Phenomenology of Obsessions and Compulsions in Indian Patients

Manjunath Rajashekharaiah¹, Pravin Verma²

ABSTRACT

Introduction: Obsessive Compulsive Disorder (OCD) is an anxiety disorder almost equally common in men and women. Lifetime prevalence in India is 0.6%. It causes distress and interference in functioning. Theories of obsessive compulsive neurosis involve psychological explanation. Males have earlier age of onset and are more likely to be unmarried. Early onset was associated typical presentation like presence of sexual obsessions, hoarding repeating rituals and need to touch compulsions. Cleaners and washers were mostly females. Doubt and Yielding were most common forms of obsessions and compulsions respectively. Dirt and contamination was the most common content of obsession. 'Phobic ruminative' patients had better prognosis than 'obsessive compulsive'.

Material and Methods: Sociodemographic data of 50 consecutive patients with OCD diagnosed with ICD-10 criteria were collected and assessed on YBOCS.

Results: 46% patients were between the age group of 18-25yrs, 56% were female, 62% were married. Thinking (78%) and Fears (46%) were the commonest form of obsessions. Contamination (60%) and sexual content (26%) were the commonest content. Yielding (78%) was the commonest compulsion. Single and multiple forms of obsessions were present in 38% and 62% respectively. Single and multiple content of obsessions was present in 42% and 58% respectively. Doubts and thinking were the most common forms of obsessions in below and above 30 years of age respectively. Yielding and controlling compulsions were more common in people less and more than 30 years respectively. Thinking was commonest form in males (95.45%) and females (64.28%). Contamination was the commonest content of obsession in males (63.63%) and females (57.14%). Yielding was the commonest compulsion in males (68.18%) and females (85.71%).

Conclusion: Thinking and Yielding were the commonest form of obsession and compulsion respectively in patients younger than 30 years in both genders irrespective of the marital status while contamination was the commonest content of obsession. Also fear was the commonest form in single group. Among the content of obsessions, sexual was more common in males and religious in females. Multiple obsessions were more common than single. Generally, cleaning was commonest type of compulsion.

Keywords: Obsessive compulsive disorder, Phenomenology, Form, Content.

INTRODUCTION

Obsessive Compulsive Disorder (OCD) is an anxiety disorder characterized by presence of two distinct phenomena: obsessions and compulsions. Prevalence rates of OCD in the range of 2 to 3 percent and in India it is lower (0.6%).¹ It is almost equally common in males and females, although males tend to have an earlier onset.

According to ICD - 10, for a definite diagnosis of OCD, obsessional symptoms or compulsive acts, or both, must be present on most days for at least 2 successive weeks and be a

source of distress or interference with activities.² For centuries, the symptoms were believed to be due to satanic possession and treatment involved exorcism. By the end of 19th century OCD was supposed to be a manifestation of melancholy or depression. By the beginning of 20th century, theories shifted towards psychological explanation like unconscious conflicts and isolation of thoughts and behaviours from the emotional antecedents after Sigmund Freud's writings on psychoanalysis. He conceptualized that OCD occurred as a result from fixation at the anal level of psychosexual development. Defense mechanism isolation, undoing, and reaction formation came into play that led to symptom formation of OCD.

Estimated prevalence in various studies ranges from 0.4-2.5%.^{4,5} Incidence in adult psychiatric patients ranges from 0.6% to 2% of outpatients.⁶ A epidemiologic study from India found lifetime prevalence of 0.6%.⁷ Males have significant earlier age of onset than females.⁸ Early age of onset was associated with presence of sexual obsessions, hoarding repeating rituals and need to touch compulsions.⁹

Males and females were almost equally represented among compulsive checkers. Women more often have compulsive washings (66%) and avoidance (26%).^{10,11} Higher percentage of bachelorhood/celibacy has been reported in OCD patients as compared with matched controls.¹² Celibacy rate was found to be 40% for men and 39.6% for women.⁵

"Form" refers to structures of "phenomena" and "content" refers to meaning reflected. Six forms of obsessions were identified. Obsessive doubt, Obsessive Impulse, Obsessive fear, Obsessive image, Obsessive thought and Miscellaneous.¹³ Another study described Forms of Obsessions as fears, ruminations, doubts, impulses, mental rituals, discrete thoughts, affects and images.¹⁴ Prognostic significance of phenomenology was doubtful if content of obsessions is of much consequence as prognostic tool.¹⁵

In case of compulsions two distinct "Forms" were identified by most of authors namely yielding and controlling compulsions. Yielding compulsion is a compulsive net that gives expression to the underlying obsessive urge. Controlling compulsion is a compulsive act that tends to divert the underlying obsession without giving expression to it.

