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“Yeah, I know it’s crazy, but I have to do it anyway!”

...Anancastia: suffering from a surfeit of truth

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Dedicated to Dr. Hanks and Dr. Todes

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Introduction

The existential aspects of psychological problems as *lived experiences* are generally subjected to a gross form of reduction and unceremoniously buried at the very moment that they are named according to the logics of Western clinical psychopathologization. I would like to unearth these phenomena and illuminate their significance according to their own logics. What I want to do this evening is examine some of the phenomenological implications of what it is to ‘feel’ compelled and obsessed *as if* possessed. Obsessive-Compulsive Disorder is an exemplary instance of this kind of phenomenon.

In other societies, at other times, the condition to which this clinical term refers has been classified in terms of possession. In contemporary medicine encyclopaedias like *The International Classification of Diseases* and the *Diagnostic and Statistical Manual of Mental Disorders*, the tradition continues. *Anancastic / Anankastic* is an archaic reference to possession, pointing to a deeper experiential sense of the particular nexus of phenomena that has, in more contemporary times, come to be known as Obsessive-Compulsive Disorder. It is a word whose meaning is rooted in mythology and in folklore. I rather like it. It is somewhat more romantic than the rather dry expression – Obsessive-Compulsive Disorder or O.C.D. – which names these intertwined lived-conditions today in both popular and scientific jargon. So, I shall use the word from time to time along with a host of other names that express different aspects of this phenomenon. The familiar acronym, O.C.D. refers to a wide-ranging spectrum of phenomena. It compresses them into a name that has been coined in the reductive language of Western psychopathologization. This is problematic because Occidental clinical psychology is primarily behaviouristic in orientation and it only defines the phenomena from the outside-in. A phenomenological

psychology involves taking up an inverse position. This is not necessarily to set it at odds with the former perspective, but to establish a dialogue between the inside and the outside in order to flesh out the phenomenon ‘as a whole.’

1. Sickness or Epistemological Problem?

There is a schizoid aspect to the constellation of phenomena known as Obsessive-Compulsive Disorder. This has led to some sufferers being misdiagnosed as schizophrenic. There is an important difference – in the most severe cases of Anancastia (Anankasia) it is a small difference, but it is one that makes ‘all’ the difference.

A classic example of this difference comes out in a tale of two characters in which one happens to be schizophrenic while the other is obsessive-compulsive. Although these fellows display identical patterns of behaviour, their self-relation with respect to their motivation is different. When the schizophrenic is asked whether he thinks that his behaviour is a little odd, he screams, “What the hell do you know? I’m the one who’s really in touch with reality!” When the obsessive-compulsive gentleman is asked the same question, he calmly replies, “Yes, I suppose it is, but I still have to do it...as surely as if someone were holding a gun to my head.”

There is an epistemological difference here, which needs to be taken into account. One subject is not strictly aware of the anomalous character of their behaviour, while the other has such awareness but is still compelled to behave in a way that is contrary to

‘common sense.’ Anancastia is fundamentally paradoxical – at least within the limits of the Western canon concerning the measure of sanity.

It is easy to see why this kind of phenomenon has often been associated with possession. However, the paranormal baggage that is attached to it at a quasi-ontological level can actually be ignored. The question with which we must concern ourselves is, ‘why’ it ‘feels’ like possession.

An *Anancastic* person is someone who is obsessively compelled, seemingly against their will. The provocative subtitle, “...*suffering from a surfeit of truth*” refers to a functional (dysfunctional) structure of the phenomenon that has many different symptomatic moments (which Dostoevsky articulates with extraordinary insight and depth as a kind of insane clarity in his *Notes from the Underground*). We may call it a less effective faculty of forgetting or disavowing. The ritualistic forms of behaviour that enable the Anancastic person to focus – and simultaneously, to forget – constitute different kinds of *meditative* responses to their life-situation.

An ineffective faculty of forgetting is the essential component that shapes their form of lived-horizon. As I have already said, since the Western psychological tradition of pathologization is based upon a primarily behaviouristic perspective, the spectrum of phenomena known as Obsessive-Compulsive Disorder is generally defined from the outside-in. I want to discuss the genealogy of the movement of situation and response in the Anancastic person in terms of their ‘motivation.’ Let us feel our way through this field from the inside-out.

It is in these terms that this lecture shall take the form of the phenomenology of how one can say, in all truth, “Yeah, I know it’s crazy, but I have to do it anyway!”

So much for Freud's dictum: "where id was Ego shall be!" as if 'knowing' or transparency to oneself was the ultimate solution. Many of Freud's early case studies, which provided the material for his development of the theory of obsessional neurosis ("The Rat Man" is probably the most classic example), effectively describe the kinds of phenomena that are associated with Anancastia. This is ironic because O.C.D. is not strictly a neurosis, for reasons that I shall explain in a moment. It could be said that it comes closer to being a borderline psychosis (never quite stepping over the line, but constantly pushing it outwards). The self-understanding aspect of the consciousness of the person who has O.C.D. means that the subject only dances at the entrance to psychosis. It is the unreasonableness with which they are still compelled to act in certain ways, despite this self-understanding, that makes Anancastia such a difficult nexus of phenomena to understand. It should be noted that Obsessive-Compulsive Disorder (OCD) is popularly distinguished from Obsessive Compulsive Personality Disorder (OCPD) because people in the latter category do not appear to experience such a feeling of inner conflict (this apparent difference is intriguing and it would be worth examination on another occasion).

"The thoughts come when they want, not when I want!"

"I'm not the captain of my soul; I'm just the ship's boy!"

"I have no choice!"

"I am compelled to do it!"

Or even...

"It makes me do it!"

One cannot get away from a certain schizoid language. This is already underpinned in Freud's theory of psychoanalysis in the disjunction between *es* (it / id) and *Ich* (I / Ego).

But, what kind of fragmentation are we talking about in the case of the obsessive-compulsive person?

First of all, let us take a look at the label itself.

2. Obsessive-Compulsive Disorder

While recently doing a little surfing on the net, I came across the following set of definitions, which gives a standard description of obsessions and compulsions.ⁱⁱ

Obsessions as defined by (1), (2), (3), and (4):

(1) recurrent and persistent thoughts, impulses, or images that are experienced, at some time during the disturbance, as intrusive and inappropriate and that cause marked anxiety or distress.

(2) the thoughts, impulses, or images are not simply excessive worries about real-life problems.

The third definition gives us the meditative response to the background noise...

(3) the person attempts to ignore or suppress such thoughts, impulses, or images, or to neutralize them with some other thought or action.

It is the fourth definition that really disturbs the imagination – from an epistemological point of view...

(4) the person recognizes that the obsessional thoughts, impulses, or images are a product of his or her own mind (not imposed from without as in thought insertion).

Compulsions as defined by (1) and (2):

(1) repetitive behaviors (e.g., hand washing, ordering, checking) or mental acts (e.g., praying, counting, repeating words silently) that the person feels driven to perform in response to an obsession, or according to rules that must be applied rigidly.

The second definition gives us the apparent paradox of O.C.D....

(2) the behaviors or mental acts are aimed at preventing or reducing distress or preventing some dreaded event or situation; however, these behaviors or mental acts either are not connected in a realistic way with what they are designed to neutralize or prevent or are clearly excessive.

-- And: --

At some point during the course of the disorder, the person has

recognized that the obsessions or compulsions are excessive or unreasonable.

*Note: This does not **necessarily** apply to children.*

The obsessions or compulsions cause marked distress, are time consuming (take more than 1 hour a day), or significantly interfere with the person's normal routine, occupational (or academic) functioning, or usual social activities or relationships.

If another disorder is present, the content of the obsessions or compulsions is not restricted to it.

The disturbance is not due to the direct physiological effects of a substance (e.g., a drug of abuse, a medication) or a general medical condition.

Let us break some of this down.

Rituals and habits are the principal factors in the 'popular' recognition of the expression obsessive-compulsive disorder – e.g., excessive washing (this could be obsessive hand-washing – a kind of Lady Macbeth or Pontius Pilate syndrome), avoiding the cracks in the pavement or, alternatively, *only* walking on the cracks in the pavement, constantly re-checking things, etc. They are extremely repetitive forms of behaviour that are necessary to the individual in order to allay a great deal of stress. So, the activities are actually ways of coping.

However, these rituals consume a great deal of energy and time (including other people's patience). In other words, although they are forms of coping, on a practical day-to-day basis they represent problems in themselves. Therefore, even the *means* of coping with distress turns out to be yet another source of distress.

The standard behaviourist procedures that began in the sixties and carried on throughout the seventies – with a gradual shift toward the incorporation of drug therapy through the eighties and nineties – were an attempt to re-condition obsessive-compulsive patients out of their rituals. Some of the time this appeared to work and, at other times, it just caused the patients to substitute another set of rituals for those that preceded them. In the case of the appearance of success, there is no way of empirically determining to what degree the behavioural therapy helped because most people actually go through a period of intense obsessive behaviour at some point in their lives (being love-sick, for instance) and then simply grow out of it. In the second case, where the obsessives simply replaced one set of obsessions with another, the behavioural techniques of modification proved themselves to be insufficient precisely because they did not actually address the deeply sedimented *significance* of the motivation.

The habituated rituals of the obsessive person, for whom the compulsion to act out these behaviours is usually beyond their control, are actually in flux – just as life is, in general. They are only *relatively* inflexible – and only for a limited period of time. Since life is always context related, certain rituals may become insignificant. They, themselves, undergo change and find themselves replaced by others. Freud's cathetic flux and his discourse on the drives (*Triebe*) and their vicissitudes present us with reasonable models for what is going on in that there is a constant play of negotiation in which obsessive impulses can attach themselves to different objects (symbols), thus altering the significance, style, and intensity of the behaviour. It is often the case that throughout the

passage of one's life one does not so much resolve problems as find that they have simply become redundant through the changing *context* of one's existence.

However, the intense need for repetitive activity is always in play despite the different forms that it may take. But, this is far from saying that the behaviour has no intrinsic meaning on its own. It does, in abundance! It is highly symbolic. There is a symbolic connectedness between each form throughout the rule-based transition from one set of rituals to another and, as such, the way to understand this must lead us to a kind of hermeneutic of the living history of the individual.

When behavioural therapy is employed in these cases, the patient can, sometimes, be persuaded (or coerced / manipulated) to relinquish their particular forms of habituated behaviour. However, in severe cases they are usually replaced (substituted by other symbolic acts) at another point. What is particularly significant here is that it raises a disturbing moral issue. What right has anyone to impose his or her own normative values (and this includes the clinical horizon)?

We say, "Okay, the person is suffering, s/he is terribly unhappy. The obsessive is compelled to spend many hours doing whatever they feel that they *need* to do and they are incapable of living a fulfilling or 'practically functional' life."

However, this does not mean that it is a legitimate step to impose one idea of acceptable behaviour (with its own value system) over another. There is something violent about this – like proselytizing, evangelical missionarism. The point is to understand something of the internal logics of *why* particular obsessive-compulsive people do what they do. To reduce the lived-horizon of the subject to observable behaviour patterns is to make a category mistake regarding the principal problem – which resides in the intertwining of obsession and compulsion. The question: "why?" is completely ignored. It also obscures the very arbitrariness of the alternative value system that is actually being

imposed by the behavioural therapy / modification. Obsessive behaviour has content. It is inherently meaningful.

