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Explanation In Obsessional Neurosis

By VALERIE J. WALKER

Over the past hundred years, a great deal has been written about obsessional neurosis. Much of the literature is theoretical, concerned with putting forward explanations for obsessional behaviour. Little attention has been given, however, to the question of what it is that requires to be explained, what it is about the obsessional symptom that is pathological. It is the aim of this paper to examine this question more closely.

This question is closely linked with the definition of an obsessional ritual: before one can decide what features of the obsessional ritual require explanation, one must first decide in what way the symptom differs from other kinds of behaviour both normal and abnormal. There is a widely accepted definition of an obsessional symptom upon which most explanations so far have been based. However, it will be argued in this paper that this definition is misleading, in that it specifies features which are not in fact defining characteristics. It is therefore further argued that explanations within the framework of this definition are answering the wrong question.

The definition in question is one which has remained remarkably constant over the years. In 1895 Magnan described an obsession as 'une mode d'activité cérébrale dans laquelle un mot, une pensée, une image s'impose à l'esprit en dehors de la volonté avec une angoisse douloureuse qui la rend irrésistible'*; and Kanner (1948) defines them as 'ideas which keep obtruding themselves irresistibly and distressingly upon a person's consciousness, interrupt the orderly sequence of thought or action, are felt by the person as something foreign to him and unrelated to his usual behaviour, and yet cannot be cast off by him in spite of his realization of their unnaturalness'.

* 'a type of cerebral activity in which a word, a thought, an image imposes itself unwilled upon the mind with such painful anxiety that it is irresistible'.

The point emphasized by these writers crops up again and again (e.g. Lewis, 1936; Mayer-Gross *et al.*, 1954): that an obsession is recognized as pathological by the patient, but that he cannot resist it. This feeling of compulsion accompanied by internal resistance is held to be the characteristic of obsessions which distinguishes them from other symptoms.

If this definition is adopted, the argument regarding the explanation of obsessional symptoms runs as follows: 'the abnormal thing about an obsessional is that he feels compelled to think or do certain strange things even though he knows they are ridiculous. The explanation of this must lie in the fact that these thoughts or actions perform some function for him, even though he is unaware of it'. In fact most explanations of obsessional behaviour so far put forward are along these lines: psycho-analytic explanations are in terms of the unconscious gratifications which the obsessional symptom provides; behaviourist explanations seek to show how, by means of conditioning, the obsessional symptom has come to serve as an anxiety-reducer.

But the definition which leads to the search for an explanation of this kind is misleading: the feeling of compulsion accompanied by internal resistance is neither a necessary nor a sufficient condition of a thought or action being obsessional. It is not a necessary condition, because one often encounters obsessional patients with full-blown rituals, over whose diagnosis there is no disagreement, who nevertheless do not show internal resistance. The following cases illustrate this point:

Case 1

Mr. A., a 24-year-old clerk, had a five-year history of obsessional symptoms. These centred on a concern about contact with 'dirty-minded' people: thus, if he felt he had been contaminated by such people either directly by bodily contact or indirectly, by touching things which they had touched, he carried out an elaborate hand-washing ritual.

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Although his symptoms were accompanied by great distress, this seemed to be occasioned more by the contaminating contacts to which he felt subjected and the taxing washing regime he imposed upon himself rather than by any struggle between compulsion and resistance. He did not seem to feel his ideas were at all ridiculous: in fact he often expressed contempt of others who did not subscribe to them, and who therefore lived less pure lives.

Case 2

Mrs. J., a 44-year-old housewife, had a twenty-year history of obsessional symptoms. One of the most crippling was a hair-combing ritual which took up about eight hours of each day. This ritual was prompted by the idea that her hair was contaminated. Most of the time she did not seem to struggle against this idea, or be strongly aware that it was ridiculous. When faced with logical arguments, she would admit that her hair could not be contaminated, but a few minutes later would say that, after all, she knew that it was.

Neither is a feeling of compulsion accompanied by internal resistance a sufficient condition of an action being classed as obsessional. Other kinds of behaviour, such as tension habits, some sexual perversions and compulsive gambling may be accompanied by such a feeling, but one would not want to call them obsessional symptoms.

If this feeling is neither a sufficient nor a necessary condition of a symptom being an obsession, then there is no sense in which such a feeling can be a defining characteristic of an obsessional symptom. It also follows that the views, implied by this definition, of what is abnormal about the obsessional symptom and what requires explanation are also open to question.

However, it is not the pupose of this paper to examine closely these views and explanations. The rest of this paper is concerned first of all with proposing a new definition of the obsessional symptom, and secondly with exploring the implications of this definition for a new view of obsessional abnormality. It will be argued that the definition which successfully differentiates obsessional from other psychiatric symptoms will also, when it is applied to the field of normal behaviour, differentiate non-pathological ritualistic behaviour from other normal activities. It is suggested, therefore, that the explanation of the obsessional ritual must proceed in two stages: the explanation of rituals in general, followed by the explanation of the obsessional ritual in particular. Table I summarizes the argument in that it sets out the features which are held to distinguish the obsessional ritual from the kinds of behaviour mentioned above.

