

THE OBSESSIVE–COMPULSIVE SYNDROME

by

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Good morning, ladies and gentlemen.

Anxiety, self-doubt, feelings of impending doom, and the accompanying sense of being out of control are emotions which threaten our basic psychological safety and security. Such negative emotions, experienced by most of us at one time or another, are difficult if not impossible to bear for any length of time. As a result, in an attempt to cope with, or defend against, such unbearable emotions, we develop various subconscious defense mechanisms and defensive maneuvers, such as repression, projection, rationalization, etc.

Today, I want to focus on one such defense mechanism, namely, obsessive-compulsiveness. This mechanism consists of various subconscious techniques which can give an individual the illusion of power and control, thereby temporarily helping to overcome his feelings of helplessness and insecurity. As a result, the mechanism is utilized by many people in varying degrees.

I have selected compulsiveness as my topic not only because its use is very widespread, but also because most people are not aware of the fact that compulsiveness *is* a defense mechanism, the use of which can have serious consequences.

The obsessive-compulsive mechanism includes five elements:

1. Persistent intrusive thoughts, called obsessions, or persistent ritualized behavior, called compulsions.

2. It is triggered and accompanied by anxiety.

3. The thought or behavior has a driven or frantic quality.

4. The thought or behavior is automatized and not in the immediate control of the individual.

5. The subconscious motive of the thought or behavior is to give the individual the illusion of being in control.

Let me give you a simple example. An individual feels anxious and out of control. Instead of trying to figure out the causes of his anxiety and acting to correct whatever is wrong, his subconscious triggers the mechanism of compulsiveness, and he automatically and frantically starts to clean his already perfectly clean house, as if his life depended on it. Cleaning gives him the temporary feeling that he is in control.

As you can see, all the elements of the mechanism are present in this example. The activity is triggered by anxiety, not by a need in reality. The activity has a driven quality. It is automatized in that the individual feels that he simply must clean. He also feels that he cannot stop cleaning, even though he feels anxiety while he is doing it. Nevertheless, so long as he continues to clean he feels less out of control than if he were to stop. The anxiety he experiences while cleaning is more bearable than the anxiety he would experience if he stopped. Other examples of compulsiveness are incessant talking, uncontrolled eating or drinking, or escaping into unlimited work, and so on. Examples of obsessions are persistent ruminations about death, an inexplicable urge to utter obscenities, and continuous doubting.

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The use of compulsiveness exists on a continuum. How often it is utilized will depend on the extent of insecurity the individual feels. If the feeling of being out of control is minimal, the use of it will be minimal. Thus, some people may resort to it only occasionally, whereas others may adopt it only in one particular area of their lives. When the use of the obsessive-compulsive defense mechanism becomes the characteristic way of functioning, the individual is classified as an obsessive-compulsive personality. Finally, it becomes a major psychological disorder—an obsessive-compulsive neurosis—only when obsessive thoughts, such as ruminations about death or an imagined illness, or rituals, such as compulsive hand washing all day long, dominate the individual's life and completely immobilize him.

Today, I intend to ignore both the occasional use of it and the extreme form it takes in the obsessive-compulsive neurosis. Instead, I will focus on the type of individual who is identified in psychology as an *obsessive-compulsive personality*, which is the extreme case on the continuum of normal psychological problems. This is a personality completely organized along obsessive-compulsive lines, and can be differentiated from the paranoid or dependent personalities, which characteristically use different defense mechanisms. The obsessive-compulsive personality thinks and acts in a characteristically compulsive way and he has an integrated and fixed set of obsessive-compulsive traits and patterns. He is an individual whose reactions in most areas of life can be predicted with great accuracy, once you understand the defense mechanism.

The particular obsessive-compulsive personality I will describe to you does not exist in such a pure form. I intend to exaggerate and to endow it with a disproportionate number of the obsessive-compulsive traits and maneuvers I have read about or worked with, in order to facilitate your understanding by seeing its existence in an extreme form.

I want to make it clear at this point that the majority of obsessive-compulsive personalities are good people. They are usually highly intelligent and want to do what is right. They are hard-working and moral, but unfortunately—as a result of their defensive functioning—sentence themselves to a life of unhappiness and grief.

Before I go into detail, let me begin by describing the type of individual and some of the characteristics that must be present for him to be classified as an obsessive-compulsive personality. (From now on, for the sake of brevity, I will refer to such a person simply as the compulsive personality.)

The compulsive personality is basically motivated in thought and action by his desire to feel psychologically safe and secure *at all times*. He cannot tolerate the slightest degree of insecurity or uncertainty. The feeling of not knowing something *completely*, of not being able to predict the outcome of *every* situation, the smallest negative emotion in the present or anticipation of

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negative emotions in the future—all give him the feeling of being unsafe and therefore of being completely out of control. To avoid such feelings of basic insecurity and to put himself in control, he dedicates his life to having control over himself, others, and every circumstance and aspect of reality, including its metaphysical rules, which are beyond anyone's power to change. It isn't that he consciously wants to manipulate or control others. All he wants is to ensure that other people's actions will not result in unexpected events which would cause him further feelings of being out of control.

In addition, he is continuously involved in frantic, anxiety-ridden activity. He appears to be “driven” and under constant pressure every minute of his life, as if he had a “stopwatch in his hand.” He labors at life. Every aspect of life seems to be a burden. For him, nothing is easy. He must use will power to get through each day. Hardly anything he does is spontaneous or effortless. And when he is not involved in frantic activity, he often procrastinates—to the point of being unable to function. Or he spends his time in a state of indecision, compulsively doubting what action to take.

Unable to tolerate negative emotions, he represses to such a degree that he renders his emotions incapable of serving in the development of his values. As I will explain later, he is guided by “shoulds” instead of values. These are rules that have little or no genuine connection to any of his personal values. Hence, his value development is either arrested or otherwise flawed, and he is alienated from himself and others. He can be described as rigid, machine-like, severely repressed, and lacking spontaneity. And finally, one of his essential characteristics is that he does not experience his compulsive functioning as defensive, including its driven quality. To a great extent, his conscious mind approves of many of his compulsive attitudes and maneuvers. In the language of psychologists, he does not regard his compulsiveness as ego-alien.

How does this happen? Why does an individual go wrong in life in this manner?

Different theorists have different starting points and explanations. They disagree with each other, and I disagree with all of them on their starting points. Let me give you two examples.

Freud, running true to form, traces the disorder to toilet training. If the training is too extreme or too early, the child battles with his parents over the right to withhold his urine and feces. In the fight for control, the child develops hostile emotions which, together with sexual emotions, must be controlled, leading eventually to obsessive-compulsive mechanisms. Thus, according to Freud, the “battle over the chamber pot” determines the individual's psychology for life.

On the other hand, Leon Salzman, whom I agree with on practically every other point, unfortunately traces the disorder to the idea that we live in an uncertain world in which all of us feel out of control, because we cannot