Abstract: The Ecology of OCD

by Jim Gustafson, M.D.

What you see of biological events depends profoundly on the extent and grain of the field generated by your lens. Thus, the biochemical and behavioral lenses which dominate the field of OCD generate biochemical and behavioral observations about OCD and biochemical and behavioral treatments. Since I am called upon to consult to cases in which these two points of view have not broken the deadlock, I will address what can be seen and what can be done looking through lenses which show the ecology of the patient: namely, his relationships to marriage and family, neighborhood and institutions, work and organizational hierarchies, and even larger global and political movements. The center of my argument is that these patients do not only delay exposure to anxiety, dirt and public spaces, but they also delay making up their minds about family, work and other large dilemmas in their environment. They oscillate between untenable positions and become exhausted, while they recruit those around them into cooperating with these practices. What I find useful in surveying these dilemmas with OCD patients has a long and honorable tradition beginning with Freud's analysis of the Rat Man and continuing through Sullivan's work on selective inattention and reaching to Michael White's current work with "the in the corner lifestyle." first, that it can be powerful to look for some other world that the patient wants to get to besides the one he is stalled in; second, that it is crucial to clarify what the patient needs to give up or suffer to get to a preferred world, as he routinely prefers not to give up anything!\1
THE ECOLOGY OF OCD

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... many, if not most, historical structures are co-opted from previous uses, not
designed for current operations. Legs were fins, ear bones were jaw bones and jaw
bones were gill-arches ... --Gould, p. 54, 1986

... But again obeying that wondrous ascendancy which ... [Bartleby] had over me
... --Melville, p. 1052, 1853.

What you see when you are looking at some phenomenon in biology depends profoundly
on the lens you have available or which you prefer. For example, biologists with electron
microscopes see organelles, while biologists with the naked eye see gross anatomy, while
biologists with the extension of their eyes provided by their feet can see whole ecosystems. The
lens creates a field with a certain grain and extent, while it obscures other fields. Thus, the
electron microscope takes you inside the cell boundary, but closes you out from seeing objects
larger than the cell. Conversely, the circumambulation of the ecosystem shows its relations, but

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*I am indebted to John Greist, M.D., Margaret Baudhuin of the OCD Information Center
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closes you out from seeing inside particular organisms to comprehend their physiology.

With respect to the human being as the object of study, the different fields of observation are shown in Figure 1.

Insert Figure 1 here

These two fields divide into the inside surfaces smaller than the individual being and the outside surfaces larger than the individual being. Thus, the study of the inside surfaces is the study of subsystems, while the study of the outside surfaces is the study of ecological relationships.

Suppose there were a group of biologists fascinated with what they could see biochemically and behaviorally concerning the human being in a certain repetitive pattern. Since they were able to observe regular distortions in both biochemistry and in behavior, and since they were able to correct these distortions to some extent with biochemical and behavioral programs, they would be quite satisfied. Indeed, they could come to think of other fields of observation as having little to say about their phenomenon.

But let us say that the phenomenon was as big as a collection of whales in the ocean. Although these scientists might correctly see some whale biochemistry and some repetitive whale activities and even influence these biochemistries and activities, yet they would comprehend little of the beast itself and its relationships in the briny deep.

Insert Figure 2 here
So what can you see with the wide angle lens of the beast called obsessive-compulsive disorder with respect to its ecology?

You see one version of an extremely redundant story which I call a delay or postponement story (Gustafson, 1991; Gustafson, 1992), whose plot or structure-over-time looks something like this:

Insert Figure 3 here

Mathematically, it’s a strange loop which returns to its starting point (Hofstadter, 1979; Cronen, Lannaman and Johnson, 1982; Gustafson and Cooper, 1990). This form which is like displacement behaviors in other species (Winslow and Insel, 1991) is selected by many different contexts. As Gould (p. 54, 1986) would say, it is co-opted for many different uses. Thus:

"A paradigm that may be useful in clarifying the role of social context in the development of displacement behavior in rodents is the rodent-intruder test . . . Based on measures of the direction and frequency of attacks and threats, subordinate rats showed significant increases in plasma glucocorticoids and decreased measures of immune function. In addition, subordinate rats showed a four-fold increase in the time spent grooming and significantly less time exploring a novel, open field compared to dominant rats" (p. 213, Winslow and Insel, 1991).