The most important point to remember – and this is what I shall show later on – the amelioration of the distress caused by the compulsions and obsessions lies in a certain kind of economy rather than in substitution. This economy is suggested by the life-horizon of the ‘individual’ and not by some universal normative value. One of the most important things to understand about the obsessive-compulsive person is that there does not seem to be a common aetiology that binds all the different cases together. It is a highly individualistic disorder (or *order in chaos*). What we are actually lacking here is consensus. The life-world of the Anancastic person represents something like a religion of One – where monotheism makes reference to the One who worships rather than to the One that is divine. I speak of religious faith because within the life-horizon of the obsessive-compulsive person it really has that degree of significance.

The three moments of this condition that are particularly relevant here are:

1. Repetition.
2. The obsessive need for symbolic acts (both behavioural and intellectual).
3. The ‘recognition’ of the purely symbolic nature of the rituals – which does not negate the urgency (compulsion) with which they must be inaugurated and maintained.

These dynamics are actually general operative elements in everyday behaviour. How would we get through the complexities of the day without habituated ritual? What we speak about here are differences in degree. Religious practice and superstition immediately

come to mind. The most significant difference between these modes of being and Anancastia is consensus.

There is a simultaneously funny and disturbing story about a man dressed in strange attire who was discreetly placed in a mental hospital after complaints were made about his ranting on a street corner. The following day, a 'group' of people dressed in exactly the same garb turned up demanding the release of their 'brother,' explaining that he had been doing nothing more than was required by the religion to which they all subscribed. He was promptly released.

3. Neurosis, Psychosis, Genetic Aberration?

Freud's early case studies actually describe obsessive-compulsive symptoms in people who were said to be suffering from obsessional neuroses. However, as already indicated, it is not clear that O.C.D. is a neurosis. It is certainly questionable if we adhere to the classic conception in which neurosis is the *product* of repression, because the life-horizon of the obsessive-compulsive person may be defined in terms of a pathological 'inability to repress.' It should be noted that the real difference here might just be a question of history and the evolution of language. Since Freudian language has been introjected into everyday language, providing the subtext of contemporary discourse, it may simply be the case that people with O.C.D. today just have a greater awareness of themselves because of the Freudian literary heritage into which they have been born as language speakers. This is a socio-psychological-linguistic consideration.

However, although language conditions us, there is also an important sense in which we condition language in uniquely individual forms by constituting our own associations at the symbolic level. We must also speak of languages within language. The concatenation of different meanings that occurs in the associative matrix (lived-world) of each language user can bring about the dissimulation of difference. Symbolic association can hold different meanings together in such a way as to make forgetting almost impossible through an inability to hold them apart. Therefore, we can also remain open to the suggestion that the Anancastic person is fundamentally attuned to that which already conditions Freudian language precisely *because* of a profound inability to repress. I raise the possibility of a dysfunctional faculty of forgetting, which cannot relax the chains of symbolic associations that link different meanings together – where the presence of one symbol is sufficient to trigger all the others in the chain. In this sense, it is the very inability of obsessive-compulsive people to switch themselves off (to forget) that distinguishes the Anancastic condition from that of neurosis.

There is another argument that sets O.C.D. apart from neurosis, which is basically biologicistic in orientation. In a relatively recent study that was performed in America – published by Judith L. Rapoport under the title *The Boy Who Couldn't Stop Washing* – it is suggested that hope for the obsessive-compulsive person primarily lies in the production of better drugs and further genetic research. It is maintained that the problem is a neurophysiological dysfunction. The report asserts that certain drugs (specific serotonin reuptake inhibitors, S.S.R.I.'s) that were designed to help alleviate depression actually help to suppress repetitive thinking. I must admit that this sounds a little odd because we would not get very far without repetitive thinking. I do not rule out the possibility that this may be the case in some way, but a more refined interpretation is required. Actually, what we are really talking about are processes of repetition that structure consciousness in the first place.

Perhaps, the Anancastic person is so self-attuned that these processes of repetition actually become conscious. Judith Rapoport suggests something along the lines that Obsessive-Compulsive Disorder is the result of deep-seated atavistic inclinations (often associated with nesting and grooming) being permanently switched on and somehow augmented in experience. The hypothesis is that obsessive compulsions are the result of this invasion by primitive instincts into consciousness, like a continuous echo of our primordial past disrupting the rhythm of the present. Instead of overflowing itself toward the future, the present appears to turn back on itself.

The biological orientation postulates that this nexus of instinctual drives lies in a dysfunction of the basal ganglia of the brain – which although it is not associated with intellectual functioning its primitive affects cannot be circumvented by the higher order faculties of mind, but only moderated to some extent. The idea here is that the brain learns to deal with this background noise at a higher level (by means of the implementation of certain kinds of behaviours) in compensation for its lack of ability to deal with it at a lower level. This is an interesting point of view, but it should be pointed out that finding correlations between particular physiological events and emotional, intellectual and behavioural events is one thing, establishing an actual relation of cause and effect (i.e., what is the origin of something else) is quite another.

However, one does not need to take up a position on the biologicistic perspective in order to appreciate the phenomenological-existential implications of a living present that is ruptured by our most primitive origins – where futurity means nothing more than the present repetition of an affective past that will not be forgotten.

What is required is a phenomenological study / description of the specific forms of temporalization that are in play in the life-horizon of the Anancastic person. We shall

displace the bio-logic of Obsessive-Compulsive Disorder by exploring the phenomenological poetics of Anancastia.

I must stress that we shall also suspend the biologicistic orientation toward the prospect of further genetic research being the only real source of hope for people with Obsessive-Compulsive Disorder. I find such an idea disturbingly insufficient in its ability to inspire any real hope. Firstly, even if it could be isolated in a particular gene or group, it is not clear how this would actually help someone who is already obsessive-compulsive. The most prevalent theory, at the moment, is that the condition is very likely to be passed on to the children of obsessive-compulsive parents. So, the prospect of genetic engineering is meant to give hope to the sufferers who would like to have offspring.

Rapoport spent a number of years studying the correlation between parents and children who have O.C.D. She argues that the correlation is not simply a product of the child taking up that which is observed (playing copycat), i.e., it is not a purely behavioural problem. The child does not simply observe the particular behaviour of an obsessive-compulsive parent and then adopt that precise pattern of activity. Rapoport says – and this is a significant observation – that the rituals and habits of the child are often very different from those played out by the parent[s]. However, they seem to share the same degree of anxiety and the same intense need for repetitive forms of behaviour. If this was a behavioural consideration, then surely they would have the same behavioural patterns as the parent[s]. This is a powerful argument against a purely behaviouristic approach to the problem.

If we are reduced to speaking about O.C.D. in terms of intensity of anxiety, which may be carried over genetically, then we are faced with a considerable problem. To quote from a fascinating movie on the subject of eugenics (entitled *Gattaca*): “Where is the gene for spirit?” The great essayist and lexicographer Samuel Johnson was Anancastic. So was

the brilliant Howard Hughes; aviator, inventor, and entrepreneur who, despite becoming a complete recluse later in life, would break out and have adventures during certain periods of remission (or avoidance). Although there is not any specific documentation as such, Immanuel Kant exhibited all the classic signs of obsessive-compulsive disorder. One example is his inflexibility regarding the route that he took to and from university. He could not even break this obsession when invited to accept a ride home in the rain.

In the case of these exceptional people, it is a little disturbing to wonder about the extent to which this Anancastic condition may have actually influenced their greatness. What is a curse to one person may well be a gift to another.

Rapoport suggests that the famous proto-minimalist composer Erik Satie may have had O.C.D. Among other things, his haunting, repetitive melodies express a particular fascination for the number three. It is comforting to imagine that his music may have been his way of calming himself. In this sense, his pathology is a beautiful gift to us.

I do not think that genetics is 'the' answer. I say this without qualification. And, I do so because I am a philosopher and not a scientist! It is far from being clear that science is employing the correct vocabulary and orientation for engaging with that which is truly significant in the case of this highly ordered-disorder. What stands out here is that, ultimately, the people who are classified as having obsessive-compulsive *DIS*-order are being subjected to a particular system of categorization that applies general normative values. It represents a political marginalization of a community that does not adhere to an accepted set of behavioural patterns and it presupposes that there is a normal level of sensitivity by which all people may be measured. This is patently absurd.

Remember the story about the fellow who was released from mental hospital because it was proved that he was a member of an officially listed religion? This is all about consensus.

A certain universalization or pathologization is also at work in Freud's psychoanalytic theory. This tendency towards generalization can only ever be a provisional step. What is also required is a more phenomenological-existential approach to the question of the possibility of interrogating the *particularity* of the life-horizon of the subject.

4. Habit and Homeliness

If we attend to phenomena like rituals and habits – what is it to *live* them? Jean-Paul Sartre outlined the basis of what would constitute an existential form of psychoanalysis in his book, *Being and Nothingness*. He placed considerable emphasis on the importance of always keeping the individuality of the analysand in mind when it came to the *form* of the analysis. This is in variance with Freud's tendencies toward universalization. There are indeed general conditions that bind humanity together, but each individual relates to them differently (Freud would clearly agree, despite his predilection for universalizing system-building). For instance, we all know that we are going to die, but the significance of this existential fact lies in what it means to us personally, religiously, ethically, etc. The interrogation of general conditions must be tempered by taking account of the particularity of its articulation within the life-horizon of each individual. The principal difference between Sartrean existential psychoanalysis and the Freudian form lies in the respective emphasis that is placed on different horizons of temporality. Sartre focuses on the futural thrust of consciousness and the ways in which it transcends the past, while Freud is

concerned to peel away the layers of the past in order to unearth the ways in which it affects the future.

Sartre's investigations on consciousness as Being-for-itself (*Être pour soi*) present us with an intentional horizon in which, quite literally, no one is at home. But, what about the home itself – habitation in general? Habitation – homeliness – refers us to habituation / habitus as the pre-reflexive language that is constitutive of the Self. Habit speaks of repetition, familiarity and the tracing of character or style, which expresses the possibility of Selfhood. The *lived-in* comfortable familiarity of where one lives has to do with the pre-reflexive nature of *how* one lives. It is a state of grace. However, it can be ruptured by anxiety. This produces both the space and the motivation of reflection, which forces one to be on the move (the authentic response). Habit can be a way of holding anxiety at bay in that it does not require reflection. It is a pre-reflexive behaviour, which can be inaugurated to disavow something, to forget in order to live in stasis (which is what Sartre calls Bad Faith [*mauvaise foi*]). Homelessness is not the answer, but the re-organization of habitus / habitat.

Habits and rituals are exemplary instances of 'passivity in activity' and 'activity in passivity.' Habituated activity does not require thought as such – in other words, it is a 'passive-active' performance. Nonetheless, habituated behavioural patterns are not to be deemed non-volitional – there is still an element of choice to be considered (which is not limited to the moment of its inauguration). At the same time a reflective turn may bring about an alteration in the habituated behaviour and even rob it of its influence – thus rendering it passive – by acting upon it. Despite the barely liminal nature of habituated performances – which gives them the right to be designated as passive (certainly from the point of view of 'conscious' experience) – they, themselves, are 'motivated.' Whether we should speak of an even *deeper* level here is open to conjecture – depending on the type of

model with which one is most comfortable. The metaphorical power of the word 'level' cannot be ignored in its capacity to conjure up the thought of the 'vertical' – for such motivations are certainly (to use another metaphor) more 'deeply sedimented.'