One study found the below frequency of "content" of obsessions

¹Junior Resident, Department of Psychiatry, Shimoga Institute of Medical Sciences, Shimoga – 577201, ²Senior Resident, Department of Psychiatry, Indira Gandhi Government Medical College and Hospital, Nagpur - 440008, India

Corresponding author: Manjunath Rajashekharaiah, #404, Staff Quarters, District McGann Hospital Compound, SIMS, Shimoga – 577201, India

How to cite this article: Manjunath Rajashekharaiah, Pravin Verma. Phenomenology of obsessions and compulsions in Indian patients. International Journal of Contemporary Medical Research 2016;3(7):2139-2143.

2139

- Dirt / Contamination 46%, Aggression 29%, inanimate impersonal 27%, religion 11%, sex 10 % and miscellaneous 22%. Yielding compulsions were the most common form of compulsion.¹³ Another Indian study found fear 55% and dirt/ contamination 32% to be most common form and contents of obsession respectively. Repeating and rituals were most common types of compulsions.¹⁶

A western study found contamination 45%, doubt 42%, somatic 36% to be most common among obsessions and checking 63%, washing 50% and counting 36% to be most common among compulsions.¹⁷ Another study found repeating 40%, checking 35% and cleaning 51% as most common types of compulsions.¹⁸ Follow up studies have indicated that 'phobic ruminative' patients do better than obsessive compulsive.^{12,19}

Phenomenology refers to the exact study and precise description of psychic events, which are a primary requisite for the understanding of psychiatric disorders. This study would try to look whether there is any changing trend with respect to phenomenology and some demographic variables in OCD over the years.

Aims of this study were to study Socio-demographic variables of patients with OCD and to study phenomenology of obsessions and compulsions.

MATERIAL AND METHODS

The Study was conducted at Out Patient Department of Vijayawada Institute of Mental Health and Neuro Sciences (VIMHANS), Vijayawada from 2011 to 2012 with 50 consecutively patients diagnosed as OCD as per ICD-10.

Inclusion Criteria

- 1. All cases diagnosed as per ICD-10 diagnostic guidelines for OCD.
- 2. Patients of the Age group 18 to 65 years.
- 3. Patient Agrees to participate in the study by providing written informed consent.

Exclusion Criteria

- 1. Patients with severe organic involvement of central nervous system or serious physical illness.
- 2. Uncooperative and agitated patients.
- 3. Patients having active substance abuse or intoxicated patients.

Tools for assessment

2140

- 1. Data Sheet: This included information regarding name, age, sex and marital status.
- 2. The Y-BOCS check list: The Yale Brown Obsessive-Compulsive Scale is regarded as the "gold standard" in the measurement of obsessive-compulsive disorder (OCD) symptom severity and treatment response.³

STATISTICAL ANALYSIS

Data was analyzed using Statistical Package for Social Sciences (SPSS 16). Results of the study were based on the descriptive statistics.

Table-1 shows that in the present study, sample size was 50. Age of the patients ranged from 18-58 years with the mean of 30.5 years. There were 23 (46%) patients between 18 to 25 years, 8 (16%) between 26 to 34 years, 13 (26%) between 35 to 43 years, 3 (6%) each to 44-51 and 52 to 58 years of age. Table-2 shows

that 22 (44%) were males and 28 (56%) were females.

Table-3 shows that 19 (38%) of the patients were single and 31 (62%) were married.