Definition of the Obsessional Ritual

At this point it is convenient to confine the discussion to one obsessional symptom: the ritual. This is both the most extreme and most disabling obsessional symptom, and it is also the most concrete in that it is manifest in overt behaviour. In addition there is a sense in which most other obsessional symptoms are rituals: 'folie de doute' and 'checking' usually involve a similar repetition of a series of actions, and ruminations may in the same way be regarded as ritualized thinking. Any conclusions, therefore, which are reached about the ritual may also be said to have relevance to these other symptoms.

Concentrating then on the obsessional ritual, it is suggested that the following characteristics together distinguish this symptom from other psychiatric symptoms and (with important exceptions which will be discussed later) from normal behaviour:

(1) *It is a purposive action, rather than just a series of movements*, i.e. it can be described in terms of an activity such as washing or checking, rather than in terms of the body movements which make it up and which may be different each time. This distinguishes it from pathological movements such as tics.

(2) *It is performed in accordance with rules*, e.g. a certain number of washes must be performed, or things must be touched in a certain order.

(3) *It is not an end in itself but is designed to bring about or prevent some future state of affairs*, e.g. the washing prevents the contamination from spreading.

These two latter criteria distinguish the obsessional ritual from the other compulsive activities such as the tension habits or sexual perversions

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TABLE I

Features distinguishing the obsessional ritual from the normal ritual, non-ritual normal behaviour and other psychiatric symptoms

Feature	Obsessional rituals	Normal rituals	Some non-ritual normal behaviour	Other psychiatric symptoms	
				Perversions tension habits	Tics
Purposive action	Yes	Yes	Yes	Yes	Yes
Performed in accordance with rules ..	Yes	Yes	Yes	No	NR
Designed to bring about future state of affairs	Yes	Yes	Yes	No	NR
Connected by rational justification to future state of affairs	No	No	Yes	NR	NR
Usually reduces anxiety	No	Yes	NR	NR	NR
Usually performed once only	No	Yes	NR	NR	NR
Uusually connected with objective danger	No	Yes	NR	NR	NR

Yes = Feature present
No = Feature absent
NR = Not relevant

mentioned above. These are performed for their own sake rather than for an ulterior purpose. In addition, although the patient may perform these acts in a similar way each time, he does not perform them according to a rule, in that he may not be aware that they conform to this pattern.

(4) *The activity is not connected by a rational justification to the state of affairs it is designed to bring about.* This criterion is needed to distinguish the ritual from many normal purposive actions. Thus washing one's hands once to remove visible dirt is a normal action and has a sensible rationale which washing one's hands a hundred times to remove invisible contamination does not have.

NON-OBSESSIONAL RITUALS

The four criteria together seem to differentiate the obsessional ritual from other psychiatric symptoms. However, as mentioned above, there are some kinds of behaviour which are not psychiatric symptoms but which share the characteristics of the obsessional ritual outlined above. Examples of such behaviour are:

(1) Childhood rituals, e.g. not stepping on cracks in the pavement.

(2) Superstitions, e.g. throwing spilt salt over one's shoulder to prevent bad luck.

(3) Rituals of primitive tribes, e.g. rain-making ceremonies, rituals surrounding death and childbirth.

(4) Religious rituals and ceremonies: these are a complex question and would obviously not always meet the criteria, for instance when they are performed for the sake of tradition or as an aid to achieving a certain state of mind. There do seem to be occasions, however, when they are performed with the purpose of improving a bad situation or preventing a disaster, and on these occasions they would conform to the criteria.

These kinds of ritualistic behaviour, then, share with the obsessional ritual the characteristics of being purposive actions, performed in accordance with rules, designed to bring about or prevent some state of affairs, but not connected to that state of affairs by any rational justification. There are obviously other examples of such rituals which are more specific to indi-

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viduals and less culturally recognized: some remedies for minor ailments, for instance, might be classed as such. We all probably have our personal rituals, although it is easier to recognize them in other people and in other cultures.

Returning to the question of what requires to be explained about the obsessional ritual: we have seen that the features which distinguish the obsessional ritual from other symptoms are characteristic of a whole class of behaviours, obsessional and non-obsessional, which we may call rituals. As argued above, the explanation of the obsessional ritual must therefore be approached in two stages:

(1) *The explanation of rituals in general.* The preceding discussion has brought out two points: on the one hand, rituals need not be psychiatric symptoms: on the other hand, although they are purposive the peculiarity which they do not share with other normal purposive behaviour is they are not connected by a rational justification to the state of affairs they are intended to bring about. One must therefore look for an explanation of why they are performed in preference either to some activity which *is* rationally connected to the same state of affairs or in preference to doing nothing at all.

(2) *The explanation of obsessional rituals in particular.* This involves first determining in what way obsessional rituals differ from other rituals.