It is intriguing how certain animals (and human animals), when they find themselves in stressful situations, often lapse into ritualistic modes of behaviour that seem to ease their discomfort. Grooming and nesting behaviours are extremely common in a variety of different act-forms (e.g., some species of birds, when threatened by a competitor play out the habituated behaviour of preening themselves). Habit designates a way of being that is 'familiar' and non-threatening. Habituation / habitation is the *way* in which one lives.

Habit is homely – an active / passive performance or mode of being into which one can relax when the world appears *unheimlich* (un-homely, uncanny). The key point has to do with the need for a certain kind of 'repetition.' The Freudian concept of the 'pleasure principle' comes to mind here. Similarly, the idea of the 'death-drive,' as the motivated inversion of the 'pleasure principle,' suggests rich possibilities for speculation with reference to the different nuances of the issue of 'possession' (*habitus* is the root of possession – 'have' in English and 'Habe' in German – though Anancastia has less to do with possessing than the feeling of *being-possessed*).

The rituals of the obsessive-compulsive person all involve these elements, but they also require conscious participation if they are to fulfill their function, which distinguishes them from habits (in the more general sense). We shall return to this issue shortly.

If we look to the Kierkegaardian and Heideggerian concepts of anxiety, we find other ways in which to examine the question of the impulse constitutive of the development of habituated performances. This brings us back to the Latin connection: *habitat* / *habitus* – habit is the product of a motivation that takes the form of flight from that which is un-homely / uncanny (*unheimlich*).

However, unhomeliness has different connotations for different people. A general hermeneutic must ultimately surrender itself to one that takes account of the particularity of the individual who *lives* it.

For some people, ritualization is equiprimordially a praxis through which there can be a forgetting of that which induces stress and a catalyst to becoming fully conscious of what is normally just unthinking habit. In that sense there is something very Zen about what the Anancastic person does.

Consider the film *As Good as it Gets*. It was *almost* a brave attempt to take a serious look at the life of someone who has O.C.D., but in order to set it up to win a few Oscars the producers avoided a great deal (though the movie as a whole certainly deserved them). And so, if anyone remembers some of the scenes from the film, I would like to stimulate your memory by re-playing them in a more unexpurgated form in order to give a clearer idea of what is actually happening.

Not long after the opening sequence of the film, just after the scene where the principal character, played by Jack Nicholson, nervously runs around with a dog in the attempt to prevent it from urinating outside his apartment, we are given a demonstration of a couple of the characters' rituals. After returning to his apartment and going through an obsessional process of locking the door he goes to the bathroom and opens the cabinet above the sink – inside which is a stack of bars of soap. He takes one, washes his hands with the care and precision of a surgeon scrubbing up before performing surgery, drops it into a waste basket, takes another and then repeats the process (numerical sequences play an important part in the lives of many obsessive-compulsive people). The ritual that the character has to go through every time he opens and closes the door to his apartment is also a classic example. He has a number of locks that he has to manipulate in a particular sequence. It all seems to run very smoothly. It looks odd, but it does not appear to be

particularly distressing. What the film does not show is the time when the character has to stand at the door for hours on end because he cannot get the sequence right. This is the tragedy of Anancastia and most of the time it is actually like that. A high degree of perfection is required in each obsessive undertaking, which requires that the person be alert throughout the procedure. Thus, it is more a case of ritual than mere habit. The former does not tolerate imprecision, while the latter does not require mindfulness. This is one aspect of why O.C.D. is also known as the ‘doubting disease.’ The sufferer desperately strives to be sure that the ritual is performed with exactitude. Although the person has some degree of awareness that their activity is unrealistic or unreasonable, they find themselves compelled to perform their obsessional rituals all the same. The Anancastic person cannot stop.

The association between the ritual itself and what it is about (or what it is for) gives us the second aspect of why O.C.D. is known as the ‘doubting disease.’ The ritual is performed on behalf of something, e.g., to ward off a state of affairs that is regarded as taboo. The logic of the association is more often than not considered to be highly surreal by outsiders and, in many cases, this illogicality (or *a*-logic) does not go unnoticed by the one who lives in the act itself. However, as with superstition, the obsessive-compulsive person never feels quite sure that the association is nothing more than mere fancy, and like an obsessive gambler s/he is compelled to act out particular obsessive procedures according to a kind of blind faith in the promise of a workable ‘system.’ The possibility of absolute disproof falls simultaneously with the possibility of absolute proof. For the Anancastic person there is always an element of doubt, so the ritual must be carried out *just in case...*

The expenditure of energy is highly uneconomical. In sum, although there is awareness of the *unheimlich* / uncanny / unhomely nature of their condition, the obsessive-compulsive person is unable to get their house in *good* order – they cannot find economy.

5. Temporality and Forgetting.

Anancastic people who do eventually seek help (the desire to maintain secrecy about the condition is usually an obsession in itself) really have a major problem. In a certain sense, they have reached a point where a deeply situated faculty of forgetting has broken down. They are constantly distracted. Only through a process of forgetting – *of letting go* – can the present become past (and this is one of the primary intentional movements that makes consciousness possible in the first place). However, in the case of the obsessive-compulsive person, the thoughts and actions do not slip into the past, but replay themselves in a kind of eternal present: a Parmenidean nightmare.

This is the point at which I must introduce the concept of intentionality. Most importantly, it must be understood that intentionality should not be confused with psychological intentions. In phenomenology, the principal basis of the understanding of consciousness is that it is fundamentally transitive. Consciousness is always consciousness *of* something. The preposition ‘of’ gives us the defining characteristic of consciousness itself: its primordial intentionality.

Edmund Husserl, the father of modern phenomenology, developed a discourse on the intentionality of consciousness that provided a wholly new approach to temporality. Martin Heidegger followed in the footsteps of Husserl when he wrote about Being in the world as *Being-towards*. We, as Dasein (*Being-there* or *there-Being*), are thrust into the world and into futurity. We did not ask to be here and yet we find ourselves overwhelmed by responsibilities and an open nexus of possibilities lying before us. We have to take on responsibility; we have to make decisions.

Consciousness or Being is fundamentally temporal. In principle, Being and consciousness are other names for temporality. I am not talking about the objective time of the sciences, but '*lived* temporality,' which is not necessarily linear. It is the non-linearity of certain kinds of experience that really gives us some kind of indication about what is actually going on in the world horizon of someone who is 'compelled' to act out the same activity again and again.

This brings us to the theme of anxiety. Kierkegaard and Heidegger both define anxiety as an opening upon the future that is fundamentally objectless. In this sense, it is rigidly distinguished from fear, which always has an object. Anxiety is precisely the absence of an object. In Sartre's existentialist writing this is thematized as an index to our freedom, where lack signifies an open vista of possibilities.

The principal argument of these existential philosophers is that existence precedes essence – that we are primarily in time. The attempt to establish stasis – to stop time – is something for which we strive. It is comfortable. The idea of becoming is intrinsically uncomfortable. However, it is claimed that the impulse toward stasis is inauthentic. The proposition that existence precedes essence means that we define ourselves through movement – that we are intrinsically temporal beings. We are time travellers in pursuit of our unrealized selves, while inexorably propelled (or drawn) towards death.

For some people, this is a major problem. It is actually everyone's problem, but not everyone can find a way of coming to terms with the implications of time travel toward uncertainty and the inevitable point of death (the only certainty, but whose date always remains uncertain). Some people flee into inauthenticity and a kind of comfortable state of quasi-somnambulism, where immanent distractions veil the facticity of their temporal finitude. Some people (a very few) joyfully embrace becoming, while there are others who are authentically conscious of their temporality, but who cannot cope with it. Flight into

inauthentic obfuscation of their becoming is always ineffectual, because they cannot de-tune their consciousness from the awareness of their temporal facticity. Truly, this is to suffer from a surfeit of truth. This is not a content-laden truth with a capital ‘T,’ but the truth of contingency, the absence of certainty and the angst-filled attunement to an open future that is beyond one’s control.

If there is anything that truly distinguishes us from other animals (for we are, indeed, animals ourselves: human-animals), it seems to be the inordinate amount of time and energy that is spent in anxiety about death. Heidegger maintains that the finitude of human existence is that which gives us our momentum. It is that which makes us *do* something and to strive for significance.

Most significantly, in human temporality we do not begin with the infinite time of the sciences. *Lived-time* is fundamentally finite. Everything that one does is geared toward fulfillment at a certain point in time. For instance, if I am thirsty, I inaugurate a series of actions that will ultimately lead to the negation of the thirst. In other words, the impulse toward fulfillment is something that strives toward its own destruction in the future. First: I pour water into a kettle. Then I heat it and wait until it boils, while preparing a cup with a little milk and sugar. When the water has finally boiled, I pour it into a pot (after having heated the pot first), mix in a measure of tea and wait for the contents to brew. Eventually, I get to satiate the thirst that inaugurated the activity in the past. The motivation succeeds in annihilating itself. This is the fulfillment, the *petit mort*.

The point is that everything takes time. The present is nothing for itself. It is always a waiting-towards that which is not-yet. All actions are initiated in the face of a vacuum. There is a desire for fulfillment in the projection of a hole that waits to be filled.

When we live in a state of flux, where ideology, belief, religion, morality, familiar value systems, etc., (which are usually perceived in a static form) break down and are no

longer sufficient or relevant, anxiety creeps in. The most common way of dealing with this recognition of contingency is to slip into a form of activity that is familiar.

“Another cup of tea, anyone?”

One of the most important issues to consider regarding the obsessive-compulsive person is this: ‘all’ the mechanisms that are at work are familiar to all of us. What we are really talking about are differences in degree.

I keep mentioning the business of forgetting. If one thinks about it, if one is to be aware of the *passage* of time, then there has to be a kind of forgetting involved. This is the case *in principle* because linear time involves distinctions between past, present, and future. Of course the forgetting is not complete, but the *movement of forgetting* is, in a sense, the consciousness *of* the passing-over and thus the passing-away of the present into the past. This is the opening through which the ever-flowing new now finds its actualization and what was futural realizes itself in the present.

The Living-Present – *lebendige Gegenwart* – is a nexus of three horizons of temporality. The German word *Gegenwart* in connection to *lebendige* also means ‘a-waiting-towards’ something. It is in waiting toward nothing in particular with the awareness of a lack of necessity that we feel anxiety and tend to slip into the comfortable activity of repeating ourselves.

This question of forgetting is, of course, extremely important in Freud’s psychoanalytic horizon. His whole discourse on forgetting is encapsulated by his theory of repression. However, Freud would agree that forgetting is not to be considered simply in negative, repressive terms. This is implicated in his theory of the pre-conscious as distinguished from the unconscious.

Imagine that everything that you have ever experienced in your life was co-present in consciousness right now (rather like the idea of your life flashing before your eyes). You would be largely overwhelmed by useless data. The philosopher, Bergson, spoke of a kind of limiting valve at work in consciousness, where only that which was pertinent to the moment was actually visible (an idea that Aldous Huxley takes up in his book about his experience with mescaline: *The Doors of Perception*). Freud presents a similar model in his tri-partite structure of the psyche. He gives us a kind of conscious valve of the mind, behind which lies the pre-conscious. This is not the *unconscious*. It is a reserve of material that is invisible and yet it lies ready for re-actualization. There is no prohibition as such. It is just that it is affective without actually being conscious. This level coincides with the nexus of habitualities that unconsciously determines our *style* of existence. The material has not been repressed (*pushed-away*) and consigned to the unconscious, it is rather the case that the conscious dimension of experience has just *let-go-of-it*. Repression and simply *letting-go* are distinctly different kinds of phenomena. The latter involves a form of forgetting, while the former involves a forgetting of the forgetting.

