I trust I have made clear how words—verbal propositions—come very early in a person's life to have rather astonishing power to handle some of the situations that are attended by anxiety. Now, if there were no correction of this faith in the power of the right remark, then perhaps the typical development would be the psychopathic personality who feels that if the right thing is said, everything has been done. But most people learn, soon after having been greatly impressed with the power of verbal propositions, that this power is a function of the person who hears the verbal proposition, that a thing perfectly useful with mother does not click so well with father, and that some things which are quite effective with both mother and father lead to anxiety when tried on the maiden aunt who has had some experience in educating children and sees that little Willie is becoming a rationalizer.

The type of situation which leads to this more complicated grasp on the utility of verbal propositions is rather roughly after the following pattern. The child finds himself in a variety of situations, all of which may be said to have in common that they are violations—that is, they collide with something that the child should know better about, should have learned. In these situations the child uses a verbal proposition, picked up from the speech around him, of course, which, although it works, does not work satisfactorily. That is, the parent is suf-
ficiently affected so that the verbal proposition does prevent the descent of all the anxiety or punishment that would otherwise attend the violation; but the parent is at the same time affected rather unhappily, so that there is no boost in the child's euphoria, and there is even a little anxiety. It is as if the verbal proposition were powerful, but not quite powerful enough. Earlier, saying that you were sorry for stealing baby's bottle worked all right. But in these later appeals to verbal propositions, while you don't get spanked, still the significant adult is not too well pleased with the way things come out, although he doesn't know what to do about it; and so a generally mildly unpleasant situation continues. In fact, these verbal propositions that are not too successful and yet do not fail outright are verbal propositions that complicate the simple living of the parents.

To use an extreme caricature, let us say that little Willie has—accidentally, of course—dropped from an upstairs window a very ripe tomato on his mother, who is down on the ground outside hanging up some clothes to dry, and she is incensed and sputters. Little Willie, who certainly becomes somewhat of a genius at prevarication for the purposes of my illustration, says, "Oh, mother, I was so delighted to see you that my hand let go." Well, what will mother do then? Being hit with an overripe tomato is awfully hard to associate with the feeling of delight at seeing her. The situation is not resolved; he doesn't get thrashed, and she doesn't get satisfied, and his euphoria is not what it might have been—unless it is privately greatly elevated by her being hit with the tomato, which is irrelevant to my story.

Now, let us turn from this caricature to what actually happens in some homes: No matter what aggression anyone perpetrates on another—no matter what outrages the parents perpetrate on each other, or the elder siblings perpetrate on each other, on the parents, or on little Willie—there is always some worthy principle lying about to which appeal is made. And the fact that an appeal to an entirely contradictory principle was made 15 minutes earlier does not seem to disturb anybody. The members of a group like that might be called by unfeeling neighbors 'damned hypocrites.' Here is a situation where it has been found that it is better to have this limited verbal magic than the only other thing one could have—an awful lot of fairly open hostility and dislike and hatred.

In a good many homes of that sort, love was perhaps the only thing that was of no importance in establishing the marriage; convenience and all sorts of other things entered in. If one of the partners originally didn't have this business of appealing to ancient ethical principles to excuse all sorts of selfish, domineering, and self-seeking performances, he or she had learned it from the other before little Willie came along. So little Willie is denied the high educative value of learning that what works with mother is no good with father. He learns that a great many things do not quite work with anybody, and yet they are better than nothing; he is surrounded with them from birth, you might say, so quite clearly they are a part of the universe and he has to learn them. He does not have the high educative effect of sharp failure with verbal magic, which would impress upon him how important the hearer is in verbal operations; instead he has an unclear feeling that nothing works very well in this verbal field, or if things do occasionally work very well, they may not the next time. To the extent that verbal magical operations are better than nothing, he actually is inhibited from developing some of the most valuable aspects of verbal implicit operations. In particular, he is liable to bog down in any serious interpersonal problem in his developmental course by, as it were, concentrating on this half-satisfactory verbal magical business—the stuff that does not really save him from anxiety or boost his euphoria greatly but that does arrest severe anxiety and ward off punishment.
Perhaps I have not said enough about how the ethical tags that sort of embarrass one's parents in early childhood and inhibit more devastating punishment get to be 'interiorized'—to become the obsessional verbal magic used to allay anxiety, to ward off the feelings of guilt and shame which represent the critical evaluation in the self, and which can eventuate in such things as a queer kind of overconscientiousness. This may sound a good deal like 'introjection'—a term I have always boggled at. The self grows by learning techniques for, shall I say, removing threats of anxiety from the significant people. Actually, you cannot remove the threats, but at least you can anticipate them; you find a way of picking your way among the significant people so that you do not feel insecure very often. To do that, you have to have memory. And what is memory? Memory is a fragment of the real situation. If the person is a pretty good analyst—that is, if he has a pretty high intelligence quotient, so-called—then he remembers, in connection with the act that brought anxiety, the really relevant elements of the significant other person concerned. Then on future occasions when the person is about to move in the direction of the same sort of act, this recollection appears in the form of a feeling of unpleasant anticipation, which, in turn, comes to be called by the name of guilt, or shame, or what have you—all these names are simply tags. So if you wish, you can talk about the significant person having been introjected and becoming the superego, but I think you are apt to have mental indigestion.

