studies to date have statistically investigated the relationship between the presence of a "nervous personality" and the prognosis of neurotic disorders, either in Japan, where the Morita therapy method originated, or in other countries. On the other hand, a small number of studies reported in the literature, mentioned below, have examined the associations of personality-related indicators and the long-term prognosis (generally 2 years or longer) of patients with neurotic disorders, although none of these focused on the "nervous personality," which is characterized by both fragility traits and self-empowering characteristics.

Tyrer et al.<sup>16</sup> presented the concept of the general neurotic syndrome (GNS),<sup>23,24</sup> formulated as a combination of mixed symptoms of anxiety and depression, dependent and obsessive-compulsive personality features, and a history of a first-degree relative with similar symptoms, indicating that individuals diagnosed with GNS have a poor prognosis. Several previous studies,<sup>25,26</sup> including one by the same authors, have examined GNS as a prognostic factor in patients with neurotic disorders. Ten Have et al.<sup>7</sup> examined the relationships between neuroticism as measured by the Eysenck Personality Questionnaire (EPQ),<sup>27,28</sup> other factors, and the duration of illness in patients with anxiety disorders, and found that the neuroticism scores were significantly associated with a longer episode duration. Other studies on the associations between personality-related indicators and the long-term prognosis in patients with neurotic disorders include the study by Spinhoven et al.<sup>17</sup> using the NEO Five-Factor Inventory (NEO-FFI),<sup>29</sup> the study by Beesdo-Baum et al.<sup>30</sup> using the Tripartite Personality Questionnaire (TPQ),<sup>31,32</sup> and the study by Batelaan et al.<sup>33</sup> using criteria<sup>34</sup> based on the Maudsley Personality Inventory (MPI).<sup>35</sup>

Although the GNS, EPQ, NEO, TPQ, and MPI all address elements of one or both of the fragility traits and self-empowering characteristics as individual questions, the results are considered together and quantified as a total score. In this quantification, fragility traits and self-empowering characteristics did not necessarily coexist, which is different from the "nervous personality" described in Morita's *Shinkeishitsu* theory.

In addition, the following studies have been conducted in Japan regarding the associations between personality and the prognosis of neurotic disorders. Although none of the studies examined personality tendencies characterized by both fragility traits and self-empowering characteristics ("nervous personality"), Takahashi et al.<sup>36</sup> and Aizawa et al.<sup>37</sup> indicated that the presence of self-empowering characteristics was associated with a poor prognosis. On the other hand, Kato<sup>38</sup> found that obsessive-compulsive tendencies (self-empowering characteristics) in obsessive-compulsive disorder tended to have a better prognosis, although in the final analysis, no significant differences were found. In addition, Nagaoka<sup>39,40</sup> found that many chronic cases were men with both fragility traits and

self-empowering characteristics, although this was not statistically investigated. Most of these previous studies suggest an association between fragility traits/self-empowering characteristics and a longer duration of illness, but none of these studies conducted statistical studies to specifically examine the association of a “nervous personality” with the prognosis in patients with neurotic disorders.

In the present study, we hypothesized that individuals with a “nervous personality” who are prone to internal conflict are more likely to experience anxiety and to need a longer duration of treatment. The purpose of this study was to examine the relationship between the presence of a “nervous personality” and the treatment duration in patients with neurotic disorders, which has not previously been clarified. To verify our hypothesis, we retrospectively examined the medical records of patients aged  $\geq 15$  years who first visited the Department of Psychiatry, Toho University Omori Medical Center (hereinafter referred to as Omori Hospital) between January 2010 and December 2010 and were diagnosed as having neurotic, stress-related and somatoform disorders according to the ICD-10, to examine the association between the presence of a “nervous personality” and the duration of treatment.