Freudian Psychoanalysis and that of the Sartrean kind are both concerned about the deep-level phenomena associated with the *forgetting of the forgetting*. The reason for this is that the repression of something means that some faculty (a kind of censor) must be aware of that which requires suppression. However, if such a faculty were aware, then this would undermine the forgetting. Freud resolved this problem by introducing a second censor. The first censor is located at the interface between the conscious and the pre-conscious and the second censor is situated between the pre-conscious and the unconscious.

In phenomenology, there is not an unconscious as such. The language cannot be easily grafted on to psychoanalytic theory. The reason for this is that phenomenological discourse always defines consciousness as consciousness *of* something. So, the idea of an

unconscious for a phenomenologist is a logical absurdity, apart from anything else. However, if one looks at the language very carefully, one can see that it is possible to suspend some of the key forms of terminology and just focus on the phenomena involved. Does the theme of intentionality remain left over?

In Freud's later discourse on the *es* [it / id], where he speaks of *Triebe*, we find further references to the thought that not all that is unconscious has necessarily been repressed. There are elements of the psyche that have never actually been conscious. In the essay "The Instincts and their Vicissitudes," where "Instincts" is a misleading translation of the German word *Triebe*, which actually means 'drives,' Freud speaks about the *Triebe* being able to attach themselves to different objects. Even at this level, there is a certain kind of intentionality at work. There is only a problem if we make the assumption that there is some degree of self-consciousness involved. This is not the case. Neither is it the case in phenomenology, which stresses that consciousness, although directed, is primarily *pre-reflexive*. In other words, consciousness is just busy with things / projects. It is not imprisoned in the head and we do not primarily experience the world by looking at ourselves experiencing the world, as if we always take up a position in relation to our experience. We just *live* it. Consciousness is principally *non-positionally* related to itself as a positional directedness toward something. For instance, when I relate to the world with joy, I am not principally relating to the joy itself. Joy is the *lived-mode* of my *being-towards* the world – the existential tonality of my *relating-to* it. Much of everyday experience is unconscious, in the sense that it is pre-reflexive. Like a horizon, it recedes into the background. Our *lived mode of being-towards* things is not an object of consciousness. Only at the level of a reflective turn can it become an object *for* consciousness. Therefore, if one analyzes the different forms of terminology carefully, in terms of the actual phenomena that are involved, then it is possible to find ways of

establishing a common ground where the language of phenomenology and that of psychoanalysis can at least enter into dialogue with one another. Inevitably, there is slippage, but within tolerable limits. It should be noted that both Freud and Husserl were inspired by Franz Brentano's discourse on intentionality.

Okay, so why do I keep coming back to the business of forgetting? There is yet another form that requires description. You have heard of how people in certain professions, like doctors, policemen, social workers, firemen, soldiers, etc. encounter horrific situations and intense suffering on a regular basis. If you are like me, you probably wonder how they cope with it. In a way, it involves a kind of forgetting. Doubtless, you are aware of the standard scenario:

“At those times when I get home from the hospital, after a particularly traumatic working day having seen people suffer and die, I feel relieved to shut the door of my apartment and leave it all behind me. I sit in front of the television with a stiff drink and that's it. I have put it out of my mind.”

Fascinating! Some people can actually do this. Such people are very fortunate (and very necessary to society in general). However, some people are not so adept at shutting out the unpleasantness of the world. The kind of forgetting that is indicated here is not really discussed in Freudian theory. This is a positive form of suppression, which is not so much repression as a form of *letting-go* (this distinction defines the difference between that which slips into the pre-conscious and that which is pushed into the unconscious). Such a form of forgetting is a fundamentally necessary component of healthy mental functioning. Imagine if you were to be instantaneously overwhelmed by concerns, fears, anxieties, dreams, past experiences, etc., that would not go away (perhaps because some of these experiences had

not been properly resolved). What would it be like if all this were co-present? It would drive you crazy.

In a way, this is the life horizon of the obsessive-compulsive person.

Is this a sickness?

From a certain point of view, it could be argued that such a dysfunctional faculty of forgetting would be eminently desirable to a philosopher (or anyone who is searching for truth with or without a capital 'T'). This would certainly be the Nietzschean way; simply to face it head on. It is an impossible way to live, or at least extremely difficult, for it is truly to suffer from a *surfeit* of truth. Freud maintains that repression or disavowal is a violent act against oneself. The life-horizon of the Anancastic person would seem to be fairly non-violent – at least in these terms – because there is a lack of ability to repress. Of course, violence to oneself can express itself in many different ways and an inability to forget in these terms indicates a form of violence that *feels* as though it emanates from something alien within oneself.

For the Anancastic person, the problem does not *seem* to lie in simply letting go of the images and feelings that produce distress, but in the feeling that these repetitive entities will not let go of them.

6. Order in Chaos and Chaos in Order

1. Sickness? – A certain kind of normative value is at work in such an evaluation. Its very ‘generality’ means that it employs a logic that is inappropriate to the subject’s own lived experience of meaning: their *individual* life-horizon.
2. I take up a similar position to Michel Foucault when I say that Western clinical psychological pathologization is, in many cases, a violent application of ungrounded normative values and is a form of political marginalization.
3. To what extent is Anancastia a medical problem? I claim, in the absence of sound empirical data concerning the postulation that it is a biological dysfunction, that it is principally a philosophical problem.
4. The problem of listening. The counsellor must initiate an *epoché* regarding the manner in which he or she listens. This *epoché* involves the suspension of one’s values, to be aware of one’s own projective tendencies and to strive toward a utopic orientation – which is to say NO-PLACE. One must listen, as Nietzsche says, with ears behind the ears.

If one is to engage with someone who is diagnosed as obsessive-compulsive, the most urgent problem is one of trust. It is significant that part of the territory of the obsessive lies in the unwillingness to actually say anything about their situation. Keeping it a secret is just part and parcel of the whole condition. There are many reasons why:

In some cases, it is found that the higher the intelligence, the more bizarre and complex the behaviour. These people do not get much sympathy from others because the standard logic is this:

“You seem to be an intelligent person. Why do you do these things? You know it’s crazy, don’t you?”

“I can see, why *you* think it’s crazy, but I *have* to do it anyway.”

“Pull your socks up and start living in the ‘real’ world! When I was your age...”

People do not flourish very well in that kind of situation, so it is often just easier to keep quiet about it. Some people become completely incapacitated by the rituals. Although they are ways of easing anxiety (consider the Zen idea of meditation: ‘walking when walking,’ ‘reading when reading,’ etc., in which the coincidence of intention and act is the precise meaning of being focused, while simultaneously being a kind of forgetting or emptying of oneself), they can be debilitating in themselves. Unfortunately, in the case of some Anancastic people, the compulsions can become so intense, so complex and protracted, that the rituals become the principal problem.

So, one has to help to find a better economy – but how does one do that? When the obsessive-compulsive person is caught up in the middle of that kind of ritualistic activity, where it assumes the status of absolute necessity (even though there is a part of them that says: “But I don’t really need to do it. But, I do...”) – how can they begin to deal with it themselves? Often the Anancastic person cannot. But, then you see someone trying to assist on the outside would not be able to help either. The point is to be able to really *listen* – to understand the internal logics of what it is to *live* through the rituals; to appreciate the true force of the compulsion and the *lived* symbolic associations at work in the obsessions. Only then is it possible to inaugurate a deconstruction of this living horizon.

Deconstruction is a radical movement in contemporary philosophical critical theory, which does not engage with that which is to be deconstructed from an alternative position,

but by situating itself within its space. The idea is that in deconstruction the system that gives itself up to critique actually deconstructs itself. Therefore, in a way, by adopting this attitude, the therapist becomes a mediator between the subject and the subject. There is not any imposition of ‘external’ normative values.

5. The analysand may be helped to facilitate a deconstruction of the narrative forms by which they define their life. This is not to say that the therapist is to force another perspective upon the subject, but to ease them through a process of deconstructing themselves: to learn how ‘not’ to simply *trust* their instincts and to open them up to some degree of suspicion. It is to be the midwife of alternative narratives within the life-horizon of the subject. In essence, this is the maieutic method of Socrates. There is no violence here. We do not have the injustice of one logic or language overwhelming another (I am thinking of the way in which Jean-Francois Lyotard speaks of injustice being rooted in a *différend*: a moment of incommensurability between heterogeneous language games). What is required is more a case of critique in the Kantian sense: the dialogue within soliloquy.

In sum, a dialogue is to be initiated between subjects and their own demons. But, here the styles of dialogue are ostensibly open. The subject does not get lost in any process of systematization and thus pathologization. Each individual is unique. It must be reiterated that no one has been able to find a common aetiology that connects all the forms of Anancastia. It is also the case that the feverish activities of geneticists in their attempts to isolate a gene responsible for O.C.D. have been unsuccessful.

Obsessive-compulsive disorder is an exemplary instance of individualistic dis-order (*lo beseder* – literally, ‘not in order’ⁱⁱⁱ). It is also a highly ordered disorder. In a way, the

obsessive-compulsive person is saying to the world, “Order! You want order? I’ll show you order!”

However, this order is irreducible to the limits of Aristotelian logic and the principle of non-contradiction. It radically reintroduces the vast spectrum of the excluded middle. The logics are not easily understandable, but that is okay. The point is to *strive* toward understanding the logics as they are within the realm of the *lived* experience of that individual, which is not an easy task. However, as I said earlier, the biggest problem is one of trust: how to initiate discourse (a true dialogue) between the analyst and the one who suffers.

And, I think that’s it really, because rather than go on unearthing more philosophical detail, I’d rather just discuss these issues, and bring them back to a general day-to-day level. It would be interesting for us to just sit and talk about what we think we mean by ritual, habit, compulsion, forgetting, etc. and what they mean to us in our day-to-day lives – because another fascinating thing about the obsessive-compulsive condition is that most people seem to exhibit some of its characteristics at some point in their lives. It does not last. I do not think that these people should be *radically* distinguished from those who are said to be pathologically obsessive-compulsive. I just think that for some it is a more effective way of dealing with life than it is for others. It may be the case that, for some, this form of excessive behaviour just becomes irrelevant.

This returns us to an important consideration. How often do we actually resolve problems in our lives? Is it not true, that it is more often the case that after a period of time certain problems just simply become irrelevant, because the day-to-day context of our lives has changed? As an extension of this thought, the historical flux – the living-through of continuous change – can also turn back upon itself thereby bringing about a reversion to a former state where old problems can re-emerge. This seems to be the case with severe cases

of O.C.D. Again, this is a question of a certain type of memory – a particular past remaining co-present with what is happening in the present. It does not go away; it merely fades out from time to time.