Phenomenology

Table-4 shows that among the form of obsessions "thinking" was most common. It was present in 78% of cases. Fears and doubt were present in 46% and 42% cases respectively. Among

Age group (years)	Number (N)	Percentage (%)
18 - 25	23	46%
26-34	8	16%
35 - 43	13	26%
44 - 51	3	6%
52 - 58	3	6%
Total	50	100
Range 18 – 58 years	Mean age 30.5 years	
Table-1: Age distribution of patients		

Sex	Number (N)	Percentage (%)
Male	22	44
Female	28	56
Total	50	100
Table-2: Sex distribution of patients		

Marital Status	Number (N)	Percentage (%)
Single	19	38
Married	31	62
Total	50	100
Table-3: Marital status		

Number (N)	Percentage (%)
21	42
39	78
23	46
9	18
5	10
12	24
30	60
13	26
0	0
12	24
10	20
3	6
0	0
39	78
19	38
12	24
4	8
29	58
26	52
5	10
6	12
7	14
0	0
5	10
	$ \begin{array}{r} 39 \\ 39 \\ 23 \\ 9 \\ 5 \\ 12 \\ 30 \\ 13 \\ 0 \\ 12 \\ 10 \\ 3 \\ 0 \\ 39 \\ 19 \\ 12 \\ 4 \\ 29 \\ 26 \\ 5 \\ 6 \\ 7 \\ 0 \\ 0 \end{array} $

 International Journal of Contemporary Medical Research

 Volume 3 | Issue 7 | July 2016 | ICV: 50.43 |
 ISSN (Online): 2393-915X; (Print): 2454-7379

contents, contamination was most common (60%) of cases, sexual content was present in 26% of cases whereas aggression and religious contents were present in 24% each.

Yielding was the commonest compulsion. It was present in 78% of cases. While controlling compulsion was 38% and both were present in 24% of cases. There was no compulsion in 4 (8%) of cases.

"Cleaning and "Checking" compulsions were present in 29 (58%) and 26 (52%) cases respectively.

Table-5 shows that single form of obsessions were present in 38% and multiple form were present in 62% cases. Obsession having single content was present in 42% and multiple content were present in 58% of cases.

Table-6 shows that in patients less than 30 yrs, forms of obsessions included Thinking in 76.92%, doubt in 46.15% and fears in 46.15%. In the content of obsessions, Contamination was found in 65.38% and sexual in 34.6%. Yielding compulsion was found in 80.76%. Cleaning and checking were found in 61.53% 53.84% respectively.

In patients older than 30yr, in the forms of obsession thinking was found in 79.16%, fears in 45.83% and doubt in 37.5%. Contamination was found in 54.16% and aggression in 25% of patients. Yielding was found in 75% of patients, Cleaning and checking were found in 54.16% and 50% respectively.

Table-7 shows that thinking was the commonest form of obsession in both males (95.45%) and females (64.28%), although it was more common in males than females. Doubt (54.54%) was second commonest form among males and fear (42.85%) was second commonest form among females. Contamination was the commonest content of obsession in both males (63.63%) and females (57.14%) but it was commoner in females than males. Sexual content was commoner in males whereas religious content was commoner in females. Symmetry content was commoner in males. Yielding was the commonest compulsion in both males (68.18%) and females (85.71%). Cleaning (63.63%) and checking (68.18%) was commoner in males.

Table-8 shows that among the forms of obsessions in the married thinking was found in 74.19%, Doubt in 45.16% and Fears in 41.93%. In content of obsessions contamination was found in 54.83%, aggression in 25.8%, religious in 22.58% and sexual in 16.12%. Yielding compulsion were found in 74.19% and controlling in 32.25%.

In the single group, amongst the form of obsessions fears were found in 52.63% and Doubt in 36.8%. Amongst the content of obsessions, contamination was found in 68.42%, sexual in 42.10%, symmetry in 31.57%, religious in 26.31% and aggression in 21.05%. Yielding compulsions were found in 84.21% and controlling in 47.36%. 10.52% among the single and 6.45% among married had no compulsions.