With regard to the first question, it is beyond the scope of this paper to attempt a full explanation, but some speculation on the subject will help to define the second stage further. It seems plausible to suggest that people perform rituals when they are anxious about some state of affairs which they feel they cannot alter. For instance, non-believers may resort to religious ritual when faced with the serious illness of someone close to them or when they are helpless in situations of extreme danger such as in battle or a storm at sea. In the same way, the rituals of primitive tribes seem to be connected either with situations of personal loss and danger over which they have no control such as death, illness, childbirth or with waiting for something essential for the community's survival, such as rain. The suggestion is also supported by the more general observation that rituals seem to be more prevalent among people such as children or primitive tribes who have, on the whole, less control over their environment. Similarly it has been observed (James, 1950) that superstitious behaviour is more evident during wars and epidemics.

It seems reasonable to suppose that in these situations the ritual, although it does nothing to alter the external situation, performs the function of reducing anxiety. For instance, much has been written (e.g. Gorer, 1965) about the comforting effect of religious ritual. Similarly people often say in defence of their own pesonal rituals that they know it does no good, but it makes them feel better.

When it comes to explaining how this anxiety reduction takes place there is no shortage of models. One could propose that the motor activity of the ritual reduces the anxiety by reciprocal inhibition. Alternatively, the behaviour chosen might have particular anxiety-relieving properties, either because it has acquired them by previous conditioning (in terms of a learning theory model) or because it has a symbolic significance (in terms of a psychoanalytic model).

However, this paper is not concerned with exploring the possible mechanisms whereby rituals might reduce anxiety. The purpose of this section has been to answer the prior question of why normal rituals are performed, firstly in preference to some rational activity and secondly, in preference to doing nothing at all. The answer suggested to the first part of the question is that rituals are engaged in when there is no alternative rational activity: the subject is in a situation where he feels helpless. The proposed answer to the second part of the question is that he engages in a ritual because it makes him less anxious than he would be doing nothing.

This leads on to the second stage: the question of what it is about the obsessional ritual in particular that requires to be explained. As was pointed out earlier, the answer to this question is intimately connected with the difference between an obsessional ritual and other rituals. There seem to be three important differences. Firstly, the obsessional usually repeats his ritual many times consecutively,

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while others are usually content with one performance. Secondly, there is evidence (Walker, 1967; Walker and Beech, 1969) that the ritual does not always reduce the obsessional's anxiety but, on the contrary, often increases it. This suggests that another difference between normal and obsessional rituals may be that obsessional rituals do not always reduce anxiety.*

There is a third important difference between obsessional and normal rituals, this time not in the activities themselves but in the contexts in which they are performed. The situation in which a normal ritual is performed is usually clearly anxiety-provoking, and the state of affairs which it is designed to prevent or bring about is comprehensible: as we have seen, it is normally connected with illness, danger or some other external threat. On the other hand, the disasters with which the obsessional is preoccupied are often improbable (such as the flooding of the house from a dripping tap) or unimportant (such as a mistake in a column of figures) or even hard for others to understand (such as contamination).

It is thus suggested that the obsessional ritual differs from normal in three respects: it is performed in a situation of subjective rather than objective danger; it is repeated; it does not reduce anxiety. It is these three features therefore that require explanation.

This formulation of the problem of the obsessional symptom is similar to views which are often put forward with regard to other neurotic symptoms. For instance, Marks (1969) sums up the general view that fear is a normal adaptive response: it becomes a phobia when it is inappropriate to the objective situation. Mowrer (1950) suggested that the 'neurotic paradox' occurs when a normally anxiety-reducing response increases anxiety, leading to a vicious circle where the response is ineffectively repeated.

In spite of this similarity, it seems worthwhile to spell out the problem of obsessional neurosis in these terms, as so much work in the field is based on quite different assumptions. It was pointed out above that many theorists are concerned to explain why an obsessional ritual reduces anxiety. According to the present formulation, they should be trying to explain why it often fails to reduce anxiety.

* In this context, it is interesting that Roman Catholic writers on scrupulosity (i.e. pathological concern with religious matters) tend to use similar criteria to distinguish this from devoutness: that in the scrupulous, religious rituals are repeated many times consecutively and that they are accompanied by anxiety (e.g. Mullen, 1927).

Summary

Most explanations of the obsessional symptom, in particular of the ritual, are based on the assumption that what requires to be explained is its anxiety-reducing function. This assumption is closely linked with the widely held view that the defining characteristic of an obsession is a feeling of compulsion accompanied by internal resistance. It is argued that such a feeling is neither a necessary nor a sufficient condition of a symptom being obsessional. The ritual is taken as the paradigm of the obsessional symptom, and a new definition is suggested, namely that the obsessional ritual is an activity performed in accordance with rules designed to bring about or prevent some state of affairs, but not connected to that state of affairs by any rational justification. The implication of this definition for explanations of the obsessional ritual are examined. The definition also applies to many forms of normal ritual, and it is argued that it is these normal rituals that are anxiety-reducing; obsessional rituals, on the other hand, often increase anxiety. Therefore, contrary to the standard view, it is the failure of obsessional ritual to reduce anxiety that requires explanation.

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