When I have, often enough, turned a nut in the motor of my car the wrong way and put myself to an enormous amount of trouble retrieving the bolt which has fallen out and gotten under the car, then I get to where I recollect that the damn thing goes on clockwise. From then on, I turn it on clockwise instead of putting myself to a 50 per cent chance of having to do a lot of extra work because I can't remember which way to turn it when it is just beginning to take hold.

Recollections about significant people work in somewhat the same way, except that because they are so utterly of the very essence of avoiding insecurity, they naturally manifest themselves in this vast dynamism that we call the self. Sometimes in the fantasies of patients one comes across diagrammatic fragments, you might call them, of a significant person from many years before—the significant person is still there, and still acts in the fashion that was originally relevant. This sort of thing is a caricature, in a way, of the manner in which the surviving imprints of a past situation may act very suavely in interfering with an impulse.

If this process occurs outside awareness—in other words, where neither the person concerned nor anyone else would know about it—then we find that we have described something very significantly like sublimation. Thus the question may arise, what is the difference between sublimation and the obsessional operation? I think that the type of operations which we see as obstructions of impulse by what may be called "conscience," "self-criticism," or something of the kind, are of the same genre as sublimation, but differ from sublimation in that they are clumsy, uncomfortable, mildly disturbing performances. Sublimation is wonderful, if it is not overloaded; the obsessional operation, however, is never completely successful—there is always some insecurity. Aside from the fact that the situation which provoked the obsessional operation was one of insecurity, the very business of turning the energy into the obsessional dynamism consists in giving oneself a very mild jolt, a reminder that 'that doesn't work because,' which in turn means that you do not feel quite so secure as you did a moment before. But sublimation, where it works, is not only entirely satisfactory from the standpoint of the mental state of the sublimator; it also is generically very closely related to our successful social learning. Most of the social heritage that gets to be ours is acquired by something which, so far as I can see, is indistinguishable from sublimation—which can be,
if you must get mechanical in your thinking, described as long-circuiting the impulses into socially approved paths of discharge. But the long-circuiting is not done within awareness; if it is, what you get is not sublimation at all. It is, instead, an obsessional state, if you get anything that works fairly well; otherwise it is simply a state of very severe anxiety.

**Obsessional Neurosis as a Miscarriage of the Verbal Security Operations of Childhood**

In describing the beginnings of the obsessional process, I have been trying to give you a rather abstract statement of what I believe to be the first principle in understanding the obsessional states. Prevailingbly obsessional people are perhaps too easily dismissed as having recourse to verbal magic. Everyone has recourse to verbal magic occasionally, but some of us are lucky enough to learn the function of the other fellow in our magical feats, and so we confine our verbal magical effects to situations where they seem to be needed. As a result, we may become quite skillful at implicit operations with words which are the basis of successful communication of novel and complex states. The person who is prevailingbly obsessional may be rather poor at verbal implicit operations that are an adequate basis for communication in the most troublesome, most difficult field of communication—namely, trying to get oneself across to someone or to get clear on somebody else. He is apt to meet all baffling interpersonal difficulties with a stream of verbal implicit process which has very little relevance and which is a continuation, as a security device, of this not very satisfactory business that characterized the home. It is almost as if the child had learned that you have to have certain things in your mind before you do certain other things—you have to be perfectly ready to spring this hokum if anything backfires. So getting the hokum ready first is just ordinary good sense. And later on, when he gets rather badly baffled in his progression toward adulthood, the hokum takes over, you might say, whenever the bafflement would greatly reduce what security there is—in other words, whenever the bafflement would lead to an acute feeling of anxiety and insufficiency and so on.

The translation from the early, more or less caricatured, picture that I have given you to the full-blown thing is always a matter of very rich detail, which will prove to be there if the psychiatrist has the time and the opportunity to work with it. In other words, I think that the relevance of this consideration I have been discussing can be found in each case, although the niceties by which particular obsessional contents come to be important are as numerous as those contents themselves. Almost anything conceivable can determine that an obsessional person thinks so-and-so under such-and-such circumstances—I am speaking of the content of his thought. The notion that, by thinking this, he magically achieves security is extravagant. He does not. Obsessional people are definitely insecure. But any obsessional neurotic whom you can get to talk at all will tell you that he would feel ever so much less secure without the obsessional content; and that is so even when, instead of merely verbal implicit operations which can be expressed, whole rituals of activity are concerned. Such operations do not give any omnipotence at all, but they do prevent intense insecurity.