Number of obsessions (form)	Number (N)	Percentage (%)
Single	19	38
Multiple	31	62
Number of obsessions (content)		
Single	21	42
Multiple	29	58
Table-5. Single and Multi	nle number of ob	sessions

Fable-5: Single and Multiple number of obsessions

DISCUSSION

The sample of 50 compared favorably with that of other

Obse	ssions	Up to 30 (26)	Above 30 (24)
Form	S		
1)	Doubt	12	9
2)	Thinking	20	19
3)	Fears	12	11
4)	Impulses	4	5
5)	Images	3	2
Conte	ent		
1)	Aggression	6	6
2)	Contamination	17	13
3)	Sexual	9	4
4)	Hoarding	0	0
5)	Religious	7	5
6)	Symmetry	5	5
7)	Somatic	1	2
8)	Others	0	0
Comp	oulsions		
1)	Yielding	21	18
2)	Controlling	9	10
3)	Both	7	5
4)	No compulsions	2	2
5)	Cleaning	16	13
6)	Checking	14	12
7)	Repeating	3	2
8)	Counting	3	3
9)	Ordering	4	3
10)	Miscellaneous	3	2
Ta	ble-6: Age-wise distr	ibution of obsessions	and compulsions

Obsessions		Male (22)	Female (28)
Forms			
1)	Doubt	12	9
2)	Thinking	21	18
3)	Fears	11	12
4)	Impulses	4	5
5)	Images	4	1
Content			
1)	Aggression	6	6
2)	Contamination	14	16
3)	Sexual	9	4
4)	Hoarding	0	0
5)	Religious	5	7
6)	Symmetry	7	3
7)	Somatic	1	2
8)	Others	0	0
Compuls	sions		
1)	Yielding	15	24
2)	Controlling	10	9
3)	Both	7	5
4)	No compulsions	1	3
5)	Cleaning	14	15
6)	Checking	15	11
7)	Repeating	3	2
8)	Counting	3	3
9)	Ordering	5	2
10)	Hoarding	0	0
11)	Miscellaneous	1	1

 Table-7: Sex wise distribution of obsessions and compulsions

Obses	sions	Married (31)	Single (19)
Forms			
1)	Doubt	14	7
2)	Thinking	23	16
3)	Fears	13	10
4)	Impulses	5	4
5)	Images	3	2
Conte	nt		
1)	Aggression	8	4
2)	Contamination	17	13
3)	Sexual	5	8
4)	Hoarding	0	0
5)	Religious	7	5
6)	Symmetry	4	6
7)	Somatic	2	1
8)	Others	0	0
Comp	ulsions		
1)	Yielding	23	16
2)	Controlling	10	9
3)	Both	6	6
4)	No compulsions	2	2
5)	Cleaning	17	12
6)	Checking	15	11
7)	Repeating	3	2
8)	Counting	2	4
9)	Ordering	3	4
10)	Hoarding	0	0
11)	Miscellaneous	2	3
Table-8: Marital status and obsession and compulsion:			

authors.^{20,21} In the present study ICD 10 criteria was used for the diagnosis of OCD while in previous studies have used ICD-9 and DSM III for diagnosis.^{13,16}

Age: The present study found that amongst patients less than 30 yrs Thinking (76.92%) and doubt (46.15%) were the commonest form of obsessions. Contamination (65.38%) and sexual (34.6%) were the commonest content of obsessions. Yielding compulsion (80.76%) was the commonest form of compulsion. Cleaning and checking were found in 61.53% and 53.84% respectively. In previous studies early onset was associated with presence of sexual obsessions, hoarding repeating rituals and need to touch compulsions.⁹

In patients older than 30 year, thinking was the commonest forms of obsession (79.16%). Sexual obsession were found only in 16.66%. Contamination was the commonest form of obsession found in 54.16% followed by aggression (25%). Yielding was commonest form of compulsion found in 75% of patients. Cleaning and checking were found in 54.16% and 50% patients respectively.

Sex: In previous studies women more often had compulsive washings 66% and avoidance 26%.^{10,11} Male patients were more likely to have more sexual-religious and aggressive symptoms. The female predominance in OCD has been reported by various authors.^{22,23} One Indian study reported a lower rate of psychiatric help seeking among females in the developing country.²⁴

In the current study 44% were males and 56% were females. Thinking was the commonest form of obsession, contamination the commonest content of obsession and yielding the commonest compulsion in gender. Doubt (54.54%) among males and fear (42.85%) among females was second commonest form. Sexual content (40.9%) was commoner in males whereas religious content (25%) was commoner in females. Cleaning (63.63%) and checking (68.18%) was commoner in males than females.