I would like to establish the transition from lecture to workshop by relating this curious phenomenon to the impossibility of committing suicide by sticking one's head in a bucket of water. Your body will not let you. Now, if you have ever been in a car crash (I particularly like this example), you probably have a very clear memory of the events leading right up to the accident (though it may have all sped by at the time). In most cases, it is almost as if a time dilation has occurred. You become very aware of minute details flashing before your eyes, as if in slow motion, and you can retain most of them. You may be able to remember the details surrounding the accident with extraordinary accuracy. The phenomenon is absolutely amazing! However, there is one thing that you will not be able to remember though – and that is the pain. You may be able to remember that there *was* pain, but this is far from remembering the pain itself – you are not *re-living* it. Here, we are talking about two different forms of memory. I am not talking about remembering the pain as an object – as a 'past event' – but about re-experiencing the pain as a *way of being in the present*. The fascinating thing is that your brain will not let you do this. It is similar to your inability to drown yourself by sticking your head in a bucket of water since your body will go into survival-reflex mode regardless of your conscious intentions.

In the case of an obsessive-compulsive person, it is *as if* this mechanism does not work properly. In most cases, the mind or brain (depending on one's language and orientation), will not remember (or allow one to remember) periods of intense suffering *as one originally suffered* them. Imagine if whatever faculty it is in our minds that will not allow us to re-experience the pain (when we are recalling a particularly painful event in our lives) did not function correctly.

Normally, it has nothing to do with consciousness in the traditional sense and nothing to do with volition or repression in the Freudian sense. You have nothing to do with it; you cannot remember. It is possible that you might remember under hypnosis, but ordinarily it is not available for *re*-iteration. Imagine that this faculty of obfuscation was somehow ineffective. In this sense, you can begin to grasp what day-to-day life is like for an obsessive-compulsive person.

We all know what it is like to suffer a sleepless night from time to time. Anxieties and troublesome images play themselves out in the theatre of the mind and one is powerless to stop the show. Eventually, one gets to sleep and it is no longer a problem. Imagine if your head was like that ‘all’ the time!

The ritualistic playing out of certain forms of behaviour is a way of dealing with ideas and images that will not be forgotten. In the case of the obsessive-compulsive person, this kind of *remembering-run-wild* is the basic sense of what it is to suffer from a surfeit of truth.

Thank you.

Dr. Shlomit Shuster: Thank you. So, let’s have a little break now and then we can have a discussion and ask some questions, etc. (**Break**).

Part Two – Discussion

Dr. Shlomit Shuster: I got the impression that it is not suffering from a surfeit of truth, but too much memory, or a lack of memory. I don't really understand how these two interact, or maybe I misunderstood...

Dr. Louis Sandowsky: Actually, you've pretty much got it right. I want you to think about what it would be like if many of the past traumatic instances in your life could be remembered. I don't mean remembered *as memories* – objects of memory, but as *ways of being* – actually physically re-experiencing the pain in the present. It would be pretty awful. Of course, your brain won't let you.

Stanley Kubrick's film adaptation of Anthony Burgess's novel, *A Clockwork Orange* is a good visual and auditory example of what I'm trying to get at. Basically, the principal protagonist (little Alex) is imprisoned for murdering someone. He desperately wants his freedom and so he volunteers to be subjected to a special re-training programme – a kind of Pavlovian therapy – that is being developed. Over a period of about two-weeks, a drug is administered each day while he is strapped to a chair and forced to watch horrific films. He cannot avoid the images because his head is held firmly in a brace and his eyelids are held apart by the same contraption. After a period of time, an association develops between the drug, which makes him feel as though he is going to die, and the images of violence that are played out on the cinema screen (including an association with the soundtrack, which makes it impossible for him to listen to the Ninth Symphony of his favourite composer, Beethoven). Eventually, he can't even have a violent thought, without an accompanying sensation of nausea and the feeling that he is going to “snuff it.” What he

has to do is think up the diametrical opposition to the violent impulse or thought, in order to negate the pain and to feel comfortable again. In other words, he has to deny the truth of what is really going on in his mind.

I would like you to think about this image of little Alex for a while – a captive audience, strapped to a chair in which he can't even close his eyes. Now, imagine what it would be like if one's day-to-day experience actually took that form. In a sense, it is the worst-case scenario of Nietzsche's comment that 'a thought comes when it wants, not when I want.'

The question is, how can you face all the distinctly unpleasant images; how do you deal with that? The ritualistic form of behaviour is something that is implemented as a way of distracting oneself from the distractions. It is to become focused. The intensity with which these activities are carried out is directly correlative to the intensity of the images played out in the mind. This again refers to the idea of possession. It is like: "*It* made me do it! You cannot get away from the schizoid language. However, at the same time one knows that these images are one's own products. They seem to have a life of their own and they are often intolerable. It is *as if* the problem does not so much rest with an inability to forget them as their unwillingness to forget you.

The ritualistic form of behaviour is a way of coping by disavowing or forgetting. The life-world of the Anancastic person is one in which it is far from easy to set aside the images that cause distress. So, you generally find, that these people are not attracted to the kinds of careers that involve working with sick people, or those who are terminally ill, etc. – because they do not have suitable defence mechanisms that will allow them to leave the images behind at the end of the day.

2nd auditor: So, what the obsessive-compulsive person strives to reach is the opposite thing to a philosopher, because the philosopher is trying to remember – to recollect in order to break through the banality of the everyday.

Dr. Sandowsky: Well, that is a definition of one type of philosopher. In a sense, the obsessive-compulsive person is desperately ‘striving’ after the banality of the everyday. I remember someone (who had O.C.D.) saying to me that there were occasionally ‘window-periods.’ This was his way of describing the times when everything was okay, when he would undergo a period of remission (not just a period of avoidance) and life became comparatively normal. It was so amazing, so singularly exotic for him to be able to do things normally, without having to spend two and a half-hours doing...what did he do? Oh yes, part of it had to do with an excessive need to wash and to re-check things. He was sometimes clear of this for a few weeks and it was such an extraordinary way of life by comparison. This represents something extremely mundane to us of course.

In these terms, obsessive-compulsive people can represent the opposite to what the philosopher wants to achieve, but then there is another sense in which they strive to reveal the profundity in what the philosopher might disregard as the merely ‘everyday.’ The obsessive-compulsive person is not content to allow much of what is normally treated as unconscious habituated behaviour to remain unconscious. Control lies in awareness. The rituals are normally about the striving toward being conscious of the activity during its actual performance, whereas most of us have faith in our ability to carry out these performances unconsciously. In fact, we could also say that the Anancastic person, in another respect, elects to suffer a surfeit of truth because their idea of self control often has to do with a desire to be conscious of everything all the time – *knowing the knowing* (which is yet another reason why O.C.D. is sometimes referred to as the ‘*doubting disease*’). This

is an exhausting way to live. So, although we could say that the obsessive-compulsive person is eminently philosophical in their approach to the everyday, we could equally say that there is a component in their psyche that also yearns for a vacation from the philosophic attitude – to restore the banality to the mundane.

3rd auditor: So, maybe the problem is in treating Anancastia as a sickness, which generally disregards the issue of motivation?

Dr. Sandowsky: Yes. This is a most important point! In the early behaviouristic approach to O.C.D., this issue was not really addressed. Usually, the question of motivation was dismissed simply because the patient was considered to be sick, which somehow nullified the validity of the motivation in the eyes of the clinician. There is something rather revolting about this, as if the patient has been subjected to a form of categorization that is designed to rob them of some degree of humanity. In many cases, even when behavioural therapy helped, the symptoms would recur at a later point in time or different, but associated, forms of ritual would emerge because the issue of motivation was never addressed at a human level.

4th auditor: Are the compulsions necessarily symbolic?

Dr. Sandowsky: Yes. They are highly symbolic.

4th auditor: Why do they have to be individual? Many of the symptoms appear to be very similar.

Dr. Sandowsky: Oh, but that's not all there is to it. I think that you may be getting caught up in the standard paradigm. That's the one that we see on TV, in the theatre and in the comic strips. That's what we hear the jokes about. However, it goes far deeper than that. These are the recognizable symptoms, but the fact is that most people with O.C.D. are simply unrecognizable. They don't let you know

There are certain patterns of behaviour that are seen as fairly universal. Similarly, on a transcendental level, one can also say that there are certain conditions inherent in any given experience that are the same regardless of who you are. But then, this has to do with specific forms of mental functioning that have to be in play if we are to be conscious and embodied beings at all. However, the way in which these functions manifest themselves through each individual history – in each individual context – is going to be quite different. You may find ten people who share in a compulsive need to wash, but whereas one person may be content to wash twice, another person may have to do so five times, then take a new bar of soap and begin the sequence again, but according to a different numerical configuration. Yet another person may have to dry him or herself between each bout of washing and another may have to say a little mantra at the beginning of each sequence. The point is that the behaviour is individualistic precisely because their *reasons* are highly individualistic. The key to the individual significance lies in the individuality of the history of each subject. It is so terribly dangerous to generalize, but this *generally* happens in any attempt to find some kind of magic bullet. I'm not saying that the attempt to unearth a general biological aetiology is not a worthwhile project, I am just saying that one must be careful not to lose the subjectivity of the subject – i.e., their lived-experience, their reasons for the *apparent* unreasonableness of their motivation.

Dr. Schuster: And maybe the understanding of these reasons and an understanding about the patterns of symbolic association that are at work could, I think, help the person begin to open up to alternatives.

Dr. Sandowsky: You are talking about someone else understanding them and engaging in a dialogue?

Dr. Schuster: Right. These kinds of phenomena are very interesting, but I am also aware of how painful they are for many people. I remember a particular person who came to me for a consultation who exhibited Anancastic characteristics. He had a compulsion to wash his hands whenever he touched letters, e.g., a newspaper. While he talked about this, I was trying to understand how it felt. It was a most incredible story. What I remember of it may not be one hundred per cent accurate, but it had something to do with flies. At one time, when he was reading the Tanakh, he noticed that flies had landed on the text and were crawling over it. In some way, an association was set up between the defiled book of the Torah and newspapers. It literally developed into this: any letter that he touched (something that was written) he was compelled to wash his hands. I had the feeling that it was somehow a religious obsession – or at least, that was the origin of his need. Maybe I am wrong, but...

Dr. Sandowsky: No...this is a fascinating observation. I mentioned the analogous elements between Anancastia and religion earlier this evening, while placing emphasis on the only real difference being one of consensus. In a sense, the need is identical. Anancastia is constantly steering between the two absolutes of the holy and the profane. The logics are analogous at many significant points.

The difference – that I’m primarily interested in with respect to the issue of categorization or pathologization – lies in consensus, while the impulse itself (whether individual or communal) is virtually identical. For instance, if one knew nothing about the Jewish religion and its history, while watching a gentleman praying by the Wailing Wall, then his long black coat, funny hat and his forward and backward motion would all seem rather peculiar. Of course, this has meaning. You may not understand the meaning, but once you notice that there are others bobbing backwards and forwards (also looking as though they have stepped out of the nineteenth century) then the activity becomes easier on the eye. Even in one’s ignorance, one can accept it because they are all doing exactly the same thing. However, in the case of the obsessive-compulsive person, we find a religion of One.

5th auditor: Religious people don’t have this conflict...they choose to believe in a certain religion.