As I have already said, this is a business wholly of the self. It has to do with interpersonal security; it has nothing to do with the satisfaction of the impulses that do not require the intervention of the self, and it complicates them only insofar as they may have been made sources of insecurity, as sex usually has. Nearly everybody is made more or less insecure about his lust in the process of getting socialized, and so, in an obsessional neurotic, the field of lust is almost always badly complicated by obsessional ritualistic things. But that does not produce impotence or frigidity, by any means, and it does not, for that matter, seem to have very much effect on
how much lust is in experience. It is the field of security which is concerned; and so, in a prevalingly sexual situation, the obsessional person provides a lot of nuisance for the other person in connection with his security needs, but is relatively free so far as the actual genital cooperation is concerned. The satisfactions of obsessional neurotics—the elaboration of dynamisms for the securing of satisfactions—are often almost painfully simple; obsessional neurotics are quite direct in some things that most of us have to develop complexities about. Their security with other people is—you might almost say, by definition of their early home situation—scarce ever likely to be perfect. They are never very secure, and they have little of anything to give them the idea that such a thing is possible. In other words, their acquaintance with the milder degrees of anxiety is immense. But aside from the fact that anybody, from the newsboy to the mayor of the city, can be a nuisance to them—and, I might add, vice versa—they go about eating and sleeping and drinking and having sexual intercourse with sometimes rather crude directness.

Now, since I am trying to talk about clinical entities, I suppose I ought to talk about when one is justified clinically in saying that a given patient is a case of obsessional neurosis, instead of talking about people of prevalingly obsessional personality, as I am much more apt to do. If one is to find a criterion, it has to be in the realm where the great disturbance is—the security in relations with others. It will be the expression of the degree to which interpersonal relations are attended by these milder grades of anxiety that call out the obsessional content. I would say that a person may perhaps best be described as prevalingly obsessional who does not impress ordinarily intelligent, reasonably observant people he comes in contact with as being at all odd or queer or anything of the sort, but who shows, with the people he is chronically integrated with, a definitely obsessional stickiness. But a person who gets into this obsessional stickiness with anybody who attempts to have any type of even slightly meaningful contact with him is an obsessional neurotic. In other words, a person can probably be called an obsessional neurotic if he cannot enter into any actually meaningful relations with a stranger without obtruding into an otherwise presumably informative, communicative situation the sort of thing which I think, perhaps, is best described as the stickiness which is caused by obsessional preoccupation.

Now what is this stickiness? A prototype of the general type of nuisance I am speaking of is the stutterer, who makes use of verbal behavior—or misbehavior—not for communication but for defiance and domination. The stutterer, perhaps because you have been so reckless as to ask a question, sets out to answer it, and the most conspicuous thing—to me, at least—that happens thereafter is that time passes with the most shocking disregard of either his life or yours. A tremendous amount of effort is made and, along with this effort, in case you try to go away or to help out, almost a compulsion is exercised on you to stick around until finally you have your information—if you can live that long. Thus people with speech disorders are quite adhesive, once you have been reckless enough to apply yourself to them. An almost identical process occurs with the obsessional.

There are times when obsessinals are fully as maddening as any stutterer, for the value of time seems scarcely to be within their grasp unless a matter that has life or death importance to them is concerned. For example, let us say that you have some very important person on the other end of the telephone line waiting for a certain piece of information, which you have to get out of your obsessional secretary. If you can prevent yourself from having a stroke first, you will have the information by the time she gets through talking. But there is simply no way of hurrying it; and if you try to hurry it, you convert her into a mass of jitters which closes off everything. So there is no way
you can win in a frontal attack on obsessional obstruction. And the reason is not so recondite when you think of it from the standpoint of the self and the enemy without—that is, acute anxiety. Acute anxiety, which is what you can precipitate by sufficiently adroit brutality, is much worse than the tension that the secretary suffers in you just as much as you suffer it in yourself; you might say. But that is the life of the obsessional in a great many contacts with other people. He isn’t happy; he isn’t secure; he is really so obviously at the mercy of one thing or another that he is definitely a little anxious. And the more anxious he gets, the more he resorts to the obsessional magical verbal symbolic operations in lieu of simple communicative propositions, which seem always to be dangerous compared with the other.

The Source of Anxiety in the Obsessional Neurotic

Now, what is the danger that these people are warding off? They are warding off and will eternally be warding off—until they are cured, if they are fortunate—a type of inadequate self-function which their self, you might say, began with and will forever stay with unless given help. The obsessional neurotic has never had the satisfaction of outstanding success in interpersonal relations. I think that much of the difficulty, even for psychiatrists, in dealing with obsessional processes arises from the incapability of grasping that fact. It is not an obvious fact, for the obsessional neurotic is not, for example, unutterably jittery, intensely anxious, and obviously a creature of profound inferiority feelings, nor is he blown up with paranoid grandeur as a mask for his feeling of unworthiness. His self-system has functioned to avoid a great deal of severe anxiety that he knows from experience he could suffer, and, as it were, to maintain a low level of well-being or, to put it another way, a very mild state of anxiety which is a background to some very vivid satisfactions. In other words, his self-function is rather poor; but poor as it may be, it is still an extremely valuable self-function. By and large, only people who are involved as necessary to the satisfactions of an obsessional neurotic can unhorse him. That is, the obsessional experiences severe anxiety only when the other person involved is of real significance, occasionally because of anticipated satisfactions, but more generally because of past satisfactions with that person.