Marital Status: Men were more likely to be married in OCD patients.^{5,25} In the present study 19 (38%) subjects were single and 31 (62%) were married. Nearly all males were between 20-25 years of age and were students i.e. not having been considered for marriage by their families. Therefore, this could not be considered in celibacy rate. However, one study mentioned various socio-cultural factors like strong pressure against bachelorhood in Indian families lead to low celibacy rate in India.¹³

In the present study, the most common forms of obsessions among the married were Thinking (74.19%) and Doubt (45.16%). Among the single Fears (52.63%) and Doubt (36.8%) were most common. The most common content of obsessions among married were contamination (54.83%) and aggression (25.8%) and among single it was contamination (68.42%) and sexual (42.10%). Yielding was the commonest compulsion in both groups.

Frequency of various contents and types of OCD: Among the form of obsession "thinking" was the commonest, found in 78% patients. Next came fears 46% and doubts 42%. 38% had single form of obsession whereas 62% had multiple.

Among the content of obsessions, contamination was the commonest obsession (60%). Sexual content was found in 26% of patients. 20% had symmetry and 6% patients had somatic contents. Hoarding content was not found in any of the patients. The present study is in agreement with various other studies. In western population dirt and contamination content was found in 45-60% patients.^{17,26} Two Indian studies reported dirt and contamination as the commonest content of obsessions (32-46%).^{13,16} In India Fear (55%), Thought (41%) and Doubt (22%) were common forms of obsession while image (9%) was the least common. Dirt/ contamination (32%), daily activites (27%) and sex (21%) were the most common contents of obsession in the same study.¹⁶

The high percentage of religious / moral and sexual content in the index study probably reflect high emphasis of Hindu culture on matter of sex, morality and religion. Aggressive content was found in 24% of cases of the index study. This is much less when compared to the figure in western literature, probably reflecting the submissive nature of Indian population. Among various forms in previous studies, impulses and images were noticed to have minimum frequency.¹³ The behavior of Indians of over emphasizing repeated cleaning of one's own body and surroundings as a pollution complex has been designated as a cause.²⁷ Indian studies reported lesser percentage of sexual and moral content.^{13,16}

The present study agrees with findings of other studies regarding high percentage of doubt among the various forms of obsessions.^{13,16}

Compulsions: In this study, yielding and controlling compulsions were present in 78% and 38% cases respectively. 24% had both yielding and controlling compulsions while 8% had no compulsions at all. In earlier studies compulsions were absent in one third implies that compulsions cannot exist without

obsessions because compulsions are "designed to neutralize or to prevent discomfort of some dreadful event or situation".²⁸

Checking compulsion was found in 52% subjects of present study while cleaning was found in 58% subjects of present study which was comparable to a previous study.¹⁴

One study done in Chandigarh had significant difference from the present study as regards doubts, thinking, fear, sexual and religious contents of obsessions and yielding controlling and both type of compulsions. Also in the present study only 8% of patients did not have any compulsion as compared to 24% of patients in the previous study. These two studies were similar in terms of frequencies of impulses and images as form of obsessions and aggression and contamination as content of obsessions.¹³

CONCLUSIONS

The following conclusions were drawn.

Thinking and Yielding were the commonest form of obsession and compulsion respectively in patients younger than 30yrs in both genders irrespective of the marital status. Also, Contamination was the commonest content of obsession. Among the form of obsessions, doubt and fear were the second most common in males and females respectively. Also fear was the commonest form in the single (unmarried) group. Among the content of obsessions, sexual was more common in males and religious in females. Multiple obsessions were more common than single obsessions. Generally Cleaning was commonest type of compulsion in patients.