Dr. Sandowsky: Choose to believe? In what sense do they choose? Sometimes it is simply important to feel a member of a community, feeling this consensus. It is also the case that many people, who are outwardly religious in their behaviour, in that they observe the relevant rituals, are not actually investing themselves spiritually. In this sense, they are acting habitually without focusing on the actual meaning of the ritual. Or, to take another example of outward show, I remember the Jewish services that I went to as a child in London, England – where everyone read in Hebrew without actually knowing the language. They had learned to correlate sounds with Hebrew letters, that was all...and of course, they knew the tunes.

In a sense, Anancastic people are more authentically religious precisely because they are aware of what they are doing – although they choose not to let you into their little secret.

5th auditor: But, to get back to the example of ultra-religious Jews moving their bodies back and forth, you don't feel like saying "I don't want to move my body like that!"

3rd auditor: There is meaning to it.

Dr. Sandowsky: Precisely. Which is why the obsessive-compulsive person usually doesn't resist their compulsion to behave in certain ways either (although there are times when the Anancastic may practice a form of avoidance). But, the real point here is that the meaning isn't shared.

6th auditor: But, in religion, people get together. That's the point!

Dr. Sandowsky: Exactly.

6th auditor: Here, Anancastics actually hide from each other. If one obsessive-compulsive person meets another – is there any sense of relief knowing that someone else shares that condition, or not?

Dr. Sandowsky: I imagine that there would be. There is implicit understanding to begin with. I think that they would be better able to listen to one another, even if their symptoms were completely different. In a way, you might say that it would be beneficial if the

therapist treating those who have O.C.D. also had O.C.D. But, this need not be a prerequisite to understanding, it is just that it is vital that the therapist be capable of making a sufficient empathic leap of imagination in order to strive toward actual communication.

6th auditor: Is it a matter of being able to relate to the rituals and habits?

Dr. Sandowsky: Yes, this is certainly part of it. The thing is here that the natural defence mechanisms in the obsessive-compulsive person seem to be less effective. And, this is also the mark of an empathic person because, in principle, one has to be open to the emotions of another. At that point, if you are highly empathic, it may be difficult to tell where you end and the Other begins. This is the case with certain kinds of memory. As I said, citing Nietzsche, “a thought comes when it wants and not when I want.” How one brings about some kind of regulation of these thoughts or images that flow through the mind depends on many different things. Obsessive ritual is one way of dealing with it. We all know this kind of reaction. When we are stressed out, we might go and wash the dishes, spring-clean, go for a run, make a meal or reach for the vacuum cleaner. This has to be the starting-point of the dialogue

4th auditor: Perhaps it is the case that many housekeepers have O.C.D.?

Dr. Sandowsky: Perhaps, but only if they are good housekeepers. Then their obsession becomes an asset – although their families may not agree. I’m just joking of course, because such people are truly housekeepers from Hell. They don’t know how to stop.

“Don’t put your feet on there, I’ve just cleaned it! Put that plastic cover back on the chair and don’t disturb those cushions, it took ages to arrange them! You know how everything must be just ‘right’!...’

4th auditor: But, in a way, it’s legitimizing.

6th auditor: It gives meaning to their existence.

Dr. Sandowsky: Yes, to a certain extent that is true. However, I should remind you about the apparent difference between people who have Obsessive-Compulsive Disorder and those who have Obsessive Compulsive Personality Disorder. In the case of the latter, there isn’t necessarily the consciousness that the problem lies within themselves – and it is the *Anancastic consciousness of Self* that interests me. Consider what I said earlier on, about how obsessive-compulsive people are aware of the unreasonableness of their compulsions, but incapable of resisting them. This tends to undermine Freud’s idea that “Where id was, ego shall be.” In many cases, there is a *kind* of knowing and yet Anancastic people can’t help doing what they do.

6th auditor: That relates to a question that I would like to ask. There was a part in your speech where you tried to find a correlation between Freud’s psychoanalytical theory (where the id is supposed to be Other to consciousness) and phenomenological discourse on consciousness. You said that you were trying to find common ground.

Dr. Sandowsky: Which is very difficult.

6th auditor: Yes – and I don't see why – because the id is intentional. In fact, it's all intentions!

Dr. Sandowsky: Well, my discourse was set up to make it sound that way. However, I think that Freud would have to agree, to some extent. This is implicated in his essay “The Drives and their Vicissitudes,” where he indicates that the drives have directionality.

6th auditor: So, we are just not conscious of it? In that case, I don't see why there is a problem with respect to finding a common ground. It sounds to me like the notion of the id is perfectly compatible with phenomenological consciousness, not as something upon which we reflect, but as something that intends. It is still directed towards something. Actually, it makes a lot of sense because there are many intentions about which we are unaware, but they are still there. Even if one says, “Okay! I know this is bad!” However, there is something that we are not connected to that intends it – so I don't see why, from the phenomenological point of view, that it doesn't fit.

Dr. Sandowsky: Okay. First of all, are you aware of the logics at work in Sartre's discourse on Bad Faith? He argued that the notion of an unconscious was unnecessary and paradoxical. His early investigations were conducted in the field of phenomenological ontology. That is, he employed the language of phenomenology to engage with certain existential questions. And, the cornerstone of phenomenology is the proposition that consciousness is intentional: consciousness is always consciousness *of* something. This view releases it from the container conception of consciousness, in which it is imprisoned in a box. Consciousness is always directed towards something. It is nothing for itself. It is always already outside itself amongst the things in the world. The relation between

consciousness and itself is always mediated through the consciousness of that which it is not. So, there is a process of negation involved. And, this relation between consciousness and itself through something Other is not Self-consciousness. It is much earlier than this higher order phenomenon. It is like the difference between reading a book and watching oneself reading it – as if one was hovering above oneself observing one’s activity instead of just *living in the activity*. Of course, everyday experience is not primarily like that. In the case of the book, one is transported by the narrative form into the scenario of the text, leaving one’s Self behind. How often do we like to forget ourselves by escaping into a good novel?

In sum, we are talking about two distinct types of reflexivity. The point is that most of our lives are lived unconsciously – when that which is not conscious is understood to be prior to observation of Self or Self-reflection. It is the difference between living in the motivation and subjecting the motivation to critique. Now, it is far from being clear that Freud’s discourse is reducible to this conception of the conscious. So, there is still a problem regarding the degree to which one can graft the phenomenological language of intentional consciousness onto the Freudian conception of the psyche and vice versa. The point is that the two types of reflexivity about which I have been speaking give us the difference between experiencing and the transformation of the experience into an object of experience. So, to return to the example of reading a book, one is first transported into the text *through* the narrative before inaugurating a reflexive shift upon the narrative form itself, perhaps with the intention of subjecting it to a critique of the grammatical style or to a hermeneutical analysis of a certain ideological or cultural subtext. We don’t normally do this when we read.

6th auditor: In a way, we do. There is always a measure of reflection.

Dr. Sandowsky: A ‘measure’ of reflexivity, yes. However, reflection, in the classical sense, is like focusing upon a mechanism of transportation for its own sake rather than just being transported by it. Therefore, Sartre and Merleau-Ponty could also say that there are essential aspects of the functioning of consciousness that are unconscious. Perception is made up of margins of invisibility, where there are degrees of givenness – extending between the *immanence of the foreground* of the given and the *transcendence of the horizon* of its givenness – which includes what one would ordinarily call internal experience. The problem is that, at an academic level, Sartre’s early critique tends to lead to the impression that the unconscious must mean unconsciousness – thus leading to paradox – which is why we find the expression substituted by Bad Faith.

It does not mean unconsciousness! It is unconscious – and the conscious is really the reflexive part of the psyche. The id is not unconsciousness. Freud uses the expression, psyche (rather than consciousness), even at this depth. I’ve already mentioned the inappropriately translated “The Instincts (*Triebe* – drives) and their Vicissitudes,” and the fact that Freud talks about the ways in which the drives are attached to certain objects, but because they often cannot fulfill themselves (due to the intervention of the superego, reality-principle, or for whatever reason), they end up attaching themselves to different objects. The point is that they are always directed toward some object in some way. There is intentionality / directedness even at that level. However, at the same time, Freud is also concerned to talk about things that have never actually been conscious. This represents a radicalization of his discourse on the unconscious in the earlier part of his career, in which the unconscious was not really anything more than a way of addressing the issue of repression.

Freud became fascinated in the part of the psyche that has always been unconscious. In the earlier part of his career, he talked about mechanisms of repression and came up with the notion of the unconscious as a kind of depository of repressed material. In his later period, Freud introduced the notion of the id by saying that we basically begin in the unconscious and that a part of the developing ego always remains unconscious. So, he is talking about elements of the psyche that have never actually been conscious, not just simply things that have been repressed and locked away in the unconscious, but unconscious mental functions. This is a very necessary part of the psyche itself.

As for the difference between Sartrean Bad Faith and the Freudian notion of unconscious repression, well it is a significant difference that is outlined in the latter's essay "Some Elementary Lessons in Psychoanalysis" (1938 [1940]). It anticipates Sartre's objection to the concept of the unconscious and shows how its substitution by the notion of Bad Faith is insufficient.

We are given a story about a gentleman who is hypnotized. While he is in this state, he is told that he must open an umbrella on a certain signal once he is awake. Okay, so when he is brought out of his trance, he remembers nothing of this command and at the time of the designated signal, he does indeed open his umbrella. The hypnotist then asks him why he did this. In order to mask his embarrassment, he makes a reasonable excuse – a rationalization. Now it could be the case that the subject may convince himself, as a way of dealing with the embarrassment, that this was the actual reason – and that would be Bad Faith. However, the point is that he really does not actually know the reason why he did it, regardless of what he tells himself. In other words, Sartre's Bad Faith merely skates along the surface of a much deeper phenomenon that is more adequately grasped in Freudian discourse. At an academic level, I think that the most interesting writing on this subject is to be found in the work of Paul Ricoeur and that of Merleau-Ponty. And, the most sensational

writer, who constantly returns to this area, is Jacques Derrida, the creator of the strategy of critique known as deconstruction.

In sum, the answer regarding the question about whether the unconscious is intentional or not would have to be yes (but with ‘many’ reservations). In this sense, the unconscious is not unconsciousness. One can find a relatively stable middle ground for common discourse. I think that Irvin D. Yalom is highly successful in achieving this middle ground in his marvellous novel: *When Nietzsche Wept*. This text gives us an imaginary encounter between the proto-existentialist Nietzsche and the proto Freudian Breuer. The most striking aspect of this encounter is that neither the existentialist orientation nor that of the Freudian kind is sufficient on its own. It is only when they enter into dialogue with one another that they truly start to come to life.

6th auditor: So, we are talking about an aspect of consciousness – maybe consciousness isn’t the right word – a kind of intentionality that is not available for rational critique. It is not available for us to reflect upon it.

Dr. Sandowsky: Yes, that’s about right.

6th auditor: So, if this reflection is what we confine consciousness to...of course it becomes paradoxical. But, it does not have to be – confined to this part, I mean.

Dr. Sandowsky: Well, in the case of the obsessive-compulsive person, this reflective level of consciousness is usually very highly developed – though not necessarily in children, of course.

6th auditor: Right. It kind of takes over.

Dr. Sandowsky: Yes. However, it is insufficient in dealing with the impulses / compulsions and this is why I would say that at different times in different cultures and societies, these people have probably been said to be possessed. How else is one to explain this kind of phenomenon – where knowing doesn't make a blind bit of difference to the intensity of a compulsion? It's uncanny, totally uncanny. There is often understanding about the *unreasonableness* of the compulsion and the obsessional activity, but one still has to do it!

