

Attribution of Neuroticism and Perceived Control in Obsessive-Compulsive Patients

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Background: Life events are known to delineate 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 in an urban hospital set up.

Materials & Methods: Total fifty-six (n=56) OCD patients 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 (PQ) (Eysenck & Eysenck, 1975), LOC (Veluch, 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. Neuroticism had been related significantly ($r=0.73$; $P<0.05$) to external locus of control. Neuroticism also significantly related ($r=0.64$; $p<0.05$) with lower self-esteem.

Discussion: 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. 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. 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.

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.