For example, a person who is quite important to the obsessional neurotic as a source of satisfaction—let us say, the perfect genital mate—may begin to find fault with the obsessional, not in the genital field, but in much less dramatic but more time-consuming areas of the relationship. That conveys a threat—it is in itself a source of insecurity. Any intelligent person is apt to think, "Well, if I don't do something about this, I'll lose this perfect mate." But that is not the way the obsessional handles his insecurity. And so, as the mate—the wife, let us say—starts to wonder why, in order to enjoy twenty minutes out of twenty-four hours, she has had to be sort of wrapped up in sticky flypaper several hours a day, then the obsessionalism gets thicker. That is, this tendency to question—which is clearly addressed against the self of the obsessional—can be experienced by him only as a singular wrongheadedness on the wife's part. Instead of calling out valuable, useful analytic and synthetic operations as to the real situation, it calls out these frustrating, because magical, performances.

I suppose that when you get two rather obsessional people together, whichever one consults the psychiatrist first will put it in nearly these words: "Well, the longer we go on together, the more crotchety and difficult so-and-so is getting." And the crotchety and difficult part proves to be that, as they grow insecure about their relationship, they get to pestering each other more and more in what sometimes seems to be a never-ending effort to, in some obscure fashion, get the other person down. And yet the one does not want to get the other down in order to lift himself by standing on the other's fallen body.
or anything like that; instead, each one wants to overcome the
other's power to produce anxiety—to make the other fellow
impotent to produce anxiety. Incidentally, to make the mate
sexually impotent would be a dreadful misfortune to an ob-
sessional neurotic, and it is that very dreadful misfortune that
sometimes does encompass him and brings him to the psychia-
trist; the wonderfully satisfactory mate, after more and more
obscure dissatisfaction, becomes impotent. In some ways I
think that that is a simple therapeutic movement on the part
of the mate because, once he is impotent, it would seem that
perhaps the principal significance would be gone out of the
relationship so that he could presently escape without causing
more than a ripple on the surface of things. But it doesn't
work out that simply. It takes some pretty clear referential
process to be through with such a relationship, and the obses-
sional neurotic is not capable of very clear referential opera-
tions about personal relations. Moreover, the self-operation
by obsessional dynamics is essentially weak. The obsessional
neurotic does not actually achieve omnipotence by the use of
certain words, as some really virtuous people do when they
say, "It is God's will"—and you know that anything you
might have to offer in reply has become less relevant than the
other side of the moon. Or another type of person may say,
"My conscience dictates . . ." and that is final. Those things
are not obsessional, you see; they work. But while the obses-
sional operation works, it does not work very well; it is no
guaranteed buckler. Even if it never fails, it never produces
euphoria; there is always the low-grade anxiety which in one
sense is a statement of the inadequate self-function and in an-
other sense is an inevitable consequence of the whole evolu-
tion of the self.

Thus, under therapy, the obsessional neurotic actually goes
through the motions of operations that look as if he is getting
absolutely panicky at the prospect of having something formu-
lated clearly in the realm of his personal problems. But since

one might be misled by certain implications of this statement,
let me put it in another way. As the motivational pattern be-
comes more and more difficult to disguise by security opera-
tions, it takes on an aspect of novelty and crosses the line into
the region of fear. This is true regardless of what the motiva-
tional pattern is about—whether it is something which any-
body would be ashamed to discover in himself or whether it is
something that is unworthy in only the most obscure way or
even actually quite estimable. As I have already said, there is
a degree of novelty that frightens all living creatures, although
the limit varies from person to person and from species to
species. And so, as the set of the therapeutic situation gets such
that almost clear referential processes appear in the conscious-
ness of the obsessional neurotic, and the doctor is about ready
to make the fatal statement which the obsessional cannot for-
get or obscure any more because it is clear, the state of the
patient is very bad. And I have often suspected that it is far
more a state of fear than of anxiety. Sometimes the patient
shows quite frankly a tendency to engage in random activity
almost circus movements of starting to get up and then lying
down on the couch, and so on. Now these movements are not
used to fight off an interpretation, however cleverly the pa-
tient will do things which make it difficult for you to say what
you are attempting to say. Instead, they are designed simply
to arrest process; and insofar as you happen to be part of the
process, you may say they are in opposition to you—an at-
tempt to prevent your doing something. What occasions the
movements is a pretty deep type of mental state which we all
experience if we hit anything that is strange enough to reach
the threshold of fear. But when this business is over, the ob-
sessional may see a lucid, really adequate formulation of some-
things that is valid about him and his interpersonal relations
—and that is improvement. To that extent, he has moved
out of a realm of obsessional operation into clarity, and to that
extent progress has actually been accomplished. To that ex-
tent his interpersonal relations become less complicated and less uniformly, if obscurely, frustrating to his partner.

