PERCEPTION OF DISTRESS BY OBSESSIVE
COMPULSIVE PATIENTS

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SUMMARY

A life event inventory has been used to compare forty obsessive compulsive neurosis patients with equal
number of non-psychiatric normal controls which were matched in terms of age, sex and economic status. Ratings
by the obsessionals of the degree of happiness or distress produced by their life experiences revealed
that obsessionals have significantly greater mean distress rating i.e., higher mean distress score and significantly
more mean numbers of distressing events than non-psychiatric normal controls, although no such difference is
observable for mean number of total events.

Introduction

Psychosocial stresses form an inseparable part of one's life and life without any
type of stress is neither possible nor can be
imagined. Stresses are essential for normal
growth of personality. However, if these
stresses become too many, or too important
and person has a predisposed personality,
psychological or psychosomatic disorder
can result. The concept of stress disease
dichotomy is in existence since very begin­
nning, but scientific studies in the area is only
three decades old. As late as in 1978, Doh­
renwend and his associates remarked that
the idea that life stress can cause illness is
supported more by faith than scientific evi­
dences. One of the reasons for above obser­
vation is large number of methodological
problems involved in this area of study (Sa­
exena and Mohan 1982). Murthy (1975) had
drawn attention to these methodological
problems about a decade back.

Stress is not a directly observable pheno­
menon. It can be inferred either from
person's subjective feelings (following the
event) or from other observable changes or
phenomena in area of behaviour or somatic
system which may be presumed to be the
consequence of the event (Paykel et al
1971). Further, life events are complex and
many-faceted. Identical occurrence may differ importantly in the many details and
identical events may have different implications for different individuals depending
upon psychological makeup and previous
experiences.

Review of Literature

Paykel et al (1971) opined that some
form of quantification of life stresses is cer­
tainly desirable and went on to suggest that
each individual event of the subject should
be evaluated. Holmes and Rahe (1967)
found such a scale useful for medical illness
which could be applied to the development
of psychiatric disorder as well and also for
outcome in followup studies, difference in
symptom pattern, and interaction with the
effect of treatment. The role of life events
in psychiatric as well as physical diseases
has been viewed as having a positive corre­
clation by a number of investigators. Hinkle
et al (1958), Graham and Stevenson (1963),
Rahe and Holmes (1965), Rahe and Christy
(1966), Holmes and Rahe (1967), Schmael
and Engel (1967), Rahe and Arthur (1968),
Dohrenwend and Dohrenwend (1978).
Mason (1975), Lipowski (1975, 1977) and Goodyear et al. (1985) are some of the advocates of this concept. The significance of life events as etiological factor has been observed in Myocardial infarction (Theorell and Rahe 1971), Hypertension (Harberg et al. 1973, Lal et al. 1982), Multiple sclerosis (Antonovsky and Kate 1967), Schizophrenia (Brown and Birley 1968) and Depression (Paykel et al. 1969, Venkoba Rao and Nammalvar 1976).

In the available literature, the studies regarding life events in obsessive compulsive neurosis are conspicuous by their absence. When definite evidence of adverse change in the physical state or environment was taken as precipitating factor, Greer and Cawley (1966) reported its presence in 30 per cent cases of obsessional neurosis within six weeks of onset, Lo (1967) in 56 per cent within six months and Ingram (1961) in 69 per cent of cases during one year prior to onset of obsessional neurosis. Pollit (1957), Kringlen (1965) and Manchanda et al. (1978) too observed that precipitating factors were present in a significant number of obsessional cases. There is a lack of general agreement regarding the nature and preponderance of specific factors associated with obsessional neuroses. Pollit (1957) found sexual and marital difficulties, as significant in O.C.D. patients but Ingram (1961) considered them insignificant and found pregnancy and delivery most frequent, which were considered unimportant by Lo (1967) and Balslev et al. (1959). Further Pollit (1957) noted illness or loss of a close relative as precipitants, a finding contradicted by Ingram (1961). Lo (1967) found frustration and overwork most frequently present among his group of obsessional patients but his finding was considered representative of a particular cultural setting and its socio-economic stresses by Black (1974). These reports can hardly be measured on the scale of 'life events' but these do suggest the potential value of life events in the aetio-pathogenesis of O.C.D. patients and calls for more systematic investigations.

