# Clinical Trial Protocol
# Iranian Registry of Clinical Trials

09 Nov 2026

## Effectiveness and Mechanisms of Action of Meta-Inner Humor Therapy (MIHT) in Obsessive Compulsive Disorder: Evidence from Ecological Momentary Assessment and Multilevel Network Modeling

## Protocol summary

**Study aim**

To determine the effectiveness of Meta-Inner Humor Therapy (MIHT) in reducing the momentary intensity of clinical components in the obsessive-compulsive cycle and restructuring the network organization of these components in patients' daily lives, based on Ecological Momentary Assessment (EMA) data at pre- and post-treatment stages

**Design**

The present study is a single-group, pre-post intervention clinical trial, conducted using a systematic approach based on established standards for clinical study design. It aims to investigate the impact of Meta-Inner Humor Therapy (MIHT) on the momentary dynamics of the obsessive-compulsive cycle within the daily lives of individuals with OCD. The design is based on a three-phase structure: a 14-day baseline period of Ecological Momentary Assessment (EMA), a five-week program consisting of 10 sessions of MIHT, and a corresponding 14-day EMA period post-treatment. This design enables a detailed analysis of changes at the intra-individual and momentary levels

**Settings and conduct**

Participants will be recruited between June 20, 2026, and July 21, 2026 using a multi-stage referral and announcement strategy to enhance sample representativeness and reduce self-selection bias, and will receive the intervention at university counseling centers and outpatient clinics in Tehran

**Participants/Inclusion and exclusion criteria**

Participants will include using the Structured Clinical Interview for DSM-5 Disorders, Clinical Version, administered by trained therapists under the supervision of licensed clinical psychologists.

**Intervention groups**

Meta-Inner Humor Therapy will be delivered individually in 10 sessions over a 5-week period, implemented according to the standard Meta-Inner Humor protocol.

**Main outcome variables**

Severity of obsessive-compulsive disorder symptoms

## General information

**Reason for update**

**Acronym**

**IRCT registration information**

IRCT registration number: **IRCT20130904014564N4**
Registration date: **2026-05-31, 1405/03/10**
Registration timing: **prospective**

Last update: **2026-05-31, 1405/03/10**
Update count: **0**

**Registration date**

2026-05-31, 1405/03/10

**Registrant information**

**Name**
Mehdi Akbari
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**Recruitment status**

**Recruitment complete**

**Funding source**

**Expected recruitment start date**

2026-06-20, 1405/03/30

**Expected recruitment end date**

2026-07-21, 1405/04/30

**Actual recruitment start date**

empty

**Actual recruitment end date**

empty

**Trial completion date**

empty

**Scientific title**

Effectiveness and Mechanisms of Action of Meta-Inner Humor Therapy (MIHT) in Obsessive Compulsive Disorder: Evidence from Ecological Momentary Assessment and Multilevel Network Modeling

**Public title**

Effectiveness Meta-Inner Humor Therapy (MIHT) in Obsessive Compulsive Disorder

**Purpose**

Treatment

**Inclusion/Exclusion criteria**

**Inclusion criteria:**

A primary diagnosis of OCD based on DSM-5 Age between 18 and 70 years Full proficiency in the Persian language The ability and willingness to complete smartphone-based EMA prompts multiple times daily throughout the study period Participants receiving psychiatric medication are eligible provided that their medication regimen has remained stable for at least four weeks prior to the baseline assessment

**Exclusion criteria:**

Receiving concurrent psychological treatment Any past or present Bipolar or Schizophrenia disorders Acute suicidal ideation or recent attempts Substance use disorder within the past three months Cluster A or B personality disorders Physical conditions that could interfere with participation in MIHT exercises (e.g., uncontrolled neurological or cardiovascular diseases)

**Age**

From **18 years** old to **70 years** old

**Gender**

Both

**Phase**

3

**Groups that have been masked**

*No information*

**Sample size**

Target sample size: **80**

**Randomization (investigator's opinion)**

N/A

**Randomization description**

**Blinding (investigator's opinion)**

Not blinded

**Blinding description**

**Placebo**

Not used

**Assignment**

Single

**Other design features**

## Secondary Ids

empty

## Ethics committees

### 1

**Ethics committee**

**Name of ethics committee**

Ethics committee of Kharazmi University

**Street address**

No.43, South Mofateh St, Kharazmi University, Tehran, Iran

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Tehran

**Province**

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**Postal code**

15719-14911

**Approval date**

2026-05-13, 1405/02/23

**Ethics committee reference number**

IR.KHU.REC.1405.024

## Health conditions studied

### 1

**Description of health condition studied**

Obsessive Compulsive Disorder

**ICD-10 code**

F42

**ICD-10 code description**

Obsessive-compulsive disorder

## Primary outcomes

### 1

**Description**

Obsessive compulsive symptoms

**Timepoint**

Pre-treatment (baseline) and post-treatment (end of week9)