*Therapeutic Problems Posed By Obsessional Miscommunication*

The obsessional process can, if it is applied to enough of life, produce something that sounds very reasonable if one doesn't try to find out what is really being said and what it refers to in terms of obsessional operations. In illustration, I shall consider some fragments from a patient's history as reported to me. This man is clearly a person of very considerable gifts, and does rather well when he is not mentally disturbed. As I heard the development of the case, it occurred to me that the thing which is called his mental disorder is an intense restlessness which occasionally simply takes him over and drives him around in circles so that he is, at times, almost reduced to wringing his hands. But the thing that seems to stand out is that from quite early in life this man has fixed everything by a mild, rather inconspicuous use of the obsessional process. Even his social rituals have become somewhat obsessive, and also somewhat good. He is a good husband and father. He has a perfectly wonderful domestic life—as uneventful, as featureless as a drop of mercury—which gives the impression of really remarkable normality, both to the patient and to the person who hears it. There is scarcely a thing he says that does not sound all right. According to his report, he and his wife are very happy in the sexual relationship, and their interests more or less overlap. There is a curious grace note of rather striking promiscuity at times on his part, but it doesn't mean anything—everybody does it among his friends, and one simply has to fit in as not to look different.

The thing that struck me in all this was that things had gone so simply that it could not be so. It was like a juvenile fantasy—a fantasy of a badly harassed juvenile who has finally pictured a nice quiet life for himself. And apparently this man has a nice quiet life except for the recurrent eruptions of his intense restlessness, which is so marked that it has disturbed various psychiatrists, who have made various diagnoses and attempted various treatments.

The outstanding thing about this man is the thoroughness with which he has substituted, over a vast field, somewhat meaningless thinking about life in the sense of definitely not simply communicative thinking. And it sounds very good if you do not look closely at it. Most vulnerable, I think, in his own picture of his life is the richness of the relationship of the husband and wife. This part of the picture seems utterly incredible to me, for I have heard nothing, except the patient's bare statement, which suggests this. In fact, there is evidence that they have quite separate fields of interests, and I surmise that the wife's interest is practically reduced to the children. Sex, of course, traditionally reflects all personality problems, but I doubt that anything is to be gained in this case by attacking this; the episodes of promiscuity are not episodes in the mental sense, I think, but are responses to environmental facility. And I do not think there is going to be anything of psychiatric significance to be found in studying the genital relationship of husband and wife.

But what I am getting at is that the obsessional's verbal operations, however autistic his words may be, can give a highly plausible effect.

And particularly, in struggling with the treatment of the obsessional neurotic, you are ground down by the fact that you never get anything quite right; and that becomes more and more conspicuous as you close in on a really correct interpretation of some persistent trouble in the patient's life. The case I always use to illustrate this was a woman patient of mine. She and another woman, both of them markedly obsessional, lived together. My patient had been cuffed around frightfully by a socially preeminent mother; in this, her history was
Quite different from that of the other woman, who had, in fact, been exploited by a socially inferior mother. As a result, there was a very striking difference in what you might describe as the hostile operations these two women engaged in. The first one, my patient, who had been walked on by her mother for many, many years, would get her feelings hurt and go off, the tears just beginning to run down her cheeks. That was about the most devastating thing she did. The other one, on the other hand, would say mercilessly cutting things that were terribly hard to forgive for weeks afterwards. But although there was this striking difference, the type of operation they both used toward significant people and toward each other was prevailingly obsessional. The fact that the companion was also obsessional finally became clear to me, and it also became apparent that the data I heard could most plausibly be interpreted as showing that these women were engaged in what was, in some ways, a microcosmic drama of a very spectacular kind. It was a battle for prestige between the two of them, conducted by the indirect, substitutive methods of the obsessional pursuit of security.

The point I want to make is what happened whenever my patient and I approached clarity about her situation. Any little context I attempted to pick up proved to be somewhat "misunderstood" by me. Incidentally, I frequently deal with very small contexts, for unless I am certain that the patient's attention span will hold what I am trying to get him to look at, I may expect to be defeated. So I pick up little things that are very revealing and work them to death. But in this case, whenever I attempted to pick up some little thing, it soon developed that I had not quite understood it. There were always additional details which hadn't been mentioned before, which made it very difficult to be clear on what I was trying to illustrate. My contexts never stuck together long enough. And it wasn't that my patient had earlier failed to say something which now, when she added it, gave an entirely different color to the picture. Not at all. It was just that as soon as I mentioned that I thought we could look at this particular context, my patient would add a new clause to the thing which made it much harder to be quite clear on just what I was attempting to talk about. There was no great change in the meaning of the thing; the reality had not been distorted at all by the omission of this clause; but it was just that an additional consideration was crowded in at the most awkward point so that the clarity of the whole thing disappeared. It was as a result of such experiences that I developed the statement I used to make to obsessinals, "Now we let the fog in." This patient and I had a very rough time in reaching a consensus about the possibility that there was a struggle going on between the other girl and her in which each was trying to force respect from the other.

Now the way in which part of this dilemma was resolved is no credit to me particularly. In actuality, the patient's unconscious and an accidental happening outgenerated her finally—I couldn't. One very hot summer day she got out of my office without bursting into tears or anything, got resolutely into her car and, as she frequently did, nearly ran over a few traffic policemen. That was her outdoor sport; the more disturbed she was when she left me, the more menace she was to the traffic cops; she never did run one down, but she gave a number of them shocks. As she drove toward the apartment hotel where she lived, she got to thinking about the guests that would be at their place and about how hot it was and how nice it would be up on the roof garden—she was almost certain that that was where the guests would be. She decided that she would come in very quietly, rush into the apartment and take them up some nice cold drinks as she went to greet them. But as she dashed into the apartment, she discovered her companion walking toward the kitchen door, bent on an apparently similar errand. In her hurry to get to the kitchen first, the patient collided with her companion in the very doorway. Since my
patient was a woman of some bulk, I can imagine the horse-
power exerted in this encounter. They glared at each other and
then burst out laughing—an unprecedented event in this rela-
tionship. Now I can only suggest that our long struggle with
the problem had some slight connection with the particular
setting of the event—but the event itself was unpredictable
and fortuitous. It does take something like that, after a long
preliminary acquaintance between therapist and patient, for
the obsessional neurotic to drop some of the complex opera-
tions which are as frustrating to him as to anybody else—
except that he is so used to frustration that it doesn't disturb
him as much.

