## COMPULSIVE JOKING

Sir,

Compulsive rituals or acts are stereotyped behaviors that are neither enjoyable nor do they result in the completion of inherently useful tasks (World Health Organization,1992). Herein we report a patient who presented to us with a rare compulsion of cutting jokes, a phenomenon which is unknown in the literature.

A 32 year old male, well adjusted premorbidly, having no contributing past and family history, presented with a continuous illness of two years duration. To begin with, he started stealing things without reasons. When his father scolded, he told him that he had done it "just like that". Simulaneously, he also began spending more time in bathing as well as in religious rituals and started cutting jokes repeatedly. Every time he would tell the same set of 8-10 jokes at one go in a particular order. He would narrate the jokes in a flat, monotonous voice as if it was a tidious, joyless chore. The jokes were inane and rather mirthless. He never seemed to draw pleasure or joy from telling the jokes. His face would appear tense and he seemed under a compulsion to finish an unpleasant task. Once initiated, he had to complete the entire set of jokes and felt very uneasy if the listener tried to escape. Rather, he would not allow the listeners to move until he had finished his stock of 8-10 jokes. He was hopeless, had no control of his behavior and was often ridiculed for it. Whenever he was asked the reason for cutting such flat jokes, the only answer used to be "just like that".

Gradually within a year,all his unsuual behaviors except cutting jokes disappeared though he additionally developed overconcern about killing small insects and ants while walking and counting his steps while climbing and walking. Along wih this, he also became aloof and socially withdrawn. He had no depressive cognition or features suggestive of another psychiatric illness. On admission, because of his uncooperativeness, except stereotyped reeling out of jokes, no other psychopathology could be elicited. With the diagnosis of mania, treatment was initiated with trifluperazine 15 mg/day; however, he had no improvement with four weeks trial of trifluperazine. During subsequent examinations, he was found to have poor socialization, anxious affect, compulsion of cutting jokes with lack of control over the act and mounting inner tension when the act was prevented and intermittent third person auditory hallucinations. Following this, his diagnosis was changed to obsessive-compulsive disorder (OCD), with predominantly compulsions and paranoid schizophrenia (World Health Organisation,1992). He did not improve with initial trials of fluoxetine 20-60 mg/day with haloperidol 5 mg/day(three weeks) and ECT (six) with fluphenthixol 3-6 mg/day (two weeks). However, later on, after a month of combination therapy including clomipramine 75-150 mg/day, carbamazepine 600 mg/day and buspirone 1 mg/day (augmentation) and olanzapine 10 mg/day, all his psychopathology but auditory hallucinations and withdrawn behaviour disappeared. At that time, he was discharged from the hospital and subsequently he was lost to follow-up.

Although there are no previous reports and no obsession could be elicited, we considered cutting jokes as a compulsive phenomenon because the act of cutting jokes was repetitive, non-pleasurable, and uncontrollable and the subject felt mounting inner tension when he could

not perform the act. Another issue that needs discussion is the link between OCD and schizophrenia. Although OC symptoms are documented in association with schizophrenia (Rosen, 1957; Fenton and McGlashan,1986; Berman et al.,1995), phenomenological characteristics of OC phenomena that may predict the onset of schizophrenia is largely unknown. The onset of schizophrenic signs within two years of beginning of OCD of our patient, who had a rare compulsion, however, suggests the possibility that onset of rare compulsive phenomena may be a forerunner of schizophrenia. This issue has to be explored in future studies comprising patients who have uncommon compulsive phenomena.

## REFERENCES

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