

MUSICAL OBSESSIONS : A CASE REPORT

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ABSTRACT

A case of obsessive-compulsive disorder (OCD) is presented in which the chief symptom was obsessive musical imagery. Such musical obsessions are not described in standard texts of psychiatry or phenomenology, or in articles on OCD; nor are they considered in diagnostic procedures for OCD. Either the symptom is rare, or it is unnoticed because of low clinical awareness.

Key words : obsessive-compulsive disorder, obsessive image, musical obsessions, sensory obsessions

Musical imagery as an obsession finds no mention in either classical (e.g. Slater and Roth, 1969) or contemporary (e.g. Kaplan and Sadock, 1995) textbooks of psychiatry, in either general textbooks of phenomenology (e.g. Hamilton, 1985; Sims, 1988) or reviews on the phenomenology of OCD (e.g. Rasmussen and Eisen, 1989; Insel, 1990), in contemporary diagnostic systems (World Health Organization, 1992; American Psychiatric Association, 1994), in diagnostic interviews for mental disorders (e.g. Schedule for Clinical Assessment in Neuropsychiatry; Wing, 1994), and in specific rating scales for OCD (e.g. the Obsessive Compulsive Scale, the Maudsley Obsessive -Compulsive Inventory and other scales presented by Bech, 1993).

An Embase computerized survey of the psychiatric literature from 1985 onwards, seeking a mesh for the wildcard-defined keywords music* and obsess*, also failed to elicit reference to musical obsessions. This suggests that musical obsessions are phenomena that are rare, unelicited, or both. We therefore present and discuss a case of obsessive musical imagery.

CASE REPORT

During an orchestral practice, Mr. K.B.,

a 30 year old, unmarried, full-time musician, casually described to the senior author of this paper (CA) an unusual mental phenomenon which he had been experiencing for over 5 years; the phenomenon was the experience of melodies that would repeatedly and uncontrollably run through his mind. Certain musical passages were more troublesome than others; these included Ravel's Bolero, Chopin's Opus 9 No. 2 Nocturne, Verdi's Slave March from Nabucco etc. K.B. was also troubled by certain of his own compositions.

While K.B. recognized his preoccupation with these melodies to be his own thoughts, he found them intrusive and mildly anxiety provoking. He realized that the experiences were unusual, and possibly not normal, and made attempts to resist them, usually with little success. The characteristics of these musical preoccupations fulfilled clinical criteria for obsessions.

K.B. also reported the experience of obsessive verses (lines of poetry repeatedly running through his mind), and checking, correcting and maintenance of symmetry compulsions. He additionally had obsessive-compulsive personality traits.

K.B.'s obsessive-compulsive disorder (ICD-10, F42.2) did not noticeably interfere with his work, daily activities or general mood.

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Usually, symptom and distress would alike pass away on yielding to compulsions; musical obsessions would spontaneously disappear 20-30 minutes after onset, generally in response to some distraction; on occasion, K.B. was successful in distracting himself by deliberately focussing his attention on other melodies.

There was no past, personal or family history of relevance. There was no history indicative of substance abuse or organicity. K.B. did not accept pharmacotherapy for his disorder as he wished to try and control the phenomena on his own.

DISCUSSION

An extensive literature survey yielded only two, exceedingly brief, references to musical obsessions. One reference (Akhtar et al., 1975), describing miscellaneous form of obsessions, cited the case of "a 23 year old student [who] could not rid her consciousness of a currently popular tune". The other reference appears towards the end of the Yale-Brown Obsessive Compulsive Symptom Checklist: along with several other entries in the category of 'Miscellaneous Obsessions' is listed "Intrusive nonsense sounds, words, or music" (Bech, 1993).

Musical obsessions may therefore be rare; or, they may be commoner than realized but, because of lack of highlighting in psychiatric literature, are not asked after or during the clinical interview. This lack of enquiry is compounded by the average patient's propensity not to divulge intrapsychic phenomena unless details are specifically sought. Furthermore, experiencing a haunting tune is not an unusual experience; the difference between being haunted and being obsessed by a tune could hence be a difficult distinction which would deter the average patient's spontaneous reporting.

Some phenomenological issues merit attention. Musical obsessions may be considered to be a special form of imagery, presenting in the auditory rather than in the

visual modality. Such obsessions may therefore warrant classification under the rubric of obsessive images. This leads to the speculation: may obsessional imagery exist in other sensory modalities as well? Such a possibility merits exploration in phenomenological studies on OCD. The term 'obsessive images' may then need to be replaced by the more appropriate expression, sensory obsessions.

Finally, in psychiatry, disorder-specific themes in the content of phenomena are often observed; in OCD, such common themes are preoccupation with dirt, sex or religion. One is tempted to speculate about the extent to which individual specific life circumstances may produce individual-specific themes; the experience of musical obsessions by a full-time musician is a case in point.

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