“Why?” people ask, “You seem like an intelligent person...”

“I still have to do it...as surely as if someone were holding a gun to my head!”

6th auditor: The other question is: how is this basically different to an addiction, or addictive behaviour? You talked about the behaviours that go with doing something like opening doors in ritualistic ways. How about when someone is not actually paying much attention to opening the door of a refrigerator, but is compelled to eat everything inside it? In a sense, the motivation would be the same. Yes, I know that it is highly individualistic, but isn't it about suppressing something?

Dr. Sandowsky: Yes, there are certain general structures, and suppression appears to be a part of the overall phenomenon, but there is an intrinsic meaning to the *form* of the behaviour in each and every case that must be taken into account. In what sense could we say that the compulsion is the same, without forgetting the individual resonances of the phenomenon? You've just described two completely different types of motivation, two different needs, two different types of symbolic association. I think that you may be confusing the intensity of obsessive compulsions with their symbolic significance.

The phenomenon that I am specifically interested in has to do with most obsessive-compulsive people having some degree of awareness about the meaning of what they are doing, while simultaneously being aware of its superfluous nature – and yet it still doesn't make any difference.

6th auditor: Smokers know that cigarettes are going to kill them sooner or later, but they still smoke.

Dr. Sandowsky: As I said, we are all familiar with these mechanisms to a certain extent, but it is a question of the high degree to which the obsessive-compulsive person has such awareness that is so strange and compelling, from a philosophical point of view.

6th auditor: It is like I'm in control...I know it's bad, but I choose to...

Dr. Sandowsky: Yes, in a way. We even choose our addictions, to a certain extent, but an addiction is followed through for its own sake, whereas an obsessive compulsion operates on behalf of something Other: it is *for* something – it has symbolic significance. In some cases, this extends to the level of the sublime. In this way, it is deeper than an addiction. It is more significant. I think that it is very important to add that the idea that “I am in control!” is rather problematic in the case of the obsessively compelled person. It seems that the ‘I’ actually remains ambiguous – and that this is a fundamental part of the phenomenon. Once again, the issue of possession comes into the foreground. As I mentioned earlier, *habitus* is the root of possession – ‘have’ in English and ‘Habe’ in German. In the present context, it is difficult to say who possesses and who is possessed. The related questions of propriety, identity, and difference are highly problematic here.

I recall reading an interesting text by Ignacio Matte-Blanco, called *The Unconscious as Infinite Sets: an essay in bi-logic*, in this regard. The title sounds really horrible, but basically, the book shows how the mechanisms at work in the constitution of what we would commonly call neuroses involve a process of de-differentiation. The mind operates with meanings and symbols. Language works symbolically and symbols can take on symbolic associations with other symbols ad infinitum. So, I might say, “I can’t do this because it reminds me of that.” In this case, because there is already an association, any difference becomes nullified. Even in avoidance, a symbolic connection can be augmented or exacerbated to the point where the association isn’t even merely metonymic any more – where this *reminds* you of that. No, this *becomes* that. There is no longer a distinction in terms of the significance that is conjured up and the anxiety that it produces.

In the case of the obsessive-compulsive person, this process of symbolic compression can become so wild that anything can stand for anything else. This brings up an alarming question concerning the impossibility of forgetting. There is always something that can function as a reminder / a trigger.

You can probably recognize that there is a highly superstitious element in play here. But, you see, you’ll find this at the basis of any religion, I think. And, even in the case of many superstitions, you’ll find consensus.

However, in the case of Dr. Schuster’s example, for instance, the fellow who had to wash his hands every time he touched a written letter had ‘created’ a superstitious proposition. Any letter reminded him of the moment of profanity associated with the flies that he saw crawling over the holy text. A kind of de-differentiation has occurred here that is full of significance for him, but it is not a shared association.

Dr. Schuster: But, to contrast it with addiction, I think in an addiction you always have a major satisfaction.

Dr. Sandowsky: There is a certain degree of satisfaction to be had in the case of the fulfillment of an obsessive compulsion, but here it often feels like a matter of life or death. However, usually it is so bad, so intense, so protracted, that after a period of several hours doing the same thing, the means of achieving satisfaction becomes a nightmare in itself. The obsessional activity is inaugurated as a means of dealing with distraction, but it becomes an intolerable form of distraction in itself.

If a person with O.C.D. is to seek help, they do not really want outside interference. They want someone to understand something about the logics that motivate them and to have some appreciation of the sheer intensity of their compulsion. Only in working with these logics does it become possible to help in organizing a better economy – not just simply to do away with practice, to do away with meaning, or to do away with the sublime. I think that more than anything else we are talking about a need for economy within the bounds of the internal logic. In the case of each person, if you are to approach his or her lifestyle as an individual religion, you must obviously be able to have respect for it. The point is that in standard Western clinical psychopathology there is very little respect. The mono-religion is treated as the manifestation of a sickness / a delusion – it is labelled, it is pathologized, drugs are prescribed, behavioural modification is recommended, etc. There is something violent in all of this.

5th auditor: What happens, if you physically prevent people from carrying out their rituals?

Dr. Sandowsky: I think that this is shocking! And, it has gone on – especially with children.

5th auditor: What happens, if you do it, though?

Dr. Sandowsky: Usually what happens, in the case of children in particular (they are very clever at finding other ways), is that they substitute one set of behaviours for another – a less visible form. Remember what I said earlier about certain mechanisms remaining the same – that is, a general need for patterns of repetition and so on, but that the actual manifestation of that behaviour can change? The same reasons can apply, because of the symbolic associations in play. Whereas someone may once have been compelled to run around in tight little circles for half an hour every time they had to pass through a doorway, later on they may substitute this need with a combination of physical acts that are less noticeable. However, the original reasons persist.

5th auditor: Suppose, you put someone under guard, and never allow him to carry out any kind of repetitive behaviour, what would be the result?

Dr. Sandowsky: Assuming of course that breathing is permitted, along with blinking, I do not think that this is practically possible, but the thing is – it would cause a great deal of distress without achieving any positive results. In the case of children, this would force them to develop more cunning ways to conceal their obsessions and would understandably lead to an inability in adulthood to trust / open up to Others.

5th auditor: Surely, whatever it causes must be the thing that they are trying to avoid. So, there is your answer. Don't you think, that if they displayed some kind of behaviour, as a

result of being prevented from being compulsive, then it might give you a clue about what they are trying to avoid by being obsessive-compulsive?

Dr. Sandowsky: In a sense, it does not really matter what they are trying to avoid. In most cases, the patients already *know*, but it does not make any real difference, since knowing is never infallible – hence the exclamation “Yeah, I know it’s crazy, but I have to do it anyway!” This is the essence of why Anancastia is often called ‘the doubting disease.’

Neither the behavioural nor the standard psychoanalytic approaches are sufficient. Although the latter can certainly help to ease the depression associated with the feelings of isolation and helplessness, while at the same time it may have certain negative effects, such as compounding the tendencies of the obsessive-compulsive ruminator.

5th auditor: It does not matter what they are trying to avoid?

Dr. Sandowsky: Yes and no. Psychotherapy can indeed be helpful with depression and other associated elements – perhaps even helping to ease some of the confusion – but only within limits. It isn’t a case of just uncovering some hidden truth whose exposure to the light of reason will cause the problematic condition to evaporate. The Anancastic slips into hyper-avoidance in the face of uncertainty.

I want to express some general elements here. The point is that we all live in a social order and we all have to face certain problems associated with the complexities of communal existence – we all do. The principal issues are levels of intensity and economy. Most of us employ subtle forms of disavowal / denial in order to get through each day (avoidance can also be quite positive). However, in the case of people who have O.C.D., they have all these other problems to deal with as well and they have to choreograph their

lives in such a way that they are not mutually exclusive. For some people this is very difficult, and for others, it is almost impossible.

On the other hand, some people, are able to turn their obsessive inclinations to their advantage, and there are cases where they have been highly successful, simply *because* they are so obsessive. Proof-reading is a good example for certain Anancastic people (i.e., their attunement to grammatical structure, their obsessive drive to maintain correct spacing, font type and size, etc., in their use of word-processing programmes, or even their ability to notice and always cross the “*t*’s” and dot the “*i*’s” in hand-written manuscripts).

Consider the character in the film “As Good As It Gets.” What does he do? He is almost completely reclusive, finds it almost impossible to get out and so he sits at home most of the time. However, although he does not lead a social life, he has found a life-style that works for him. Since he has little choice but to live in his fantasies – he writes romantic fiction. One of the most amusing moments in the movie is when he manages to get to his publisher and the blushing secretary asks how he succeeds in writing so well about women. He replies sarcastically, that he ‘takes a man and simply strips him of all reason and accountability.’ His misogynistic outlook is matched only by his general misanthropy.

One imagines that the character’s writing is probably highly imaginative, very detailed and clear. He has plenty of time to tweak it – he is an obsessive thinker. It is natural to imagine that an obsessive need for clarity and vivid description is expressed in the quality of his work.

Whereas some people might say, “Oh, this person is crazy, he is obsessive! Look, how long it takes him to do anything,” another person might come along and say, “What a professional! He is such a perfectionist! He is so penetrating and precise!”

It is crucial to remember here that when it comes to what motivates the obsessive-compulsive person to act out certain rituals we are talking about deeply sedimented

meaning. It is highly significant. I cannot place enough emphasis on the close parallel between what the Anancastic does and the religious person. Remember what I said about my early experiences in synagogue as a child in London (England), and the fact that the congregation read in Hebrew without understanding a single word? We would go through all the rituals even though they didn't really have any meaning. It is all too easy to assume that it is the same for a person with O.C.D. It is not! As I said earlier, obsessive-compulsive people are authentically religious because they know why they are investing themselves in their activity. They do not merely adopt a form of ritual that comes ready-made – they 'invent' one. In some cases, so called 'religious types' are not actually interested in the significance of what they are doing. They are merely concerned that they be seen to be doing what their peers expect of them, while relaxing into a kind of somnambulistic state that comes with indulging in a familiar ritual.

6th auditor: There is significance in that, as a ritual.

Dr. Sandowsky: Yes, but as members of a kind of club. So, for them it represents more of a social phenomenon. This does not require any understanding about the meaning of the ritual itself. It is actually closer to habit from a phenomenological point of view.

7th auditor: But there are also many other people, who do things without understanding...

Dr. Sandowsky: Yes, most people do most of the time and that is something that distinguishes habit from conscious ritual. Habit is, in a sense, a way of negating thought. It does not require thinking. I don't mean that it is completely non-volitional and I certainly do not mean that it is not open to change or mutation. But, on the whole, if you think about

it, it is a bit like driving a car along a familiar route. One's thoughts can be elsewhere and then, after travelling a few miles, one can become awake to what one is doing and say, in amazement, "Where has my head been? I have not been focusing on the road!" And, yet, no one has been run over, the speed limit has not been exceeded and one is still headed in the right direction. This is a habit-performance – in a sense, one's body is taking care of everything. *It* is taking care of you.

7th auditor: So, is it *un*-conscious or *over*-consciousness?