Curiously, human beings caught up in OCD act very much like scared rats in quite similar
contexts. Thus, Freud’s Rat Man was a subordinate intruder into a peculiarly German world of rat-like dominance (Freud, 1909; Gustafson, unpublished).

These delay or displacement stories have many different variations, called out by many different social contexts acting upon many different neural substrates (Winslow and Insel, p. 209, 1991). I have devoted a chapter to the entire class of variations of delay in my new book (Gustafson, 1992, Chapter 5 and Appendix, Stories Which Perpetuate, B., Delay Stories): let it suffice to say they include the eating disorders (Greist and Fullerton, 1990), the stories of type A-drivenness, melancholia (Freud, 1917), false self and other schizoid stories, and the "in the corner lifestyle" (White, 1989) of most of the chronically mentally ill.

The particular variation of OCD can be illustrated by Freud’s Rat Man (1909; Gustafson, unpublished): he puts off his true love, Gisela, to secure his new law practice with a relative of Rubensky, which makes him feel degraded and disgusting, whereupon he resolves to stand by his true love again, whereupon he gives her up again to get his law practice. When his thoughts get a momentum of their own in this oscillation, he could be said to have the obsessive version of OCD; when he adds rituals to purify his pollution, he can be said to have the combined obsessive-compulsive version of OCD.¹

THREE KINDS OF PSYCHIATRY

Freud’s classical description of OCD in The Rat Man dwelt almost entirely on the inside

¹Greist, Jefferson and Marks (1986, p. 214-221) show a female version, the Rat Woman, but they do not give any hints of the social context in which she might have also been a rodent-intruder.
surface of his fervid imagination. This is subjective psychiatry. My fellow authors in this book dwell in the field created by the biochemical and behavioral lenses, which are also on inside surfaces, but these are subsystems of individual beings which lend themselves to objective measurements. This is objective psychiatry. My descriptions will be of a different order, because they are concerned with how the inner worlds are played onto the outer worlds: The relevant fields of observation include both inside and outside surfaces of the human being. This is the pattern which is called a story. This is narrative psychiatry. It is hardly known at all, because of the specialization built into the routines of biological science. Each specialty has its own lens or two and thus its own field. Even those who look at the social systems that human beings dwell in tend to specialize so that they only see outer surfaces such as family and organizational games.

SUBJECTIVE PSYCHIATRY

John Greist asked me to join this symposium to say something about the psychodynamics of OCD, in other words, to bring in the minority viewpoint. The problem is that it is fatally flawed: its descriptions don’t seem to make any difference to patients with severe OCD. So this would be a very brief chapter indeed, if psychodynamics were my entire subject.
The chief continuation of Freud’s psychodynamic perspective\(^2\) on the Rat Man Case has been the work of Salzman (1979; 1985; Salzman and Thaler, 1981). His chief contribution to these patients is to clarify with them that they expect impossible perfection about guarding their vulnerability. This can help them handle themselves over to behavioral or pharmacological therapy (Jenike, 1990; Liebowitz and Hollander, 1991).

**OBJECTIVE PSYCHIATRY**

This objective psychiatry of OCD is absolutely right about the necessity of a relatively simple stroke to break up the incredible tangles of obsessional thinking and compulsive undoing. If that were not bad enough, scores of family members and medical workers can become recruited into its maintenance. In Ashby’s phrase (1954), the entire pathological system becomes "richly joined."

As Hoffman (1975) and Selvini Palazzoli (1980) argued following Ashby:

... that there may be moments during which a partial dynamic disconnection between parts of the brain occurs. In these temporarily disconnected parts, partial

\(^2\)The astute reader of Freud’s case may well wonder how he was able to use psychodynamic methods to get a cure of severe OCD while no one has been able to duplicate this since? I believe the answer is that he did not use psychodynamic methods, but a narrative method closer to that of my own (The Dog in Hell, 1986, 207-211, 388-391) and White’s (1989): he posed the problem of choosing and giving something up (career, or girlfriend), he helped the patient narrate the rat-language which could characterize the old story of being degraded or degrading someone else, and he helped the patient discover a new world in which he, Freud, was firm with the patient’s hostility, but not degrading back (Gustafson, unpublished).
changes take place, with possibly an accumulation of these changes; that such disconnections are obtained by introducing in the interactive sequence constancies or null-functions, to temporarily interrupt the flux of information . . (Selvini-Palazzoli, p. 165).