Thus the present study has been undertaken with the aim to quantify the 'distress' on the basis of life events perceived as significant over whole period of life by obsessinals belonging to a teaching medical school of northern part of India and to look into the frequency and nature of these events in relation the disease per se.

**Material and Methods**

The sample of the study comprised of forty consecutive cases of obsessive compulsive disorders who were registered for treatment in this department during a specified period. The diagnosis was arrived at by two psychiatrists independently and was based on I.C.D. 9 (I.C.D. 1977: Code No. 300.3). The items of life events inventory used in this study have been drawn from one originally employed by Tennant and Andrews (1976) and then subsequently used by Venkoba Rao and Nammalvar (1976) and Lal et al. (1982) in modified form on Indian subjects. Items of the inventory were transcribed on cards, each card bearing one event. The inventory consisted of 67 items. The cards were read to the subjects and they were asked to sort out the events which they had experienced as significant till the onset of illness. Then the sorted cards were read again and subject was asked to narrate the psychological effect it had evoked in terms of happiness and distress. Finally, the subject was requested to indicate the intensity of emotions subjectively experienced by him for the individual events on a five point scale (1, 2, 3, 4 & 5). All the events of happiness and distress were scored separately according to intensity. Since the aim is to find out the total distress, the 'distress events' have been assigned positive score and 'happy events' negative score and both the scores have been
added to find out the total ‘distress scores’. The control cases matched in terms of sex and economic status have been screened on Cornell Medical Index and subsequently evaluated clinically by two psychiatrists independently to rule out a psychiatric morbidity in them. In addition, the present age of control has been matched one to one with the age of onset of disease in the obses­sives. The life events of the control subjects have been recorded up to the age which corresponds with the age of onset of illness in the obsessive subjects. The same methodology has been used in the study on hypertension by the investigators in the past (Lal et al 1982).

Informed consent from each obsessional as well as control subject was obtained before he was subjected to the investigation.

Results

The mean frequency of occurrence of number of events in obsessive patients ranges from 2 to 13 (mean = 6.4, s.d. = 2.6) and in the control group from 2 to 11 (mean = 6.05, s.d. = 1.91). The mean number of events in the two groups has no significant differences statistically. It was observed that obsessive compulsive patients had experienced more distress than control subjects and this difference was highly significant.

Table 1
Rating of Events

| Rating Range | Obsessive (N = 40) | Control (N = 40) |
|--------------|-------------------|-----------------|
| Maximum      | 17                | 12              |
| Minimum      | 9                 | 7               |
| Mean         | 1.9               | 1.0             |
| s.d.         | 3.8               | 2.9             |

\[ t = 3.78; \text{d.f.} = 78; p < 0.001. \]

The mean number of events concerning happiness and distress of the obsessive compulsive patient and control groups were compared according to sex distribution. The results revealed that male controls had experienced more pleasurable (happy) events than their counterparts of the obsessive compulsive group, \( p < 0.05 \), while among the female subjects no such differentiation was noticeable. Results also revealed that distressful events had more frequently occurred, with both male and female subjects of obsessive compulsive group than their respective counterparts of control group \( p < 0.05 \) for both sexes.

