“Obsessional thought: Is it a common status?: A case series study”

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Abstract:
Obsessive-compulsive disorder (OCD) is one of disabling and chronic anxiety disorders. In present case study series our team introduced cases with mental obsession. It is comorbid with high emotional distress and functional impairment. Guilt feeling and self-accusation are common condition. It seems be a common condition in various subtypes with high distress. We started psychotherapy with pharmacotherapy, but we confession that treatment in all cases are very difficult, troubling, last timing and challenging.

Keywords: Obsessional thought, Guilt feeling

Introduction: Obsessive-compulsive disorder (OCD) is one of disabling and chronic anxiety disorders. It is characterized by anxiety-provoking intrusive thoughts and frequent behaviors. Obsessions may include impulses and aggressive thoughts, fears of contamination by germs or dirt, or fears of harm befalling to another. Compulsions such as washing, checking, hoarding or counting are rituals whose purpose is to neutralize or reverse the fears. Comorbidities include Trichotillomania (TTM/Hair-pulling) and Tourette syndrome (1).

There are four main categories:
- Contamination / Mental Contamination
- Checking
- Hoarding
- Intrusive Thoughts/Ruminations

Consume excessive amounts of time (An hour or more), significant distress and anguish, Interposition with daily functioning at home, school, or work; or interfere with social activities/family life/relationships are remarkable (2).

Mental Contamination is commonly perceived to be the stereo-typical image of OCD, involving person that washes their hands frequently after coming into exposure with potentially dirty objects or environments, there is also a form called 'mental contamination'. Mental contamination feelings can be evoked by times when a person felt unsuitable treated, medically or mentally, through critical or verbally abusive remarks (2). We intend introduce some cases with mental obsession. They are interest, but their treatment is very difficult. All patients reported high emotional distress and decline of function in this survey. We started psychotherapy with pharmacotherapy, but we confession that treatment in all cases are very difficult, last timing and challenging.

Case No.1
A 23 years- old girl, graphics was referred to a psychiatrist as an outpatient because of contamination fear from about 3 years ago when she suddenly saw a human
dead body while walking is early morning. Since then she is so afraid of taking part in any funeral or even visiting people who have recently taken part in such gatherings or been busy with similar issues. He refuse for already in some places, because of that she felt might the persons was been exposed with a die. She had decline in social, occupational and interpersonal functioning.

Case No.2
A 23 year old girl was referred to the hospital by psychiatrist as an outpatient because of avoiding his uncle and anything referring to him such as family, stuff, house and even the similar names in an obsessive way. Almost all day she is busy telling rude things about his uncle and his family. She seems to hate him so much that even says will never get married because she is afraid of his uncle’s presence in any part of the wedding processes.

Case No.3
The patient is a 42 years-old, divorced, Jewish female who worked as a file clerk. She was followed as an outpatient at the same resident clinic since 1984. Her first words to me were a long anxiety-filled account of how she thought that she was getting a vaginal fungi infection and she believed this would ruin her weekend trip with her boyfriend. She was convinced that there had been fecal contamination of her vagina after a recent bowel movement. She described in detail how this could happen. Once this complaint was reviewed, she shifted her attention to negotiating a relationship with me. Her first request was to increase the frequency of her sessions from monthly to weekly. She had discussed this with her previous physician and they had agreed she might benefit from more frequent sessions given with a boyfriend whom she had seen for the past 3 years. She also felt that she talked too much and made relationships difficult to maintain by driving people away with her nonstop chatter (3).

Case No.4
I have seen this 30-year-old man regularly since February 2011 because of a severe OCD with obsessive thinking where he has ruminating thoughts and repeatedly checking behavior, which leaves him almost unable to leave the house or fulfill a task. The OCD started when he was about 7 or 8 years of age and has gradually got worse. When he was doing homework in secondary school he was checking again and again that everything was done. This made him lose a lot of time. As a child he used to have phobias of lifts and elevators and thunder and lightning. He got teased in throughout school, because of his anxiousness and behaviors. After finishing school he started working in a job, where he had to make sure that everything was clean and clear, that things were locked up when he was leaving. This made his job very difficult for him and as the OCD got worse he was not able to do his job anymore because he was much too slow. Also he used to have to stay longer hours to check that he had done his job right. He has to think about things in a certain sequence before getting up in the morning. This sequence might delay him for almost half an hour before he is able to get up. The sequence comes again about 3 or 4 times daily. He has to check various things over and over again. When he makes his bed he has to check that it is made in the right way. He has to check the taps are not dripping, making sure that things are empty, making sure that he has put away everything he should, making sure that he has turned things off, closing windows, checking pockets, counting.
money again and again, he keeps checking that the light is off. When he has a shower it takes him a very long time because he has to get his clean clothes and check them at least 5 times before he can take them into the shower. He has to shower himself in a certain sequence and when he is out of the shower he has to dry himself also in a certain sequence. If he gets interrupted he has to start all over again. This is very annoying for him but also very disabling. Sometimes when he has to check things he talks to himself or whispers to get it all sorted in his head. The thoughts make it difficult for him to concentrate. It also has an impact on his self-esteem; feeling useless, frustrated, irritated, stressed and nervous (4).

Discussion
The thought–action fusion (TAF) is a cognitive distortion/error believed to thoughts can increase the probability that a specific negative events. It is especially remarkable for obsessions. It is associated with guilt and attempts for neutralization (5). All our cases had TAF, they had guilt feeling about obsessions and thoughts. In a study, "It is shown uncontrollability of normal intrusive thoughts to be associated with the severity of the thoughts and to attention integration with the thoughts, but poorly related to the unpleasantness of the theme“ (6). We notified that this relationship is about our cases, too.

A predominant point is the role of stress in onset of obsessional thoughts. Of course it maybe have a latent period to appear a full-blown obsessional thoughts. Unfavorable mood changes may play an axial role when worries and obsessional thoughts are pathologic (7). We could find mood disturbance particularly dysphoric and depressed mood in past psychiatric history of patients.

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