## METHODS

### Study design and participants

Patients aged  $\geq 15$  years old who first visited Omori Hospital between January 2010 and December 2010 and were diagnosed as having neurotic, stress-related and somatoform disorders according to the ICD-10 were included in the study. The medical records of the study subjects over a 10-year observation period from the time of their first visit in 2010 to December 2020 were examined retrospectively. It should be noted that the Department of Neuropsychiatry, Toho University Omori Medical Center is not a medical institution specializing in specific psychotherapy methods, such as Morita therapy or cognitive behavioral-therapy, but a general university hospital neuropsychiatry department. Patients whose final diagnosis was other than neurotic disorders, stress-related disorders, or somatoform disorders, or who had received treatment prior to their first visit, that is, psychiatric or psychosomatic medicine visits or counseling, or psychotropic drugs (excluding sleeping pills) other than psychiatric or psychosomatic medicines, were excluded from the study. However, such patients were included if they had received the treatment within 1 month prior to their initial visit because such a short treatment period prior to the first visit was considered as unlikely to have had any significant impact on the results of the study. Patients who were ultimately transferred to another hospital during the observation period were also excluded, as they were more likely to have continued treatment at another hospital. In addition, we also excluded patients in whom the presence of a “nervous personality” (the method of evaluation is described below) was unclear, as well as those for whom complete data could not be collected (only five patients, in whom data on Clinical Global Impressions [CGIs]<sup>41</sup> were missing).

The study protocol was approved by the Ethics Committee of Toho University Omori Medical Center (M21182). Information about the study was disclosed on the institutional website and the potential participants were given the opportunity to opt-out.

### Assessment for “nervous personality”

The presence of “nervous personality” in the patients was assessed as follows.

The “Proposed Standard Diagnostic Criteria for Morita *Shinkeishitsu*” (developed by the Japanese Society for Morita Therapy’s Committee on the Standard Diagnostic Criteria for Morita *Shinkeishitsu*)<sup>42</sup> is a draft of the diagnostic criteria for “Morita’s *Shinkeishitsu*,” containing the following sections: “I. Clinical Symptoms,” “II. Presence of the Symptom Formation Mechanism of *Toraware*,” and “III. Personality Traits.” For this study, we independently developed a list of personality traits consisting of five items each for introversion/fragility and obsessive/self-empowering characteristics, by reference to the list of the personality traits of introversion/fragility and obsessive/self-empowering characteristics described in “III. Personality Traits” of the “Proposed Standard Diagnostic Criteria for Morita *Shinkeishitsu*” and the “*Shinkeishitsu* Questionnaire”<sup>43</sup> created by Kitanishi (Table 1).

The authors examined the responses to the questionnaires (which included items pertaining to the personality tendencies of the subjects) obtained from all the patients at the time of their first visit to Omori Hospital and their medical records (during the entire

**TABLE 1** List of introversion/fragility and obsessive/self-empowering characteristics personality traits.

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| <ul style="list-style-type: none"> <li>• Introversion and fragility               <ol style="list-style-type: none"> <li>1. Introversion: introverted, shy, a tendency to feel inferior to others, lack of confidence, timid, weak-hearted</li> <li>2. Worrisomeness: a tendency to worry about many things</li> <li>3. Interpersonal fragility and hypersensitivity: tendency to be interpersonally vulnerable and to be extra vigilant of others' verbalizations and behaviors</li> <li>4. Hypochondriasis: tendency to be hypersensitive to one's own physical condition and sensations</li> <li>5. Passivity: passive, withdrawn</li> </ol> </li> <li>• Obsessive and self-empowering characteristics               <ol style="list-style-type: none"> <li>1. Desire for perfection: perfectionistic, methodical, hard-working, having a strong sense of responsibility, diligent, a tendency to choose between zero and 100</li> <li>2. Desire for superiority: tendency to hate losing, competitive, strong-willed</li> <li>3. Desire for self-esteem: tendency to have a high self-esteem and wish to be well-regarded by others</li> <li>4. Desire for health: tendency to desire to always be healthy, both physically and mentally, and to wish to be entirely anxiety-free</li> <li>5. Desire for control: tendency to want to be in control of oneself and to control others too, selfish, stubborn, self-centered, obsessed with control</li> </ol> </li> </ul> |
|--|

Note: Created independently based on Nakamura et al.<sup>42</sup> and Kitanishi.<sup>43</sup>

duration of treatment) to determine the presence of a "nervous personality," as follows. A study subject was considered as having a "nervous personality" if at least one of the five introversion and fragility personality traits and at least one of the five obsessive and self-empowering characteristics personality traits listed in Table 1 were found in the responses to the questionnaire provided at the first visit and in the medical records of the subject.

If only one, or neither, of the introversion and fragility traits or obsessive and self-empowering characteristics was present, the individual was not considered as having a "nervous personality." If the word "nervousness" was used, the patient was considered as having a "nervous personality" in view of its common usage in Japanese. If there was no response to the questionnaire at the first visit and no personality traits were noted in the medical record, the patient was classified under "personality unknown" and excluded from the study.

