

ISOLATED MUSICAL OBSESSIONS

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ABSTRACT

Musical obsessions are rare in both clinical practice and literature. A case is presented of a musical obsession which had the additional unique characteristics of acute onset, marked severity, and occurrence as an isolated symptom.

Key Words : Musical obsessions, obsessions, musical, obsessive-compulsive disorder, phenomenology

Musical obsessions are uncommon symptoms, and are listed almost as an afterthought under the category 'Miscellaneous obsessions' in the Yale-Brown Obsessive Compulsive Symptom Checklist (Bech, 1993). Although much has been written about other obsessive-compulsive phenomena such as counting, checking and cleaning, there is virtually no literature on musical obsessions. We therefore present a case of musical obsessions which displayed certain additional unusual characteristics.

CASE REPORT

Mrs B, a 25 year old housewife, presented with the experience of a single Tamil film song that was repeatedly and uncontrollably running through her mind for about eight hours a day. She recognized the song to be a part of her own thoughts, and found its repeated occurrence in her thoughts to be irrational, intrusive and anxiety-provoking. Her intense attempts to control the phenomenon were largely unsuccessful. The experience fulfilled clinical criteria for an obsession. Mrs. B also described feelings of unreality amounting to depersonalisation, arising as a result of the experience of the obsession.

The obsession had developed suddenly, 4 days earlier, along with a sore throat and fe-

ver, but did not abate as the infection subsided with the use of erythromycin. The symptom did not noticeably interfere with her mood, or with her ability to discharge her routine duties. There was no past, personal or family history of significance.

Physical examination was within normal limits, except that she was mildly febrile. She was prescribed clomipramine (25 mg thrice daily) and alprazolam (0.25 mg thrice daily), and was asked to continue her antibiotic and antipyretic drugs.

At review a week later, her medical symptoms had totally remitted but the musical obsession continued unchanged. She revealed that she had discontinued her psychotropic medication because of the occurrence of adverse effects, and that she wished to try and control the phenomena on her own. There has been no subsequent contact with the patient.

DISCUSSION

The relationship of the musical obsession to the medical symptoms is uncertain. Lishman (1998), in his exhaustive work on organic psychiatry, does not discuss any obsessive-compulsive phenomena in relation to mild, acute infections or fevers. It is likely that the medical

symptoms were coincidental, especially because their remission did not influence the presence, severity or other aspects of the phenomenology of the obsession.

An extensive literature survey yielded only two reference to musical obsessions. One reference is exceedingly brief : in discussing miscellaneous forms of obsessions, Akhtar et al. (1975) described a 23 year old student (who) could not rid her consciousness of currently popular tune. This case is superficially similar to the present report but, regrettably, no further details were provided. The other reference is a case report (Andrade et al., 1997) which described musical obsessions along with other obsessive-compulsive phenomena in a 30 year old musician.

To the best of our knowledge, this is the only report in literature of a musical obsession occurring as an isolated symptom. Other un-

sual or noteworthy aspects of the case are the acute onset of the symptom, the marked severity, and the occurrence of the symptom in a person with no special association with music.

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