Another patient wanders into my mind—a sad and curious
case of a woman 45 years old, who was seen by her physician
in a very disturbed state, according to report, and was re-
ferred by him to a psychiatrist colleague of mine to be tided
over the emergency. However, the emergency really seemed
to be one of the most chronic features of her life. She was
of a fairly successful professional family, with a curiously
incongruous but very successful mother who had spent a
good deal of her life as an invalid, but who had maintained
a very active interest in the music world and one thing and
another even during her invalidism. The patient had made an
extremely successful marriage at the age of 25. Five years
later, she became greatly enamored of another man—a mu-
sician who was an alcoholic—and it was a fairly open busi-
ness, as a result of which the husband divorced her and
got custody of the children. She went to Mexico and found
another alcoholic and, not long after that, still another alco-
holic. This last one wasn't really very alcoholic and actually
was a very good architect, and presently they were married.
Fifteen years later, under a certain amount of needling from
her, he got a big contract in China; and he couldn't take her
with him, so that was the emergency that my colleague was to
tide her over.

My colleague had not the faintest thought of there being
anything obsessional in the business of her marriages, but the
thing that had struck him was that he could not keep the
woman on any topic that he felt needed exploring. She always
knew what she wanted to talk about, and to anything that he
tried to bring up, she would say, "Yes, of course, but . . . ."
and be right back on her problem. And that, in its way, is a
manifestation of what may be simply the obsessional business
again. The obsessional is secure as long as he is engaged in
some explicit or implicit verbal operation which is apparently
communicative, but is actually uncommunicative because it is
somewhat too autistic. Thrusts from the environment which
attempt to interest him in some other aspect of reality are de-
natured as quickly as possible, and he is back on his preoccupa-
tion. And the listener may be quite completely misled as to
what is really being discussed.

I have mentioned these cases to suggest some of the mani-
festations of this obsessional business. In discussing the begin-
ing of obsessional distortion, I spoke of the very highly autistic
type of operation in which one has a little ethical tag which
seems to be wonderfully effective at blocking or frustrating
everything—both others and oneself, but others a little more
than oneself, so that one has a feeling of a certain power in
the thing. And there are other obsessional operations which
look like awfully well-directed, well-adjusted seeking of ad-
vise, depicting of a problem for study, and so on, which are
actually uncommunicative and in fact chiefly purposed to
maintain such security as there is. But despite the great number
of manifestations, the uniform characteristic is that while the
obsessional operation sounds pretty good, it actually does not
communicate—or rather, it miscommunicates, misinforms, and
misdirects attention.
I think that the nosological distinction, if you must have one, between the markedly obsessional personality and the seriously disturbed obsessional neurotic—the person who would unquestionably be diagnosed by reasonably competent psychiatrists as an obsessional—lies mainly in the success of the obsessional processes. If these processes are rather successful, so that the person very rarely encounters acute and severe anxiety, then he is an obsessional personality. But if, on the other hand, they have been much less successful, then the person's security at best is so tenuous that he is awfully busy, all the time when he is in significant interpersonal contacts, going through his rituals to protect it. He doesn't have time to adjust these rituals to all the nuances that come very easily to the obsessional personality; instead, he becomes very rigid in his adherence to certain magic formulae which may sound as if they referred to something, only you cannot find out what. By translation, as it were, these obsessional formulae can be reduced to a ritualistic type of behavior so that actually the communicative possibility, you might say, becomes nil. Inquiring of the person about his compulsive rituals proves rather futile, for he cannot tell you anything about them. All that usually appears in the consciousness of the person who has a compulsive ritual is simply that he does it because he feels better when he does it; if he doesn't do it, then he gets nervous. Not doing it disturbs his mind and so on, and so he does it for peace of mind. And it is hard to get any further with him.

Thus with a patient who makes prevailing use of obsessional processes there is a certain prognostic and prospective element in noticing the extent to which these processes fit fairly readily into the given context of quasi-communication or the extent to which they are autistic and blankly uncommunicative. The more profoundly autistic and uncommunicative they are, the more extreme will be the difficulty of unraveling them. Thus one has to be guarded in one's optimism about the outcome in treating the so-called compulsive neurotic—the person who has a great many rituals that have to be gone through rigidly in the course of a day.