Evaluation for the presence of a "nervous personality" was conducted by two psychiatrists familiar with Morita's *Shinkeishitsu* theory, after reviewing the questionnaire response at the first visit and the medical records and discussing the validity of the assessment.

## Other items evaluated

We also evaluated the duration of treatment (months), age at the first visit, sex, severity of illness (CGI) at the first visit, presence/absence of psychotropic drug prescription, and continuation of treatment at the end of the clinic visit or observation period (completed or discontinued treatment/continued treatment at Omori Hospital after the observation period). Psychotropic drug prescription was evaluated as "yes" if at least one prescription of psychotropic drugs was recorded in the medical record, and "no" otherwise. The psychotropic drug prescriptions included anxiolytics, sleeping pills, antidepressants, and anti-psychotics, but since many patients received multiple types of psychotropic drugs, we did not ask about the type of drugs they received. The term "completed treatment" was defined as completion of treatment with the consent of both the patient and the psychiatrist, while "discontinued treatment" was defined as the patient's failure to visit the clinic for a scheduled appointment. Finally, of the 321 patients who first visited Omori Hospital between January and December 2010 and were diagnosed as having neurotic, stress-related, and somatoform disorders according to the ICD-10, 70 were included in this study.

## Statistical analysis

A *t*-test was performed for the continuous variables of duration of treatment (months), age at the first visit, and severity of illness (CGI) for the study subjects with and without a "nervous personality," and a  $\chi^2$  test was performed for the categorical variables of sex, presence/absence of psychotropic drug prescription, and continuation of treatment at the end of the clinic visit or observation period (completed or discontinued treatment/continued treatment at Omori Hospital after the observation period). A time-to-event analysis was conducted on the

duration of treatment (in months), and the Kaplan–Meier method was used to compare the duration of treatment until completion of treatment or discontinuation of treatment for the two groups with and without a "nervous personality." The data were treated as censored data for the cases that were still receiving treatment at the end of the study period. A log-rank test was used to compare the difference in the duration of treatment between the two groups until completion/discontinuation of treatment. Multiple regression analysis was also performed using duration of treatment (months) as the dependent variable and the age at the first visit, sex, severity of illness (CGI) at the first visit, presence/absence of psychotropic drug prescription, and presence/absence of a "nervous personality" as independent variables. All the tests were two-tailed, and probability values of less than 5% were considered as indicative of statistical significance. IBM SPSS Statistics Version 23 was used for the statistical analyses.