REFERENCES

- Janardhan Reddy YC, Rao NP, Khanna S. Indian Journal of Psychiatry. 2010;52:200-209.
- WHO. International Classification of Disease-10, (ICD-10). Mental and Behavioural Disorders. Geneva: WHO; 1992.
- Goodman WK, Price LH, Rasmussen SA, et al. The Yale-Brown Obsessive-Compulsive Scale. I. Development, Use, and Reliability. Archives of General Psychiatry. 1989; 46:1006-1011.
- Pollit J. Natural history of obsessional states. British Medical Journal. 1957;1:194-198.
- 5. Kringlen E. Obsessional neurotics A long term followup. British Journal of Psychiatry. 1965;111:709–722.
- Rasmussen SA and Tsuang MT. Epidemiology of OCD. Journal of Clinical Psychiatry. 1984;45:450–457.
- Khanna S, Gururaj G, Sriram TG. Epidemiology of obsessive-compulsive disorder in India. Presented at the First International Obsessive-Compulsive Disorder Congress, Capri: 1993;9-12.
- Hollingsworth C, Tanguary P, et al. Long term outcome of obsessive – compulsive disorder in childhood. Journal of American Academy of Child and Adolescent Psychiatry. 1980;9:134–144.
- Narayanaswamy JC, Viswanath B, Veshnal Cherian A, et al. Impact of age of onset of illness on clinical phenotype in OCD. Psychiatry Research. 2012;200:554-9.
- Noshirvani NF, Kasvikis Y, Marks IM, et al. Gender divergent aetiological factors in obsessive compulsive disorder. British Journal of Psychiatry. 1991;158:260-263.
- 11. Torres AR, Moran P, Bebbington P, et al. Obsessivecompulsive disorder and personality disorder: Evidence from the British National Survey of Psychiatric Morbidity

2000. Social Psychiatry and Psychiatric Epidemiology. 2006;41:862-867.

- 12. Ingram IM. Obsessional illness in hospital patients. Journal of mental science. 1961;107:382-402.
- Akhtar S, Wig NN, Varma VK, et al. Phenomenological analysis of symptoms obsessive – compulsive neurosis. British Journal of Psychiatry. 1975;127:342–348.
- Reed FG. Obsessional experience and compulsive behavior

 A cognitive structural approach Ed. Lykken, T. David and Kendal, P.C.Academic Press, INC: 1985.
- 15. Lewis AJ. Problem of obsessional illness. Proceedings of Royal Society of Medicines. 1936;29:325.
- Khanna S, Kaliaperumal VG, Channabasavanna SM. Clusters of Obsessive-Compulsive Phenomenon in Obsessive Compulsive Disorder. British Journal of Psychiatry. 1990;156:51–4.
- Rasmussen SA, Eisen JL. Clinical features and phenomenology of obsessive compulsive disorder. Psychiatric Annals. 1989;19:67–73.
- Stern RS and Cobb JP. Phenomenology of obsessivecompulsive neurosis. British Journal of psychiatry. 1978;132:233-239.
- Lo WH. A follow up study of obsessional neurotics in Hongkong Chinese. British Journal of Psychiatry. 1967;113:823-832.
- Solyom L, Dinicola VF, Sookman D, et al. Is there an obsessive psychosis? Aetiological and prognostic factors of an atypical form of obsessive – compulsive neurosis. Canadian Journal of Psychiatry. 1985;30:327–379.
- Jenike MA, Baer L, Minichiello WE, et al. Concomitant obsessive-compulsive disorder and schizotypal personality disorder, American Journal of Psychiatry. 1986;143:530-533.
- Black A (1974). The natural history of obsession neurosis. In Beech Hr. (ed): Obsessional States London, Methuer and Co.
- Coryell W. Obsessive compulsive disorder and primary unipolar depression: Comparison of background family history, course and mortality. Journal of Nervous and Mental diseases. 1981;169:220-224.
- Khanna S, Mukherjee D. Checkers and washers: valid subtypes of obsessive compulsive disorder. Psychopathology. 1992;25:283-8.
- Hare EH, Price JS, Slater ETO. Fertility in obsessional neurosis. British Journal of Psychiatry. 1972;121:197-205.
- Okasa A, Saad A, Khalis AH, et al. Phenomenology of obsessive – compulsive disorder: A transcultural study. Comprehensive Psychiatry. 1994;35:191-197.
- Hill OB. The anal erotic factor in the religion, philosophy and character of the Hindus. The International Journal of Psychoanalysis. 1921;2:306-338.
- Khanna S, Mukundan CR, Channabasavanna SM. Obsessive compulsive disorder: Is it a problem of complex motor programming? Indian Journal of Psychiatry. 1987;29:41-7.

Source of Support: Nil; Conflict of Interest: None Submitted: 29-05-2016; Published online: 30-06-2016