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Who develops the disorder, and what is it like for them?

What kind of people develop obsessive compulsive disorder? Is there a typical sort of person? We shall try to outline some of the features that characterise the obsessive compulsive individual. However, as with all classifications, this process is fraught with difficulty – there are always important exceptions to any such generalisation.

People with obsessional disorders have often had what is known as an obsessional personality (described below) before the start of their troubles, but this is not always so. Also, having an obsessional personality will not inevitably lead to obsessive compulsive disorder. We need to be very careful on this point. People with obsessional neurosis usually have high levels of general anxiety and often low mood (bordering on, if not involving, depression).

Are they male or female?

Of the large sample of obsessional patients seen by Pierre Janet in late 19th-century France, women outnumbered men by over 2 to 1. These days, however, the ratio is about 1.5 to 1. Among compulsive checkers, men and women are represented roughly equally; compulsive cleaners, though, tend to be female more often than male.

Comparing different societies

OCD is not a recent phenomenon; it has been well documented over a long period. In early times, obsessive-compulsives were said to be possessed by demons. In European monasteries during the 16th century, techniques of *thought stopping* were employed. This technique consists of, for example, saying out loud or under one's breath 'Stop!' whenever the unwanted thought appears. Shakespeare wrote of the hand-washing compulsion of Lady Macbeth, and we have already

considered Bunyan's intrusive thoughts. Although the general themes tend to be consistent, the specific content of obsessions changes somewhat over time, reflecting contemporary fears. For example, syphilis is now less common as an intrusive thought content, and AIDS is clearly emerging as a more common theme.

There is a remarkable similarity in the general themes that appear as the content of obsessions in Africa, Asia, Europe and North America. For example, among a population in Chandigarh, India, the dominant themes that emerged were dirt and contamination, aggression against oneself (including death), orderliness, sex and religion. There were doubts of the kind 'Did I lock the door?' A 41-year-old lawyer was obsessed by the notion of drinking from his inkwell. A 23-year-old student was bothered because she couldn't remove a current pop song from her consciousness. Interesting cultural variations on the general themes were also evident. For example, some people expressed doubts and fears concerning physical contact with beggars and people of lower caste. A study of Hong Kong Chinese, published by W H Lo in 1967, found a couple of people who feared penile shrinkage. This fear was attributed to the prevalence of such sexual themes in Chinese folk beliefs.

Padmal de Silva, who is Sri Lankan by origin, has documented the similarity between the descriptions and treatments for intrusive thoughts appearing in early Buddhist writings and those of modern behavioural psychology. Intrusive thoughts are clearly no modern middle-class Western phenomenon. They were around to trouble the unfortunate in the 5th century BC, for example, interrupting the meditations of Buddhist monks. Indeed, one Buddhist discourse is devoted entirely to techniques for controlling them.

What is obsessional personality? – a problem

There is an 'obsessional personality' (also known as 'compulsive' and 'anankastic') and its associated traits are listed below. One way to describe this personality type is in terms of the way a person answers a particular questionnaire designed to identify that personality. It is the widely recognised collection of a number of traits in an individual that identifies the obsessional personality. However, only a fraction of people with this personality type go on to develop obsessional illness. Similarly, a significant percentage of obsessional patients showed no sign of obsessional personality before their illness.

The relation between obsessional personality and obsessional disorder is a hotly debated one. Should obsessional disorder be seen as an extreme case of obsessional personality? Can we usefully see them lying on a continuum? Insight into the processes underlying obsessional personality might also shed light on obsessional disorder. We need to ask how the obsessional personality copes with the world, in the hope that we can see where things can go seriously wrong.

Some people think that the obsessional personality is fertile ground on which obsessional illness is easily able to grow. Others see the obsessional personality type as being like the property of brittleness of, say, glass (an analogy like that introduced earlier). Knowing about this property is like knowing that glass is more likely to break than flexible plastic when hit by a stone, but it does not mean that it is broken or that it necessarily will break.

What traits, attributes and abilities does the obsessional personality typically possess? Usually, obsessionals are found to have a higher than average intelligence. They tend to be more unstable/neurotic and more introverted than the general population.

It is vital not to assume that obsessional personality is synonymous with having an obsessional disorder. The package of personality traits (e.g. orderliness and cautiousness) that characterise the obsessional can add up to a person whose life is in harmony. Such an individual might well put their obsessional traits to good use. Careful checking and meticulous attention to detail can be an asset in, for example, editing a dictionary, making zoological classifications or composing a piece of music. By contrast, the obsessional problem acts against the goals, standards and self-image set by the affected person.

What characteristics comprise the obsessional personality?

People with an obsessional personality have certain typical characteristics. What follows is a summary of these – although not all people of this personality type need show all of them. Obsessionals have particular difficulty handling uncertainty; they need to feel sure of things and to have control. To be in control of themselves and their social and emotional relations with the world is a deeply felt need among obsessionals. They will study, measure and classify information, ideas and so on to try to ensure that, by being alert and using their intelligence and effort, they can control their world.

