

## Hostility and Guilt in Obsessive-Compulsive Neurosis

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**SUMMARY** The enquiry relates to the investigation of 30 cases of obsessive-compulsive neurosis with special reference to the phenomena of hostility and guilt as revealed through Foulds' Five Punitive Scales and the Thematic Apperception Test. Controls consisted of an equal number of subjects suffering from neurotic depression. Analysis reveals acting-out hostility and extrapunitive tendency in the experimental group. No significant difference was found in terms of guilt scores.

### Introduction

The aetiology of obsessive-compulsive neurosis has been frequently discussed with reference to repressed feelings of hostility and guilt. Freud (1924) pointed out that there was a close association between hostility and anal eroticism in the development of this disorder. Psychoanalytic literature amply demonstrates that the feelings of hostility and guilt are important determinants in the psychodynamics of neuroses in general and obsessive-compulsive neurosis in particular (Fenichel, 1945). Emphasizing the role of guilt in obsessive-compulsive neurosis and neurotic depression, Cameron (1963) called them guilt neuroses. Moreover, obsessive-compulsive neurosis is reported to be more often associated with certain types of cultural practices (Chakraborty and Banerji, 1975). In Indian society where greater emphasis is laid upon the observance of physical cleanliness as a prerequisite to the attainment of spiritual motives, people try to observe certain existing ritualistic patterns of behaviour, and as a result they are more likely to reveal obsessional symptoms under stressful situations.

These associations have been largely based upon clinical observations but in the present study they are examined in the light of data based upon certain psychometric tests.

### Material and Method

The sample consisted of 30 out-patients

suffering from obsessive-compulsive neurosis treated at King George's Medical College, Lucknow, during a period of eleven months. Diagnostic evaluation was made according to the Diagnostic and Statistical Manual of Mental Disorders (DSM-II). Obsessional patients presenting with any clinical evidence of an organic brain syndrome were excluded. The sample comprised of 16 males and 14 females. The study also had a control group comprising of an equal number of neurotic depressed out-patients, matched for age, sex and education.

Psychological evaluation included the following techniques:—

*Murray's Thematic Apperception Test.* The present enquiry incorporated seven cards of Murray's TAT (1, 2, 3 BM, 4, 6BM, 8BM and 13MF) reported to be relatively more useful for assessment of aggression (Hartman, 1970). Hostility-guilt scale of Saltz and Epstein (1963) was utilized for this purpose. The unmarked protocols of stories were independently scored by a clinical psychologist.

*Foulds' Five Punitive Scales.* Of the five subscales of hostility devised by Foulds, Caine and Creasy (1960) three are measures of extrapunitive (acting-out hostility, delusional hostility and criticism of others) and two relate to intropunitive (delusional guilt and self-criticism). A Hindi translation of the questionnaire was used in this enquiry.

**Results**

An important finding emerging from Table I relates to the observation that acting-out hostility is significantly greater in the experimental subjects as compared to the controls ( $P < 0.001$ ). The subjects could not be significantly differentiated in terms of their scores of extrapunitiveness and intropunitiveness.

Table II deals with the mean scores of hostility and guilt in TAT. The two groups differed significantly in regard to their hostility scores, obsessional patients obtaining higher scores as compared to the controls ( $P < 0.01$ ).

**Discussion**

In view of the prevalent hypothesis about the role of hostility and guilt in obsessive-compulsive neurosis, the present enquiry relates to the assessment of these psychological variables through the Thematic Apperception Test and Foulds' Five Punitive Scales. The findings of the Punitive Scales showed that the subjects could not be significantly differentiated in terms of their scores on extrapunitiveness and intro-

punitiveness. However, obsessional patients had a significantly higher score upon the sub-scale of acting out hostility. This observation could also be fairly substantiated by TAT since the obsessional patients obtained a significantly higher hostility score as against the controls. The findings are suggestive of a greater amount of externally directed aggressive feelings in the obsessional patients as compared to the controls.

Quite often phenomenological studies of obsessive-compulsive neurosis reveal different patterns of hostility and guilt in these cases (Akhtar *et al*, 1975; Dowson, 1977). Increased social inhibitions and high moral precepts prevalent in Hindu culture since ancient time seem to be largely responsible for such psychopathology. Guilt feelings induced during early periods of life seem to play a crucial role in the manifestation of abnormal behaviour and their presence has become an integral feature of our culture. The low prevalence of obsessive-compulsive neurosis as compared to other neuroses may be due to a greater social acceptance and tolerance of this society towards these deviant behaviour patterns. This observation explicitly denotes that wide cultural

TABLE I  
*Mean scores on five punitive scales*

	Experimental (n = 30)		Control (n = 30)		t.	Significance
	Mean	s.d.	Mean	s.d.		
Acting out hostility (A.H.)	6.6	2.2	4.6	1.9	3.71	<0.001
Delusional hostility (D.H.)	4.9	2.1	5.2	2.1	0.54	N.S.
Criticism of others (C.O.)	8.2	1.3	7.7	2.1	1.09	N.S.
Delusional guilt (D.G.)	4.2	1.7	4.5	2.0	0.62	N.S.
Self criticism (S.C.)	6.7	2.0	7.1	1.9	0.78	N.S.

TABLE II  
*Mean scores of hostility and guilt in TAT*

	Experimental (n = 30)		Control (n = 30)		t.	Significance
	Mean	s.d.	Mean	s.d.		
Hostility	14.4	6.0	9.8	5.1	3.15	<0.01
Guilt	18.7	5.0	18.0	6.0	0.48	N.S.

differences do exist in perceiving the behavioural abnormalities and this seems to be more true for obsessional neurosis.

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