For a long time, one of the outstanding diagnoses in this field was mysophobia, the fear of dirt. But, and this is the joker, quite often the people alleged to suffer mysophobia had no conscious experience of mysophobia. The person with mysophobia had to wash his hands in and out of season. Sure, he would agree with you that he may have gotten germs on them or something. But, actually, what was terribly present in his mental state was nothing about germs; it was the hands must be washed. And all the reference to a fear of dirt and so on may have been historically true in every case, but it was far from the obvious mental state in some of these people.

And even if it is a fear of dirt that underlies this compulsion of washing the hands, the patient may no longer know that that is the case; and the psychiatrist is faced with the problem: How do you begin? The fact that some piece of gross behavior seems extremely meaningful to you does not mean that it is easy to start unraveling the personality by dealing with it. The patient may politely agree with you about the meaning that you read into it, but it is nevertheless quite possible that you are wrong. And even if your interpretation is right, there will still be a few details that you cannot possibly guess, and they are likely to be the very details which would make the relevance of your correct interpretation clear to the patient. As long as you do not have those, the patient can continue quite secure and unchanged. Thus details make a great deal of dif-
ference in whether a patient does recall an experience you feel certain must have been there. And so, whether I am dealing with obsessional neurotics or any other patients, when I feel it necessary to investigate something of this sort, I may say, "Well, this sounds to me very much as if you had had something like the following experience at some time." And then I repeat my picture of the experience two or three times and finally say, "Now I know that that isn't what you've had, but it is something like that, and maybe that will in some fashion facilitate recall."

THE OBSESSIONAL'S DOUBTS AS UNPRODUCTIVE AREAS FOR THERAPEUTIC INVESTIGATION

So far I have not given any attention to doubt, but it deserves some consideration because it is the outstanding feature of many people's unhappiness that brings them to psychiatrists. Its importance as a problem does not hit me as forcibly as it might for two reasons: first, because the doubters, when they actually have been reckless enough to commit themselves to treatment, soon cease to manifest doubt but instead manifest more classical obsessional processes; and, second, because I am very much impressed with the alertness and, you might say, the skill with which typically obsessional people delete certainty. Since certainty is a menace to them, it seems rather strange that the symptom they allegedly suffer from in many cases is dreadful indecision and doubt. I think that the obsessional neurotic prefers to be uncertain about a great many things because the static character of the obsessional neurosis is largely maintained by unclearness about anything that is so oppressively evident that he cannot treat it with selective inattention. Moreover, in some cases where doubts and indecisions are alleged to be the problem, it has seemed to me as if the patient had, at some time or other, hit upon the fact that a tremendous amount of misery about doubts is one of the most completely baffling things the environment can encounter.

The obsessional, in effect, asks the other people in his environment to solve his doubts—to advise him. And presenting other people with an opportunity to advise works very neatly. This is so because Americans, being among the world's most insecure people so far as close approaches to intimacy are concerned, are also the most ready to advise without a moment's hesitation; for if you start handing out advice, you don't have to get any closer—you immediately begin disposing of the situation rapidly. Thus it is almost as if the obsessional puts most of the work of his neurosis on the environment. All he has to do is to maintain the most unhappy inability to become convinced, and other people just rattle on with no effort on his part—which strikes me as economical. I think I have come to this conclusion, which may be just a satirical misinterpretation of this morbid doubt business, because people who have come to me for morbid doubts have quite soon gotten into struggles of the classical obsessional kind with me. Every now and then, as I listen to this headache of considerations that cancel each other out and leave everything just wobbly, I ask, at what is calculated to be a quite disconcerting time, "Well, why the enormous harassment about it? What difference does it make which is right?" On such occasions it sometimes becomes plain that these doubts are transparently bunk—they are not of any particularly great importance in the context in which they have been produced. What has happened is that the patient has simply been careless. In fact, you will discover that every obsessional, if you watch him closely in a familiar situation, can become awfully careless. I think the thing is so exhausting and so monotonous that he gets careless from fatigue. Thus on such occasions as the one I have described, he has been too careless to have a really valid doubt. And that is very disconcerting, for the whole thing has miscarried and he has wasted his time and mine on piffle. That is very hard on him; his prestige is shattered, and he is intensely insecure.

Thus I think that we do not learn much about what may
otherwise be going on by regarding the doubts as a preoccupation—as an obsessional process in itself. I believe that it is a matter of seeing around the doubts to what the patient is doing, and then giving the doubting operation a few jolts on some occasion when it is running a bit wildly—that is, when it is rather clearly not suited to the situation or to me as a significant person. When I do this, the other business appears and takes the place of the doubting business—the wanting to be clear, you might say, the wanting to be correct, which is, I guess, the best statement the person himself could make of it; and the patient and I are then dealing with the classic obsessional business. From that sort of experience, I have come to think that doubting becomes a vivid part of the picture merely because it calls out so much work from the environment. It simply keeps other people busy so that they are not apt to attack the obsessional very much. Possibly—and this is a quite tentative formulation—it sometimes has the added merit that the other people make damn fools of themselves trying to help the obsessional with his doubts, and therefore his security is a little better.