This personality type has a strong need to make decisions. However, perhaps paradoxically, rather than removing uncertainty by making a somewhat arbitrary choice, given the opportunity, they will postpone final decisions in the hope of gaining more information. For example, if given a choice of time for an appointment, obsessionals often have difficulty deciding which to accept, weighing up the pros and cons of each. Obsessionals are characterised by the desire for certainty, somewhat cruelly associated with the inability to attain it; the world of statistical chance is essentially an alien one. They have a tendency to ruminate 'What if ...?' The obsessional is indecisive – not having enough information available to make a totally correct decision, trying to take too many factors into account to be able to arrive at a decision.

Investigators commonly observe a tendency to perfectionism in obsessionals. They believe that an absolutely correct solution to human problems is possible, and this can give rise to awful dilemmas. The obsessional's indecisiveness represents an unwillingness to accept a provisional or 'working' solution and the need to scan for imperfections in any such solution. The virtues of alternative solutions are constantly weighed up in the interests of the perfect solution. Obsessionals tend to compare their actual performance with ideal standards, and to be strongly goaded by any disparity. Disparity is associated with tension and self-criticism. For example, in the past, when religious influence was stronger, obsessionals tended to compare their behaviour and thoughts with what was proper according to religious mores and dogma. Even in these somewhat secular times, a religious flavour is evident in the way that many obsessionals view the world.

Obsessionals tend to persist, not giving up until they are 'there', and 'there' usually means a score of 100 per cent. The craving for perfection is usually, of course, frustrated. Completion evades its pursuer. The dilemma felt by many obsessionals arises because it is impossible to please everyone.

The obsessional is typically always busy but never finished. In case you now feel unduly sorry for the obsessional, an optimistic streak should also be recorded: against all contradictory evidence, obsessionals commonly feel that tomorrow will be better than today, that the world will eventually yield to control.

Obsessionals often report a feeling of 'generalised tension': that something not done should be done. Some experts see this as a tendency to be hyperalert and watchful, ready for any problem that might be

confronted in an often-hostile world. We might expect this to be associated with a frequent and inappropriate triggering of stress hormones. Obsessionals tend to experience what is called 'subjective discomfort'. This is not easy to define, but is not as strong a negative emotion as depression, and is by no means confined to obsessionals – it is distress with no obvious cause. Hans Eysenck referred to something very similar, if not identical, as 'free-floating anxiety'.

Obsessionals tend to be controlled, suppressing anger and outward display of emotion, and are prone to episodes of depression. Orderliness also emerges as a clear character trait, though there are exceptions to this, as a moment's glance at my (E.T.'s) office would prove! Indeed, the tendency seems to be for the obsessional's tidiness to be somewhat superficial. The desk of an obsessional might be very neat and clean, everything on it being arranged with great care, but the insides of the drawers are very different, their contents being crammed in, all in a jumble.

Obsessionals are generally cautious, reliable, thorough, precise, punctilious (particularly in the demands made upon others), conscientious, trustworthy, fair and well organised. Things are done methodically and systematically. They will try to impose a pattern upon objects and events. For example, it is probably more important to obsessionals than to others that pictures should hang straight. Obsessionals are disturbed by imbalance and asymmetry; for instance, some will insist that their feet should touch the floor at exactly the same time on rising in the morning. Obsessionals love to impose order on things; routines are valued, events are programmed in advance. Precision in the use of words also emerges as a trait. Filling in a form is carried out with meticulous attention to detail; recall of personal details is often performed with inordinate precision, and emphasis is placed on exact dates. Professor Reed has characterised this as a pedantic need to 'dot every i and cross every t'. Every factor needs to be taken into consideration, even those which by popular consensus would be seen as trivial, peripheral or irrelevant. The obsessional can suffer from 'not seeing the wood for the trees'. Such a person is an expert hair-splitter.

Researchers into obsession have observed an intolerance of ambiguity, which might be seen as an aspect of the need for precision. Plans need to cater for every possible contingency – leaving nothing to chance. The obsessional does not like loopholes, but loves clean-cut boundaries.

Obsessionals are single-minded in their pursuit of goals, with high levels of concentration. However, many also daydream a good deal.

When this personality type suffers from the corresponding disorder, there is an element of paradox: obsessions, which are by definition intrusions into the individual's overall setting of goals and aspirations, can coexist with otherwise excellent pursuit of goals. The obsessional will overcome obstacles to reach a goal, and the intrusions are just one more obstacle to be overcome. This personality type shows a preference for doing things one at a time, and doing them well. This ruthless single-mindedness can be a source of both awe and immense frustration to those living with obsessionals.

Obsessionals don't like putting things off to the last minute, and hate being caught without a plan and needing to improvise or make an impulsive decision. Nevertheless, they are often timid, sacrificing their own interests in preference to a fight. In his book *Brain Lock*, Dr Jeffrey Schwartz, who has treated over 1,000 OCD patients in Los Angeles, writes:

'I continue to enjoy doing research on the causes and treatment of OCD largely because people with OCD are very rewarding to work with. They're not only hard workers, in general, and very appreciative of help, but tend to be creative, sincere, and very intense.'