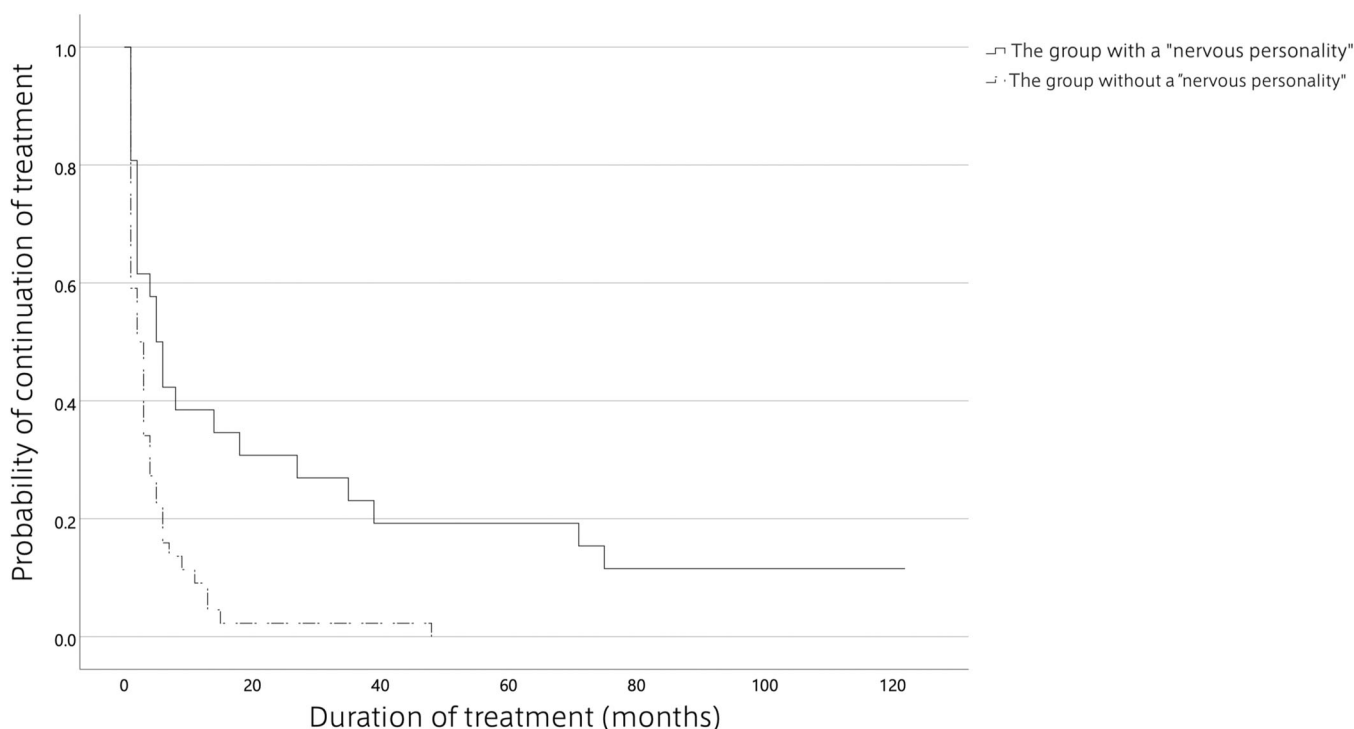
## RESULTS

Table 2 shows the background characteristics of the subjects with and without a "nervous personality." Of the 70 study subjects, 26 were classified into the group with a "nervous personality" and 44 were classified into the group without a "nervous personality." There was no difference in the age at the first visit, sex ratio, distribution of the severity of illness (CGI) at the first visit, or prescription rate of psychotropic drugs between the two groups. In regard to continuation of treatment at the end of the clinic visit or observation period, 89% of the patients in the "nervous personality" group completed or discontinued the treatment, with 12% continuing the treatment at Omori Hospital after the observation period, while all of the patients in the no-"nervous personality" group completed or discontinued the treatment during the observation period. As mentioned above, discontinuation of treatment was defined as a patient's failure to come to the clinic for a scheduled appointment. If discontinuation of treatment was considered as a patient's decision to terminate treatment on his/her own, completion or discontinuation of treatment was regarded as the end of treatment. Thus, the "nervous personality" group appeared to be more likely to continue treatment than the no-"nervous personality" group. The mean duration of treatment was 25 months in the group with a "nervous personality" and 5 months in the group without a "nervous personality." Cohen's *d* for duration of treatment (months) was 0.8, indicating a large effect size. Kaplan–Meier curves for duration of treatment (months) are shown in Figure 1. The median duration of treatment was 5 months in the group with a "nervous personality" and 2 months in the group without a "nervous personality." The log-rank test showed a significant difference in the duration of treatment between the two groups ( $p = 0.001$ ). The multiple regression analysis (Table 3) performed using the duration of treatment (months) as the dependent variable and the age at the first visit, sex, severity of illness (CGI) at the first visit, presence/absence of psychotropic drug prescription and presence of a "nervous personality" as independent variables, showed that the model was significant ( $p = 0.001$ ), with a value of the coefficient of determination  $R^2$  of 0.205.

**TABLE 2** Background of the subjects with and without a “nervous personality”.

Variables	The group with a “nervous personality” <i>n</i> = 26	The group without a “nervous personality” <i>n</i> = 44	<i>p</i>
Age at the first visit, mean (SD)	35.5 (16.9) years	37.8 (19.0) years	0.603
Sex (man/woman), <i>n</i> (%)	12/14 (46.2%/53.8%)	28/16 (63.6%/36.4%)	0.153
Severity of illness (CGI) at the first visit, mean (SD)	3.1 (0.8)	3.3 (0.7)	0.332
Presence/absence of psychotropic drug prescription, (yes/no), <i>n</i> (%)	21/5 (80.8%/19.2%)	29/15 (65.9%/34.1%)	0.184
Continuation of treatment at the end of the clinic visit or observation period (completed or discontinued treatment/continued treatment at Omori Hospital after the observation period), <i>n</i> (%)	23/3 (88.5%/11.5%)	44/0 (100.0%/0.0%)	<b>0.021</b>
Duration of treatment (months), mean (SD)	24.9 (37.0)	4.6 (7.6)	<b>0.010</b>

Abbreviations: CGI, Clinical Global Impressions; SD, standard deviations.