Perhaps I should digress from the subject of obsessional doubts and mention another element of the larger picture—namely, what we see in the way of real, abiding uncertainties in people. These can be awfully harassing things—sometimes, I think, about as painful mental states as one can chronically have. But they are never expressed in frank doubts and so on. In a typical instance of this, it only gradually occurs to you that a particular patient must be eternally wondering whether he is "a boy or a girl"—where, in the masculinity-femininity distribution, he really belongs. Or perhaps his uncertainty is—as we often hear in classic theory—"Can I be loved? Can anybody love me? Am I not essentially unlovable?" But in such an instance, you hear no rattling off of doubts of the typical harassing, obsessional kind. The patient cannot confront these things clearly, even though he is always preoccu-
Tarnhelm picking up clues. I am referring to interpersonal operations which gradually demarcate a field which is appearing to both participants. With the obsessional neurotic, the nearer you get to this significant field, the more excursions and circus movements there are on the part of the patient. But the other type of patient—the patient who actually has these horrible, usually almost contentless doubts which he cannot stand to state clearly—is vastly relieved by your interpretation. When you say the right thing and carefully gather together illustrative manifestations in which he has participated, it suddenly jells into utter conviction, and he feels, "Of course this is what has been harassing me all this time!" And then you have a problem which can be treated by the ordinary method of seeking roots for the uncertainty in the past.

I have never, however, been fortunate enough to track down a single historic root of any of the obsessional doubts—or at least I have never been able to track down anything that I could conceive of as being meaningful to the patient, and I just do not believe that you can do things that are utterly irrelevant to the patient; he simply will not take it. In other words, real doubts—the kind of grinding uncertainties that poison many a life—refer to highly significant and unintegrated experiences that cast great uncertainty on something which seems to be essential, whereas the particular thoughts and considerations that get themselves made into problems for the obsessional are merely little tools that he picks up as he goes along. I think that tracking them to their source would really be perfectionist investigation; and anyway it couldn't be done—the patient wouldn't cooperate. Thus I do not have any sympathy with ultra-refined interpretations of the particular verbal content of the obsessional or the particular behavioristic pattern of a ritualistic gesture, and so on. Sure, it means something; sure, it is autistic—which means that you cannot see the meaning very readily—and what of it? It is not used to communicate; it is used to obstruct, to protect. And therefore why should one presume that it is relevant to attack it on the basis of seeking its original meaning? I do not see that there is any necessary evolution from an originally meaningful context.

Tic-like movements and automatisms, on the other hand, represent necessary action to maintain a dissociated system. It may be very difficult indeed to get an automatism to unfold into what it stands for, but it does stand for something, and something very important. But even though an automatism has a significant meaning, I do not believe that an attack on its origins is necessarily the easiest way to get at what you are after; for I have sometimes found, in treating obsessional schizoid people who had automatisms, that as we cleared up certain of the patient's problems, the origin of the automatism would become clear, quite without my ever thinking that it was happening. Or at least the origin would become clear to the patient; he would report wonderful and sometimes immature types of thinking which were to him an adequate explanation of the automatism, even though they were not very meaningful to another person. In other words, such things as automatisms are built by types of implicit activity that are pretty young, so far as our ordinary acquaintance with them is concerned.

This is rather like what once happened with one of my patients who was part of the time rather definitely schizophrenic. Among the things which were a nuisance to him, and which I heard about at intervals for years, was the feeling that something—not a fluid, not a stream, but something—went down his leg into the earth. It was essential that, when this happened, his foot should be in contact with the ground or the pavement or something else that stood for earth. Thus the arrival somewhere of whatever it was that went down his leg seemed to be a part of this nuisance. We worked up a lot of obscure business about his mother's relations with him and his brother, which could have been beautifully interpreted as her attempt
to castrate her boys, but I do not know what difference such
a statement would have made to the patient. He puttered
around in very early material about the mother's getting her
boys tucked into bed, and—in some fashion never quite clearly
recalled—communicating to them that their hands might well
be distributed so that they were a reasonable distance from the
genitals. It was all very hard to recall and pretty subtle; but it
was awfully meaningful. Then he startled me one day by say­ing,
“Well, you know, I think I have at last come to under­
stand this obscure thing that I've told you, about something
going down my leg.” And I think he did. I didn't understand it;
nor did I ever hear anything that clearly explained it to me.

The Obsessional Neurosis and Schizophrenia

The grave complication which can occur in an obsessional
neurosis is that it may progress into schizophrenia. I think that
there is a fairly easy transition from the one state to the other.
Although it is not by any means a usual progression, it does
happen occasionally rather late in life. For instance, years ago I
had as a patient an internist who had been an obsessional neu­
rotic for some 12 or 13 years, and who was getting worse—
that is, more tied up with the rituals and compulsions that com­
licated his living. Finally he got to the point where his office
began to be extraordinarily untidy and his practice declined.
He couldn't keep himself clean, and his office and equipment
were obviously getting no sanitary attention. Then he was ad­
mitted to the hospital, still under the diagnosis of obsessional
neurosis; but by then it was not awfully hard to scare up
frankly schizophrenic content, and he progressed into a deep
dilapidation.

I am reminded of another patient who had what would be
diagnosed psychoanalytically as a compulsion neurosis—an
obsessional state with much ritualization of behavior. The out­
standing feature of his fear was that he would be contaminated
by encountering feces. His behavior quite early in his hospital