The picture of the obsessional painted by Arthur Guirdham is that of a misunderstood, self-sacrificing and tortured martyr standing firm on moral principles in an often hostile environment. The obsessional's heroic story as relayed to Guirdham was commonly 'I come to you with my troubles, doctor, but the people who come to me with theirs don't seem to realise that I have any.' Possibly Guirdham's own obsessional traits might have coloured his favourable perspective, and a somewhat less flattering portrait of the obsessional personality was painted by Alfred Adler in 1912: 'He is a person who feels that he is set apart from other individuals; who thinks only of himself; who is imbued with self-love, and has no interest in the general welfare.'

Except for Adler's opinion, it might be felt that the traits listed so far are by no means entirely undesirable ones, but there is also a somewhat more unattractive side to the obsessional character. Other traits include inflexibility, rigidity, obstinacy, irritability, moroseness and, perhaps somewhat at odds with the other traits, over-submissiveness.

Obsessionals are said to tend to be very careful with their money and to be abnormally anxious about their health, and some investigators have noticed a willingness to accept superstition. Our impression is that religious beliefs are rather commonly held by obsessionals. Some

obsessionals report that their compulsive activities are attempts at repentance for their sins.

Dorothy Rowe's observations about superstition and the individual's view of what causes what in the world could help us to understand the basis of obsessional disorder. She found that obsessionals could not appreciate that their unspoken thoughts are private and have limited power. They had been taught that we can sin by thought alone – thinking murder is as evil as doing murder.

Some investigators identify two subgroups of obsessional personality, the one subgroup being people characterised by uncertainty, doubting and vacillation, whereas the others have the traits of inflexibility, irritability and stubbornness.

There is often fondness for collecting things. Time is precious to the 'typical' obsessional and is not something to be wasted on activities that lack a purpose. In this context of the importance of time, obsessionals often tend to be forceful and successful people who belong to the 'time is money' mode of thinking. Obsessionals are often masters of wit, by which means emotions are often tersely expressed. Samuel Johnson is a good example of this.

Among obsessionals there is a need to categorise into distinct groups, and to apply all-or-none logic. They tend to over-estimate the probability of harm. Obsessionals can seem to be unresponsive to rational debate. However, apart from obsessional personality traits – which, it must be repeated, are not always present – people with obsessional disorder tend to be very normal and with 'intact personalities'. The typical such person has been described by Stanley Rachman as being 'correct, upright and moral' and aspiring to 'high standards of personal conduct'.

Obsessionals like to abide by regulations and to be loyal to the institution with which they are associated. They tend to be conscientious and to conform to the moral rules, chains of command and standards of their society and to display a great sense (some might say an inflated sense) of responsibility. Indeed, Pierre Janet used the term *les scrupuleux* (the 'scrupulous ones') to describe obsessionals. Principles tend to be put before self-interest. Obsessionals often come across as self-righteous and demanding of others.

Although you will have noted considerable agreement as to the defining character traits of the obsessional, we must never be complacent. In case you are being lulled into feeling that the obsessional personality is well defined and consistent, another observation

will shatter that calm. Some investigators have noted that, in direct contradiction to conventional morality, there are cases of what would be described as sexual perversion among obsessionals.

Moreover, some doctors and therapists have come to apparently opposite assessments of character traits of obsessionals. For example, obsessionals have variously been described as both immature and mature, self-deprecating and arrogant, as well as both timid and aggressive. There are several possible explanations for this. First, there could be ambivalence, 'bipolarity' or 'counter-personality' in a given individual. Obsessionals might swing from one extreme on a scale to another, depending on the context in which they find themselves. Also, as Graham Reed has pointed out, there could be just as much variation of some character traits between obsessional individuals as in non-obsessionals. Finally, different clinicians might be applying different assessment criteria. For example, Reed heard the promiscuous lifestyle of a female patient described as evidence of both 'loose morals' and 'an obsessive search for perfection'.

Obsessional disorder, crime and the law

It is very rare indeed (to the point of being unheard of) that an obsessional who ruminates about, for example, committing violence or an unacceptable sexual act actually puts it into practice. Obsessionals can often derive some comfort from knowing this. Pierre Janet studied numerous obsessionals haunted by thoughts of damaging their loved ones or committing suicide, and could not find a single example of their actually performing the act. Similarly, Graham Reed, after extensive study of obsessionals in Canada, could not recall a single case in which the antisocial behavioural content of an obsession had ever been put into practice.

Dr Jeffrey Schwartz of Los Angeles, who has extensive experience with OCD, was able to write:

'One thing that our patients at UCLA learn early is that, no matter how real their obsessive thoughts with dangerous content may seem, they will never act on them. No one ever does anything morally objectionable because of OCD.'

If the behaviour associated with the obsession causes only 'incidental' harm, the individual will continue with the behaviour. A good example of this is severe skin damage caused by extreme