Table 2
Average life events according to nature

| Nature of events | Male O.C.N (N = 26) | Control O.C.N (N = 26) | Male O.C.N (N = 14) | Control O.C.N (N = 14) |
|------------------|---------------------|-----------------------|---------------------|-----------------------|
| Happiness        | Mean 1.9            | 3.0                   | 4.2                 | 3.6                   |
|                  | s.d. 0.97           | 1.94                  | 2.0                 | 1.2                   |
|                  | \( t = 2.58; p < 0.05 \); \( t = 0.93 \); N.S. |
| Distress         | Mean 3.4            | 2.6                   | 4.4                 | 3.3                   |
|                  | s.d. 1.51           | 0.92                  | 1.56                | 1.10                  |
|                  | \( t = 2.16; p < 0.05 \); \( t = 2.08; p < 0.05 \). |

The analysis in relation to age at which the events occurred for two sexes revealed that no significant difference was found for happy and distress events for either sexes of obsessive compulsive neurosis in relation to corresponding control group.

Discussion

The concept of stress in psychiatry is not of recent origin. Long term predisposing factors such as early parental loss, as well as immediate precipitants of psychiatric disorder have been studied and strong case has
been made for the study of environmental factors for many of the disorders. The relationship between life events and psychological illness has been reviewed by Tennant and Andrews (1978). Serious doubts about the validity of a retrospective study of life changes has been raised by Jenkins et al (1979) and a strong case for prospective study in neurotic illness has been made out recently (Andrews 1981). It has also been opined (Jenkins et al 1979) that it is difficult to recall the past events of more than six months duration. Despite of such emerging trend in favour of a prospective study, a retrospective study relating to life changes do have their place under certain circumstances. We feel strongly, that those life events (out of many thousands occurring in one's life) which have brought significant and important changes in one's life and/or those which have been perceived as emotionally significant because of any special circumstances, are remembered and recalled even after many years and could be positively associated with the emotions and disease (Lal et al 1982). Further, life long experiences should be studied with the basic postulates that they have cumulative effect leading to the development of sickness. Both, 'positive' as well as 'negative' life experience should be assumed to be important because both require some degree of adoption. The emphasis should be on the amount of total change experienced. The study of stress and life changes in obsessive compulsive neurosis has been limited to the detection of certain precipitants closely preceding the illness (Kringlen 1965, Lo 1967) and study relating to obsessionals based on life long evaluation of life events with numerically measurable distress is difficult to be traced.

Thus the present study aimed at retrospective evaluation of longitudinal account of total life and events occurring, which are now being perceived retrospectively as significant by the obsessive patients and to assess their pathogenic quality by quantifying the distress score. Such significant events must have occurred before the onset of sickness. A parallel non-psychiatric control has been included in which some of the important variables likely to influence the life events have been matched one to one between patient and non-psychiatric control.

In assessment of role of life events, quantitative as well qualitative aspects of the events has been viewed as mutually complementary rather than contradictory (Lipowski 1975). The investigators, in the present study, have worked out the distress score and have attempted to quantify the distress numerically and to analyse number and nature of these life events with a aim to find out their correlation with the sickness. It is well known that life events, although universal and inevitable by themselves, do not necessarily, carry pathogenic quality. There are many factors one of them being the degree of distress which may render the life event as pathogenic.

It has been said that major events are recalled more consistently than minor ones (Casey et al 1967) and recall of events in recent time is better than remote events (Jenkins et al 1979). The former observation strongly support the hypothesis behind the present work.

Obsessive patients of the present study have not differed from non-psychiatric controls as regards the total mean number of events, however they have experienced more number of distressing events, and more amount of distress as is evident from significantly higher mean distress score in obsessionals than non-psychiatric controls. The interpretation of these observations is that "numerically total number of events may not be pathogenic but quantitatively as well qualitatively they become significant
and may contribute towards the causation of sickness. In a parallel study on hypertension using same methodology the investigators (Lal et al. 1982), have reported that frequency of occurrence of events as well as distress was higher in 'hypertensives' as compared to matched control and differences were statistically significant. Thus, a clear difference between a psychosomatic disorder like hypertension, where frequency as well as distress score significantly differ from control, and a neurotic disorder like obsessive compulsive neurosis, where only distress score, and not the frequency significantly differ from control, could be delineated.

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