Dr. Sandowsky: Well, it depends on your taste in names and orientation. One could also say 'beneath,' 'between,' 'within,' or even 'Other-than'... although it is important not to confuse the unconscious with unconsciousness. Again, it follows the lines of what has been said earlier this evening. The obsessive-compulsive person strives to drive out of consciousness the disturbance that compels them to initiate their 'rituals' – not simply habits – by becoming fully conscious of the activity itself, which then has the force of a magic-like incantation. It is an attempt – in fearful anticipation of an all-too-familiar but shadowy threat that has assumed the air of inevitability – to assume control in the face of the impossibility of knowing where the next grotesque thought or image is coming from (the distinction between inner and outer is irrelevant here). Habit, in the classic sense, is always insufficient as a shield against possible triggers lying in wait just around the corner. As an extended act of conscious negation, in warding off the object of dread, the Anancastic generally seeks to maintain conscious ritual.

Dr. Schuster: I do not know people who do know where the next thought is coming from. Or, maybe I am wrong here.

Dr. Sandowsky: This is an interesting point...it's kind of an odd turn of phrase...but, remember, we are speaking about the 'where,' since the 'what' is not so much of a mystery. The thing is that in the case of a person who has O.C.D. they have a pretty good idea about 'what' those thoughts are going to be about, because these entities are always there murmuring from an uncertain place that remains just on the periphery of the audible or the visible. An enormous amount of energy is expended in holding them at bay, and the obsessive rituals are one way of doing that. They can help the anxiety, but only for a while. In fact, the mobility of Anancastia can be one of the most outstanding things about it – it *has* to be constantly on the move in order to outwit the *it*.

If we are to return to the metaphor of possession, as a way of describing compulsion, we could say that the demon sitting on the shoulder of the Anancastic has to be constantly anticipated. The obsessive-compulsive person tries to stay at least one step ahead, to try to fool *it*. This is another reason why the Anancastic person understands a great deal about the mechanisms at work. They require this understanding in order to outwit the demon. But, once again, this is a strange epistemological problem because there is a kind of 'knowing' or 'rational awareness,' but it doesn't make *enough* of a difference.

So, what are we looking for, if we are searching for more than knowing or understanding?

Dr. Schuster: Probably, for something pragmatic, how to move toward control.

Dr. Sandowsky: The obsessions are precisely that: an attempt to control, but they are extremely inefficient in the long run.

There is a great deal of deeply sedimented meaning to be worked through. What is required is understanding and economy. Not to negate, or destroy, or do away with, as is the standard approach. Doing *battle* with the demon doesn't really help. The issue of control can be a little misleading. In a way, there needs to be acceptance.

How do you live with that situation? Perhaps, one has to ask the question: is it a gift or a curse? The point is that many people with O.C.D. have certain gifts. I don't think that it is as simple as saying that certain gifted people are unfortunate in being obsessive-compulsive.

It is a nice little metaphor – a demon sitting on your shoulder – the possession element: Anancastia. It is natural to ask the question: “What if one could get rid of that demon?” However, I suspect that, in most cases, if it were actually possible to get rid of it, one would probably lose a number of other things as well that one did not want to lose.

3rd auditor: What do you mean by economy?

Dr. Sandowsky: Well, for one thing, the word economy is derived from the Greek words *oikos* and *nomos*, which mean, respectively, house or home (*oikos*) and order (*nomos*) – *where one dwells in good order*. It is most significant in the light of my comments earlier this evening about the living relation between habit and habitat. Anancastia is to live the uncanny / unhomeliness. The issue of economy raises the themes of familiarity, order, comfort, integration, and harmony.

3rd auditor: So, opening up themselves to talking about their feelings of unhomeliness has to be of benefit...

Dr. Sandowsky: That depends on how lucky they are in finding someone who really knows how to listen. I think, in the case of most obsessive-compulsive people, that they generally avoid talking about their condition. Throughout their lives, they experience constant misunderstanding in others. It is very difficult to engage in discourse about it, because their logics do not quite graft onto the standard logics that most people work with. What we have here is a kind of Lyotardian *différend*: a moment of incommensurability between two heterogeneous language games. It is like someone saying to the obsessive-compulsive person: “Okay, I am in the right, you are in the wrong and that is it. I do not have to listen to you any more.” It is a form of rebuttal by pre-emptive engulfment. In sum, it is to say, “No, your logic is *erroneous*. I do not need to accept your point of view, but you *ought* to listen to me.” This attitude assumes that the normative values at work in their own language are universal. The tragedy is that most people with O.C.D. have to face that kind of reasoning every day, and so it is quite common for them to avoid opening up about it, which is one of the main problems.

It is difficult for us to just sit and listen. This is why I used a crucial phenomenological term earlier on in the paper – the *epoché* (a Greek word, it means to ‘suspend’ or to ‘cut’). In a way, it is to cut a relation with oneself – one’s projective tendencies. The *epoché* has to do with listening – *really listening to the Other*, not just simply gathering sounds and meaning which one then co-ordinates according to one’s own logic. There is a big difference between stepping into someone else’s shoes and walking around in them and actually stepping into their shoes in order to let them walk you around. This is the primary task in any kind of counselling. And, to do this in a non-self-centred way is actually the fundamental basis of any *good* counselling. It is a question of respectful empathy, not platitudinous sympathy. This must be the primary ingredient when engaging in discourse with people who have O.C.D., because one has to listen (be open) to their

internal logics. One has to begin with the understanding that they know what they are doing, that there is meaning and that it is not nonsense. And, although the Anancastic can be open to an outsider's feeling that their behaviour is often unreasonable – for they do have that degree of reason – they still want to be heard.

4th auditor: But, are the obsessive rituals themselves something that people with O.C.D. choose to do, or are they completely compelled?

Dr. Sandowsky: I am an existentialist in orientation, and so I have to go with it. I think that everything is a matter of choice. In answer to your question, there is a choice, but this is far from saying that it is made at a conscious level.

It may be helpful to you to know that Sartre maintains that choice is not a matter of a decision that is made once and then left behind. It is a lived projection. You *live* in that choice, which, in a sense, is being made again and again but not necessarily consciously. It is a *style* of being. Far from passively dwelling in memory, it is an active form of anticipation. So, each time one takes that bar of soap one is still choosing to go through the motions of washing in that very characteristic style – a group of three, perhaps.

4th auditor: Do obsessive-compulsive people usually consider themselves to be possessed in some way?

Dr. Sandowsky: Not necessarily, they may not. But, the thing is – the condition *feels* like possession from the inside-out. However, at the same time, there is the understanding that there is no one else but themselves. Actually, it is the case with every individual – certainly from an existential standpoint – that we are already internally fragmented precisely because

we are living in time. I mean, if you are sitting alone remembering an embarrassing moment and say, “Oh God! Last week you did that! You’re crazy!” – who are you talking to?

7th auditor: It seems to me, that you also see that the problem begins with something that the person is trying to forget, and this is a cause for the O.C.D.

Dr. Sandowsky: Well, I have talked about a number of motivations, and that was one of the principal forms. If we actually relate certain processes of forgetting to habits that we all have, to some extent, I think you can see that it is inherently comforting when we fall into a repetitive mode of activity that is very familiar. “I can’t deal with this, I’ll go and wash the car or the dishes or even pay my bills.” Even the latter option is familiar, you know. It is a kind of avoidance, which can be quite profitable. The Anancastic person primarily has problems turning this mechanism of avoidance (which is familiar to all of us) into an economical solution to the anxiety that set it in motion.

2nd auditor: In your opinion, if it was possible to understand the cause of the compulsion (like something that someone one wants to forget, some kind of traumatic experience, maybe), could this lead to a therapeutic remedy for the person who experiences all these compulsions? Is this the way to work towards a cure?

Dr. Sandowsky: The word ‘cure’ is inappropriate here. It is the wrong language to use.

6th auditor: What if it is not a traumatic event in the past, but just not being able to cope with everyday anxieties, like thinking about the next bill from Bezeq? So, you cure the person from this painful experience, but next month he has it again.

2nd auditor: So, let me try to make my question a little clearer. If you want something therapeutic to develop and not just to understand the phenomenon from an academic point of view, then what is one looking for? How do you think it is possible to help? Does salvation lie in helping that person to give up their fears?

Dr. Sandowsky: It is not really a question of trying to *convince* that person to give up their particular fears. Trauma is just another way of saying that one chooses the sense that one attaches to some fundamental disturbance.

2nd auditor: So, where is the salvation, or the therapeutic cure?

Dr. Sandowsky: First of all, I believe, that a good counsellor is not simply there to step in for the patient on their behalf. In a way, the role of the counsellor is to give the patient skills to continue analyzing themselves. This isn't just to add fuel to the obsessive-compulsive ruminator, let's say, but to help them work through alternative ways of conducting a dialogue between themselves and themselves. There is no cure, and one cannot really coerce someone into giving up their fears or uncertainties (*angst*) for the same reasons that one cannot coerce someone into giving up their sense of the sublime. It is the other side of the same coin. Morally, one has no right. Quite apart from the fact that we are talking about a manner of being which, like faith, is not necessarily amenable to argument.

However, we have to live in a practical world. And, if that person is spending three hours a day in a state of despair going through all these awful rituals then they just simply cannot lead a fulfilling existence. All one can do is help them within the bounds of their own lived logics, if you like – to find a more economical way of dealing with their life-horizon. We are not talking about cure here. There is no cure. What right do we even have to speak of a cure? To cure someone of a belief that has the status of the sublime or the profane?!

2nd auditor: The person is looking for someone to help him...

Dr. Sandowsky: Help them, yes...because in many cases they cannot function; they cannot work, they cannot live (where living has to do with a certain freedom), and they cannot fulfill themselves. Their lifestyles are often very uneconomical, which causes a great deal of distress in terms of the expenditure of energy and time involved in practicing their rituals. But remember, over and above this, the real reasons for distress actually precede the rituals that we have been talking about. There is a more transcendental issue involved here, which continues to elude the language and orientation of current medical discourse. The upshot of this is that Anancastic people feel extremely isolated in the battle with their own demons. Alternatives to doing battle are required. Words like: harmony, economy, and integration have a more positive resonance. I think that the concept of cure is totally misplaced here.

Dr. Schuster: I think, this is one of the obsessions of our time – that we want to *cure* everything.

(General laughter)

Dr. Sandowsky: Yes. I'm far from being convinced that Anancastia is actually reducible to a medical problem. It implicates a significantly broader horizon of philosophical issues.

End

Notes

i I would like to thank Dr. Shlomit C. Schuster for setting up this forum on behalf of the ISPP. I am particularly indebted to my friend and colleague Anna Shmerling for working so hard on the transcript of the recording of this lecture / workshop.

ii Unfortunately, I do not know the name of the writer who compiled this list of definitions. I apologize to the author for this omission and I will be happy to add these details if / when the information becomes available to me.

iii Thanks to Josef Horowitz, a student in my teaching course “Phenomenology and Existentialism,” for pointing this fact out to me.

Useful Links:

Café Différance (my web page)

<http://www.cafedifference.haifa.ac.il>

Centre for Advanced Research in Phenomenology:

<http://www.phenomenologycenter.org/>

Existentialism:

<http://www.kolumbus.fi/mscore/epw/>

Freud:

<http://users.rcn.com/brill/freudarc.html>

Obsessive-Compulsive Disorder:

http://athealth.com/FPN_2_2.html

Psychology and Existentialism:

<http://www.primenet.com/~dannell/andy/psych/exist/existindex.html>

Sartre:

<http://www.marxists.org/reference/archive/sartre/index.htm>

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