**Method of measurement**

Yale Brown Obsessive-Compulsive Scale (Y-BOCS)

## Secondary outcomes

### 1

**Description**

Momentary severity of the participant’s current obsession, assessed daily via an Ecological Momentary Assessment (EMA) protocol.

**Timepoint**

Four times daily, for 14 days prior to the intervention (baseline) and 14 days following the intervention (follow-up).

**Method of measurement**

This variable is assessed using a single-item 0–10 numeric rating scale. The item is: “How intense is this obsession right now?” with 0 indicating “not at all” and 10 indicating “very much.”

**2**

**Description**

Momentary believability or perceived realism of the current obsession, assessed daily via an Ecological Momentary Assessment (EMA) protocol.

**Timepoint**

Four times daily, for 14 days prior to the intervention and 14 days following the intervention.

**Method of measurement**

This variable is measured using a single-item 0–10 numeric rating scale. The item is: “How real or believable does this obsession feel right now?” Higher scores indicate greater believability of the obsession.

**3**

**Description**

Momentary urge to perform a compulsion related to the current obsession.

**Timepoint**

Four times daily, for 14 days prior to the intervention (baseline) and 14 days following the intervention (follow-up).

**Method of measurement**

This variable is assessed using a single-item 0–10 numeric rating scale. The item is: “Because of this obsession, how strongly do you feel the need to perform a compulsion right now?” Higher scores indicate a stronger compulsive urge.

**4**

**Description**

Expected distress when resisting responding to the current obsession.

**Timepoint**

Four times daily, for 14 days prior to the intervention (baseline) and 14 days following the intervention (follow-up).

**Method of measurement**

This variable is measured using a single-item 0–10 numeric rating scale. The item is: “If you tried not to respond to this obsession right now, how distressed would you feel?” Higher scores indicate greater distress during resistance.

**5**

**Description**

Momentary change in the participant’s urge or perspective toward the obsession following the delivery of a humorous defusion-based audiovisual educational content.

**Timepoint**

Four times daily, for 14 days prior to the intervention (baseline) and 14 days following the intervention (follow-up).

**Method of measurement**

How much did this humorous defusion-based audiovisual educational content change your urge or perspective toward this obsession right now on a 0 to 10 numeric scale?” Higher scores indicate a greater change in the individual’s cognitive-emotional experience in relation to the obsession.

## Intervention groups

**1**

**Description**

Intervention group: Meta-Inner Humor Therapy (MIHT): This treatment is a structured ten-session intervention based on active mindfulness that uses humor as a metacognitive tool to revise the individual’s relationship with thoughts and emotions (Akbari et al., 2026). MIHT unfolds across three therapeutic phases, as described below. Phase 1: awareness and pattern recognition (sessions 1–3): This phase embodies self-criticism, RNT, and cognitive rigidity and begins by framing negative thoughts as a universal human experience. Participants learn to notice typical tone, triggers, and repetitive narratives of negative thoughts without judgment. To make the negative internal voice, or Inner Fool, more recognizable, a simple, gloomy character—such as a Glum-like figure or other culturally familiar example like Eeyore—is used as a metaphor. For example, instead of automatically accepting a thought like “I’m incompetent” or “If I speak, everyone will notice my anxiety,” participants visualize The Inner Fool saying it aloud, exaggerating the certainty and gloom of the thought. By externalizing it in this way, the thought can be clearly recognized as a thought, not an objective fact. This allows clients to give distinct persona to their negative thinking and helps them conceptualize thoughts as mental events rather than objective reality, reducing emotional intensity and fostering cognitive distancing. The exercise turns RNT into something observable, approachable, and open to compassionate engagement. Phase 2: playful reframing (sessions 4–7): In this phase, clients develop an Inner Humorous character—often a familiar, playful figure such as a cartoon or culturally known character—to counter the rigid, gloomy tone of the Inner Fool. Importantly, playful reframing in MIHT does not involve replacing a negative thought with a more rational statement, as in traditional cognitive restructuring. Instead, the intervention invites clients to relate to the thought with humor and lightness, often by exaggerating, personifying, or gently parodying the thought pattern. This approach aims to reduce cognitive fusion and rigidity while maintaining awareness of the emotional experience. The goal is not to argue with negative thoughts but to mock the entire persona of the Inner Fool in a light, non-hostile way. By using humor rather than logic, clients gain cognitive distance from RNT and cultivate a flexible, resilient stance toward distressing thoughts. Instead of responding rationally to statements like “You’re incompetent,” the Inner Humorous playfully exaggerates and teases the Inner Fool, turning its certainty into something predictable and harmless. Playful reframing helps clients observe RNT with curiosity and levity, reducing its power and laying the groundwork for a wiser, more compassionate inner dialogue. For example, if the Inner Fool says, “You’re incompetent,” the Inner Humorous does not respond

