

## Obsessional States Observed in New Delhi\*

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Case records of 42 consecutive cases of obsessional states (seen between January, 1958 and April, 1962) were taken for detailed socioclinical analysis at the Psychiatric Clinic, Irwin Hospital, New Delhi. The case-taking, diagnostic, prognostic and therapeutic evaluations were made by the same psychiatrist, i.e. the author. The sample constituted only about 2 per cent. of the total new attendance of the clinic during the period.

The age range of the sample was from 18 years to 56 years. The average age for men was 33 years and for women 35 years, which agrees fairly well with figures from the Maudsley Hospital.

The ratio of male to female at 20 : 22 showed a marked shift from that obtaining in the generality of clinic attenders, i.e. 65 : 35. In recording the marital status of the sample, there was a suggestion of an excess of persons who were divorced or deserted. The relative frequency with which the different religions were represented corresponds to clinic figures in general (Hindu and Jain, 84 per cent.; Muslim, 6 per cent.; Christian, 4 per cent.; Sikh, 5 per cent.). Tables I and II below show that in terms of education and income the samples were as a group more favoured than the ordinary run of clinic attenders.

In recording age of onset, it was noted that 48 per cent. had an onset of illness before 25 years, 62 per cent. before 30 years, 78 per cent. before 35 years and 95 per cent. before 45 years. Average duration of illness prior to consultation was 4.2 years, which is very similar to the findings of other authors. The cases could be grouped under 5 heads according to the presenting signs and symptoms, viz. Obsessive ruminative state (13 cases), Obsessive

compulsive state (13 cases), Obsession with depression (7 cases), Obsession with apprehended onset of schizophrenia (7 cases), and Obsession with manifest anxiety and tension (2 cases). One patient in the sample had recurrent day-dreaming episodes which were so "real" and so frequent that they affected his working efficiency. Two had intermittent "hysterical fits" with an earlier onset than the obsessional symptoms. Difficulty was experienced in classifying "phobias" which were not continuous in nature and not accompanied by stereotyped emotional reaction, e.g. panic. Only one case could be classified as "endogenous obsessional depression" as described by Mayer-Gross.

The presenting complaints and expressed thought-content of symptoms could be grouped as follows:

Ideas related to sex (5 cases, 1 male, 4 females), ideas of philosophical or mystical nature (2 cases, 1 male, 1 female), ideas of "aggression", destruction of self and others (11 cases, 7 males, 4 females), ideas of impurity and uncleanness (14 cases, 4 males, 10 females), ideas of "sin" unexplainable to the patient (1 case, male), ideas impersonal in nature not classifiable under above (9 cases, 6 males, 3 females). No statistically significant correlation could be found between these forms of thought-content and the education or income status of patients.

A history of previous attacks was elicited in 8 cases of the sample—three patients had had 1 previous attack, two had had 2 attacks, two had had 3 attacks, and one had had 6 previous attacks. A positive family history of mental illness in the siblings, parents and grandparents was revealed in 6 cases.

Follow-up of cases was based on personal interviews: in 4 cases for over 4 years, in 6 cases

\* Abstract of a paper. Transcript of the complete paper is available on request from the author.

TABLE I  
Education

	Sample		Clinic Ad- missions
	No.	%	%
Nil .. ..	6	14	42
Primary ..	20	48	28
School final ..	13	31	18
Graduate ..	5	7	5
Post-graduate	—	—	2

TABLE II  
Income

Rs./Month	Sample		Clinic Ad- missions
	No.	%	%
Nil .. ..	—	—	7
1- 99 ..	19	45	49
100-299 ..	17	40	35
300-499 ..	3	7	7
Above 500 ..	3	7	2

N.B.—House-wives and the dependent children were assigned the income-status of their husbands and parents respectively. "Income" in the table denotes total family income.

for over 3 years, in 14 cases for over 2 years, in 16 cases for more than 1 year and in 2 cases for about 6 months. The data are compared with those of Ingram (1961).

Table III below shows the comparative results regarding the type of course of illness.

TABLE III

Type of Course	Ingram		Author	
	No.	%	No.	%
1. Worsening ..	35	32	14	33
2. Static .. ..	13	15	12	28
3. Fluctuating ..	23	33	10	24
4. Phasic or episodic	12	13	6	14

The percentage having a phasic or episodic course is strikingly similar. The development of obsessional states into schizophrenia is a subject of controversy. Only one patient in this sample had developed schizophrenia before the final compilation of this paper.

During the course of treatment, it was noted that any sudden intense emotional event seemed to weaken the intensity of the patient's suffering, though for a short time. In three patients, with strong religious tendencies, this change was noticeable after their visits to places of pilgrimage where some expiatory rites were performed and were followed by dramatic improvement. Table IV below compares the results of treatment at the end of the follow-up period with data provided by Ingram (*loc. cit.*).

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## REFERENCES

- INGRAM, I. M. (1961). *J. Ment. Sci.*, 107, 382.  
— (1961). *Ibid.*, 107, 1035.

TABLE IV

	Ingram		Author			Ingram		Author	
	No.	%	No.	%		No.	%	No.	%
1. Improved ..	18	39	18	43	1. Able to hold some kind of employment	30	66	28	67
2. Not improved	28	61	24	57	2. Totally handicapped by symptoms ..	16	34	14	33

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