**FIGURE 1** Kaplan–Meier analysis of groups with and without a “nervous personality” and the duration of treatment (months).

Of the independent variables included in the analysis, only the presence of a “nervous personality” was identified as significant ( $p = 0.001$ ). The partial regression coefficient *B* for presence of a “nervous personality” was  $-20$ , suggesting that the treatment period was 20 months longer in the presence of a “nervous personality” than in the absence of a “nervous personality.”

## DISCUSSION

The results of this study suggested, as we had hypothesized, that patients with neurotic disorders who had a “nervous personality” may require longer durations of treatment. As mentioned in the

Introduction section, there have been no statistical studies on the relationship between the presence of a “nervous personality” and the prognosis in patients with neurotic disorders. However, the results of the present study were considered consistent with the findings of most previous studies on the associations between personality-related indicators and the long-term prognosis in patients with neurotic disorders. We then considered why people with a “nervous personality” needed a prolonged treatment period. As mentioned above, “nervous personality” is a personality that combines the weak personality traits (fragility) of introversion, self-reflexivity, hypersensitivity, and worrisomeness with the strong personality traits (self-empowering characteristics) of idealism, perfectionism, stubbornness, and a tendency to hate losing.

**TABLE 3** Multiple regression analysis to identify factors related to the duration of treatment.

Independent variables	B	$\beta$	p
Age at the first visit	0.28	0.20	0.071
Sex	-5.34	-0.11	0.340
Severity of illness (CGI) at the first visit	-2.41	-0.07	0.552
Presence/absence of psychotropic drug prescription	-12.39	-0.23	0.060
Presence of a "nervous personality"	-19.63	-0.38	<b>0.001</b>

Note: Dependent variable, duration of treatment (months). Coefficient of determination  $R^2 = 0.205$ .

Abbreviations: B, partial regression coefficient;  $\beta$ , standardized partial regression coefficient; CGI, Clinical Global Impressions.

Morita therapy is based on the principle that on the basis of "nervous personality," psychological mechanisms such as "psychic interaction" and "conflict between ideal and real," as described below, are induced by some trigger, resulting in the development of neurotic symptoms.<sup>19,22</sup> For example, when palpitations occur by chance, a person with a nervous disposition is highly likely to be anxious about them and focus his/her attention on the heart area. As a result, the senses become more sensitive, anxiety increases, and awareness of the heart increases, leading to further palpitations. This mechanism by which attention and sensation enter into a vicious cycle is called "psychic interaction" in Morita therapy. Furthermore, people with a "nervous personality" seek perfection in themselves, saying "this is the way it should be" or "this is not the way it should be," and try to eliminate or solve symptoms such as anxiety and fear with their intellect. This is called "conflict between ideal and real." This "conflict between ideal and real" reinforces and fixes the vicious cycle ("psychic interaction"). "Conflict between ideal and real" is a more personality-specific mechanism and is also closely associated with a compulsive need for control.<sup>22,42,44</sup>

In other words, people with a "nervous personality" are more sensitive to feelings of anxiety, worry, and physical symptoms because of their fragility. Because they are highly aware of these aspects, they are also prone to "psychic interaction," resulting in their anxiety tending to worsen and persist. In addition, because of their self-empowering characteristics, they tend to be perfectionistic and idealistic, which leads to "conflict between ideal and real." In an attempt to eliminate their anxiety, they become even more sensitive to symptoms, which reinforces the "psychic interaction" (vicious cycle), aggravates symptoms and promotes their persistence, and tends to cause the condition to become chronic, or in other words, makes the neurotic disorder intractable.

In light of the previous studies mentioned above, the duration of treatment may be prolonged even if only one of the fragility or self-empowering characteristics is present, but given the mechanisms mentioned here, those with both fragility traits and self-empowering characteristics may be more prone to chronicity and needing a prolonged duration of treatment.

