

Role of Environmental Disposition in Psychopathology of Obsessive-Compulsive Patients from Eastern India

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Background: Obsessive-compulsive patients of India are psychologically more close to the milieu where they grow up or sustain. How they perceive their familial or social support is worth exploring as those can be important mediators of psychopathology. Also, other factors, as life events, are known to characterize the mental health outcome of individuals and can act as significant risk factors for psychiatric vulnerability. The role of adverse life events in psychiatric patients seems even more critical as those may impose significant escalation of neuroticism and thereby cause further complication or comorbidity. Patients with Obsessive-Compulsive Disorder (OCD; DSMIV) often refer to some stressful life events in connection with initiation of the illness. Perceived control of stressful life events and locus of control are areas where OCD patients appear to exhibit marked deviation from normal individuals.

Present study was designed to assess to what extent neuroticism and perceived control of life events impinge on the psychopathology of the OCD patients and how they perceive their social support in an urban area of Kolkata.

Materials & Methods: Total seventy-four (n=74) patients with OCD (DSM IV) who came for treatment to the OPD of Salt Lake Government Hospital at Salt Lake, Kolkata were selected for the study. Diagnosis was done (structured clinical interview and Y-BOCS) by the chief psychiatrist and demographic variables were matched as far as practicable. The test batteries used were HAMA (Hamilton, 1969), HAMD (Hamilton, 1960), Personality Questionnaires (Eysenck & Eysenck, 1975), Family Assessment Device, Locus-of-Control (Velucha, 1982), Self-Esteem Inventory (Karunanidhi, 1996), Stress Questionnaires (Latha, 1997) and Modified Life Events Scale (Singh, 1989).

Results: In both studies, analysis of covariance (ANCOVA) followed by post hoc tests indicated that high OCD scores were associated with external locus of control and low perceived control over high magnitude stressful life events. Observed results were similar from our previous study. Neuroticism had been related significantly ($r=0.71$; $P<0.05$) to external locus of control. Neuroticism also significantly related ($r=0.72$; $p<0.05$) with lower self-esteem. Adequate family support was reported by these patients.

Discussion: As present patients reflected adequate family support, it can be understood that that typical behavioural pattern has been adopted from the family environment. Neuroticism and intolerance of uncertainty both made significant direct contributions to the prediction of worry, and neuroticism made a significant direct contribution to the prediction of obsessive-compulsive symptoms. Anxiety disorders and depressive disorder are common and result in significant suffering, lost opportunity, and economic loss with a prevalence rate of approximately 5% worldwide. Some authors identified consistent symptom clusters impulses and fear of loss of control besides contamination obsessions and cleaning compulsions, sexual /religious /somatic obsessions and checking, etc. Present study indicates that external locus (which refers to being controlled by external factors and having lesser self-control) and having less control over negative life events both can contribute to higher obsessive-compulsive symptoms. Lesser self-control in turn affects self-esteem and these patients reflect lower self-esteem. The anxiety looms as these patients perceive that they can not control the anxiety generating events or expressions. The feature of obsession-compulsion may eventually be their behavioural means to deal with increasing stress. But on the contrary, these patients experience lesser conflict from family or in social support measures.

1. [Rector NA](#), [Richter MA](#), [Bagby RM](#) (2005): The impact of personality on symptom expression in obsessive-compulsive disorder. [J Nerv Ment Dis.](#), 193(4):231-236.
2. [Hasler G](#), [LaSalle-Ricci VH](#), [Ronquillo JG](#), [Crawley SA](#), [Cochran LW](#), [Kazuba D](#), [Greenberg BD](#), [Murphy DL](#).(2005): Obsessive-compulsive disorder symptom dimensions show specific relationships to psychiatric comorbidity. [Psychiatry Res.](#), 15;135(2):121-32.