logically (“No, I am competent because I did X task well”). Phase 3: integration and application (Sessions 8–10): In this phase, clients learn to cultivate two complementary inner capacities, The Inner Nurturer and the Inner Humorous, which together form the balanced voice of the Inner Wise, or the integration of humor and compassion. While the Inner Humorous playfully disrupts RNT, the Inner Nurturer responds to difficult emotions—fear, sadness, or frustration—with warmth, validation, and gentle reassurance. Clients imagine the Inner Nurturer as a caring friend, parent, or compassionate figure who helps regulate emotional distress. Through guided examples, clients practice shifting between these inner voices depending on what the moment requires. Over time, clients learn to alternate or integrate these voices fluidly, enabling them to neutralize negative thoughts, calm emotional intensity, and restore psychological balance. This phase emphasizes flexibility. Sometimes humor is enough, sometimes compassion is needed, and sometimes the integrated Inner Wise leads both. Here is a brief example of the conversion between different mindsets when the client comes up with a thought that begins with the Inner Fool.

**Category**
Behavior

## Recruitment centers

**1**

**Recruitment center**

**Name of recruitment center**
Academic counseling centers, psychiatric outpatient clinics, and private clinics in Tehran

**Full name of responsible person**
Dr. Mehdi Solimani

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South Kargar Street, Below the Lashgar, Roozbeh Psychiatric Hospital, Tehran, Iran

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## Sponsors / Funding sources

**1**

**Sponsor**

**Name of organization / entity**
Vice-chancellor for Research and Technology, Kharazmi University

**Full name of responsible person**
Dr. Alireza Harifi

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**Grant name**

**Grant code / Reference number**

**Is the source of funding the same sponsor organization/entity?**
Yes

**Title of funding source**
Vice-chancellor for Research and Technology, Kharazmi University

**Proportion provided by this source**
100

**Public or private sector**
Public

**Domestic or foreign origin**
Domestic

**Category of foreign source of funding**
*empty*

**Country of origin**

**Type of organization providing the funding**
Academic

## Person responsible for general inquiries

**Contact**

**Name of organization / entity**
Kharazmi University

**Full name of responsible person**
Mehdi Akbari

**Position**
Professor

**Latest degree**
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**Other areas of specialty/work**
Psychology

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## Person responsible for scientific

## inquiries

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## Sharing plan

**Deidentified Individual Participant Data Set (IPD)**
Yes - There is a plan to make this available

**Study Protocol**
Yes - There is a plan to make this available

**Statistical Analysis Plan**
Yes - There is a plan to make this available

**Informed Consent Form**
Yes - There is a plan to make this available

**Clinical Study Report**
Yes - There is a plan to make this available

**Analytic Code**
Yes - There is a plan to make this available

**Data Dictionary**
Yes - There is a plan to make this available

**Title and more details about the data/document**
Information on the main outcome of the research will be shared.

**When the data will become available and for how long**
Access begins 6 months after results are published.

**To whom data/document is available**
Data and other scientific documentation can be made available to any person who requests it.

**Under which criteria data/document could be used**
There are no specific restrictions.

**From where data/document is obtainable**
To access the data, you can send a message to Dr.Mehdi Akbari's email address: Akbari.psy@gmail.com or m.akbari@khu.ac.ir

**What processes are involved for a request to access data/document**
One month after the requester sends a message to one of the two emails mentioned in the previous section, individuals can receive the requested information.

**Comments**