On the other hand, people with a "nervous personality" are also perfectionistic and idealistic and seek to completely eliminate even mild anxiety and physical symptoms. This may lead them to seek treatment continuously, thereby prolonging the duration of treatment. This may be a failure of treatment because the psychiatrist or therapist does not fully understand the mentality of such subjects with a "nervous personality." Therefore, it is advisable for the psychiatrist or therapist to try and understand the patient's personality traits before starting the treatment, and if "nervous personality" is recognized, the psychiatrist or therapist should consider Morita therapy, that is, should become engaged in the patient's healthy development without eliminating anxiety and fear. We believe that Morita therapy offers a perspective that can be better utilized than cognitive-behavioral therapy, which changes automatic thoughts and schemas and controls anxiety and premorbid personality.

In this study, neurotic, stress-related, and somatoform disorders were treated as an all-inclusive group and not dealt with individually. In Morita therapy, the basic understanding of the pathogenesis and methods of treatment are the same, regardless of the subclass of the neurotic disorder.<sup>42</sup> Therefore, these disorders were treated comprehensively in the present study.

This study had several limitations. First, this is a retrospective study based on a review of medical records, and because of the variations in the items entered in medical records, the number of potential predictive factors that were common to all cases was limited; furthermore, it was difficult to reliably compare the significance of the factors with the prognosis-predictive factors reported previously. In addition, whether the patients had received some special psychotherapies, such as Morita therapy and cognitive-behavioral therapy, was not evaluated because the use of such therapies and their duration were not clearly documented in the medical records. Furthermore, the data do not include either the duration of treatment at other medical institutions in the cases that had visited other medical institutions after completing or discontinuing treatment at Omori Hospital, or the duration of treatment after the observation period in this study. The presence of a "nervous personality" was evaluated based on the medical records for the entire period of treatment, so that any changes in the personality due to treatment were not evaluated. (However, even if a personality trait that was present before the treatment had become "negative" due to treatment, if the trait was noted at any point in the medical record, it would be considered as a premorbid personality for this study).

## CONCLUSION

The presence of a "nervous personality" described in Morita's *Shinkeishitsu* theory, which is characterized by both fragility traits and self-empowering characteristics, seems to be associated with the need for an increased treatment duration in patients with neurotic disorders. Therefore, it is advisable for the psychiatrist or therapist to try and understand the personality traits of patients with neurotic disorders before starting treatment, and if the presence of a "nervous



personality" is recognized, the psychiatrist or therapist could consider Morita therapy, that is, engage in the patient's healthy development without eliminating anxiety and fear. Furthermore, the results of this study suggest that selection of treatment based on "premorbid personality" is important in the treatment of neurotic disorders, and that Morita therapy should be reviewed as a technique that could be proactively used in today's era of active outpatient psychiatric treatment.

#### AUTHOR CONTRIBUTIONS

Hiroshi Matsumoto, Takashi Uchino, Tomoyuki Funatogawa, Masafumi Mizuno, and Takahiro Nemoto designed the study and wrote the manuscript. Hiroshi Matsumoto, Takashi Uchino, and Tomoyuki Funatogawa collected the data and performed the data analysis. Hiroshi Matsumoto, Takashi Uchino, Tomoyuki Funatogawa, Masafumi Mizuno, and Takahiro Nemoto contributed to writing and revising the manuscript. All the authors contributed to the work reported in this paper and approved submission of this final version of the manuscript.

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#### CONFLICT OF INTEREST STATEMENT

Takahiro Nemoto is an Editorial Board member of *Psychiatry and Clinical Neurosciences Reports* and a co-author of this article. To minimize bias, he was excluded from all editorial decision-making related to the acceptance of this article for publication. Takashi Uchino and Takahiro Nemoto belong to the Department of Psychiatry and Implementation Science, Toho University Faculty of Medicine, which is funded by Nippon Life Insurance Company. The other authors have no known competing financial interests or personal relationships to declare that could have influenced the work reported in this paper.

#### DATA AVAILABILITY STATEMENT

Data supporting the findings of this study are available upon reasonable request to the corresponding author. The data will not be made publicly available because of privacy and ethical restrictions.

#### ETHICS STATEMENT

The study protocol was approved by the Ethics Committee of Toho University Omori Medical Center (M21182).

#### PATIENT CONSENT STATEMENT

Information about the study was disclosed on the institutional website and the potential participants were given the opportunity to opt-out.

#### CLINICAL TRIAL REGISTRATION

N/A.

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