Brief Communication

Morbid aversion as a symptom

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Abstract

Morbid jealousy is a human emotion that is recognized as a symptom of many psychiatric disorders. This paper discusses another human emotion "aversion" as a symptom of depressive illness with 3 case histories. The name "morbid aversion" is proposed for this presentation. The main purpose of the paper is to invite clinicians to explore the clinical significance of this presentation.

Introduction

Among human emotions jealousy related to sexual relationships is of special clinical significance by virtue of its associations with mental illness. Morbid jealousy has been described both as a symptom and as a syndrome[1].

In psychiatry it is generally described within a frame of certain adult responses to real, suspected or imagined sexual infidelity[2].

This paper aims to discuss another human emotion, "disgust" or "aversion" in pure form as a symptom of depressive illness.

The proposal for existence of such "morbid aversion" as a symptom originated after following up of several patients whose complaints were fitting to such a description.

Case histories

Ist Case

A 50 year old male presented within one week of marriage complaining that he has developed a severe dislike for his wife. He didn't like to hear her voice, which caused butterflies in his stomach, sweating and nausea. He denied any involvement of jealousy or suspicion for his feelings. He had been feeling fed up with his life for some time and was a regular drinker without dependence syndrome. He lacked sexual desire too. A diagnosis of depressive episode was made on ICD-10 criteria.

Treatment with fluoxetine and discussion helped him to recover from the illness though the dislike persisted in mild degree. The marriage could not be saved due to the consequences of the episode.

2nd Case

A 42 year old lady was brought with a complaint that she disliked the new house to which the family has shifted recently. Before shifting to the new place she had been living in a village. She was feeling lonely and was depressed (ICD-10). A diagnosis of depressive episode was made.

Treatment of the depressive illness with fluoxetine and involvement with religious activities helped her overcome the illness and the dislike diminished.

3rd Case

A 21 year old newly married girl with a 12 week pregnancy was referred from obstetric unit with a complain of multiple admissions for hyperemesis. She recovered to some extent with medical treatment for hyperemesis. Every time on her return the symptoms resurfaced. She was found to have a dislike for the fetus, expressed in a state of posession by her dead father. The request in possessive state was for a termination of pregnancy. On questioning she admitted her preference to be relieved of the pregnancy. She was diagnosed to have a depressive disorder accordance to ICD-10. She was started on treatment but the outcome couldn't be monitored as she was removed from the hospital against medical advice by relatives, probably to fulfill the request of the dead father.

Discussion

Aversion can be defined as a strong dislike or disinclination. Conditions in psychiatric literature

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where aversion is discussed as a symptom (although not identified as morbid) include rejection of the baby in puerperal psychiatric disorders, sexual aversion disorder and school refusal in children.

In defining sexual aversion disorder DSM-IV[3] describe it to be a disorder where the person is not just uninterested in sex, but also disgusted by it, therefore actively avoids.

"Aversion" is described in biological psychology literature, specially in studies on to conditioned taste aversion[4]. There is some evidence for involvement of cholecystokinin (CCK) in this process[5].

The components of morbid jealousy have been analysed based on the component analysis of fear by Rachaman and Hodgson, into behavioural, cognitive and affective aspects[6]. Such an analysis has been described as advantageous because the treatment can be directed towards them.

If morbid aversion is analysed in a similar way the main behaviour feature is the persistent avoidance behaviour. A consistent finding in the cognitive aspect of the symptom in the cases described was that the patients were unable to give an explanation for the feeling of dislike. The affective aspect ranged from loneliness, depressed mood to anhedonia.

Though it may be possible to give a psychoanalytical explanation or involvement of a conditioning process for the aversion expressed by the above 3 patients, such an explanation may not fully encompass the phenomenon.

The dislike or aversion can also be looked upon as a culture specific way of expressing distress much like jealousy is described as suspicion in Sri Lankan society[6].

Though the diagnosis based on a single symptom is often misleading, we believe the place of morbid aversion as a common feature in depressive illness has to be explored. To use Shepherd's words "it nay belong to many syndromes and its only legitimate interpretation demands a thorough exploration of possible syndromes to which it may belong".

In exploring this symptom care should be exercised to avoid labeling normal dislikes as morbid. The differentiation depends on the intensity persistence and its role in determining the behaviour of the person.

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