Perhaps, the need for a null-function to break up the richly joined system is why hospital treatment which gets the patient away from richly joined family is so important to pharmacological and behavior therapy. Even so, the patient often reverts when he returns to the family milieu (Hoover and Insel, 1984).

**NARRATIVE PSYCHIATRY**

The great weakness of the Objective Psychiatry of OCD is so-called non-compliance, for it is powerless if the patients won't undergo the therapy. A quarter won't sacrifice any of their security (Marks, 1987), while more falter somewhere in the long run. Now you can begin to comprehend morale with a biochemical or behavioral perspective, for these are indeed components of morale insofar as it depends on brain levels of neurotransmitters that are euphoric and upon behavioral practices that are sanguine. But as any military commander knows, morale shows its most drastic collapses when the troops lose hope that their powers will prevail.

Thus, morale pales when it glimpses the fields on which the battle is about to be played out. This is why narrative psychiatry looks within to the well-being of the components of an individual, but it also looks without to see his prospects for prevailing in some new story which
is a departure from the career of OCD.

Thus, Luther (James, 1901-1902; Erikson, 1958) was paralyzed in periods of his life by his obsessions. His fecal preoccupations sometimes got the best of him, quite like Freud’s Rat Man. Yet he could show their relevance for other people who also suffered from the corruption of Catholicism:

That the devil can be completely undone if you manage to fart into his nostrils is only one of those ... remedies which Luther advocated all of his life. His method is based on beating the devil with his own weapons; and it suggests the hypothesis ... that the devil and his home, and feces and the recesses of their origin, are all associated in a common underground of magic danger. To this common underground, then, we may assign both the bowels of the earth, where dirt can become precious metal ... and also that innermost self, that hidden "soul ground" ... where a mystical transformation of the base passions may be effected" (Erikson, pp. 61-62).

Later, Luther was not so sure his ridding the Germans of the Pope’s practices had done them much good. But while he had a moral battle that was going well, he was in better order. So it is with OCD patients and their families and their doctors. I would like to show what a

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3Nemiah (1984) remarks: "... the dynamic exploration of patients with obsessive-compulsive disorder ... often reveals a significant loss associated with depressive affect lying at the core of and behind the surface facade of the presenting obsessive-compulsive symptoms." (x) I might add that the depression of problem-saturation (as if the patient were in a morass) often becomes apparent when the exposure therapy has subdued the compulsive behavior.
narrative perspective can do for appraising morale and its sustaining. Without it, nothing is possible.

DIFFICULT CASES OF OCD FROM A NARRATIVE PERSPECTIVE

I will discuss two difficult kinds of cases, the first being purely obsessional and the second having the highly developed ritualizing behaviors. I see many of the first kind, fewer of the second, so I would like to show you what I know of breaking impasses of the first kind first hand, whereas I shall have to point to the work of others for impasses of the second kind.

PURELY OBSESSIONAL IMPASSES

In the last twenty years, I have suffered more from these than any others in my practice, for I was trained in the subjective psychiatry that makes one sink with the patient in the mire. Indeed, when I contemplated writing this essay, I was struck down all one evening with the recall of my previous misery. This convinced me I must tell you of my extrication, in hope that the souls of other doctors will be spared some of the pain I knew.

The best introduction I can recommend to you for delving into the descent of the helpless helper of the obsessional is a story by Melville called "Bartleby the Scrivener" (1853). I warn you. It is dangerous to read. It will take you right down that hellish path of memory.

The story is told by a Wall Street attorney who introduces himself thus:
... I am one of those unambitious lawyers who never addresses a jury, or in any way draws down public applause; but in the cool tranquility of a snug retreat, do a snug business among rich men's bonds and mortgages and title-deeds. All who know me, consider me an eminently safe man. (p. 1032)

Here evidently is one of those contexts in which an obsessional madness will grow like crazy. Do you not recall fathers of obsessionals whom this kind attorney brings to mind?4

Well, to collapse the time of the narrative, Bartleby joins the firm of this attorney, but soon shows he will only do what he himself decides. His all-purpose operative phrase when asked to do something off his list is "I would prefer not to." The attorney oscillates between helpless rage which gets him to make weak demands and guilt which gets him to back down and be more accommodating, all the while Bartleby gets less and less functional.5

There are many turns, all downward, but one most fateful is when the attorney reconciles himself to accommodating Bartleby. Every family of an obsessional passes through this phase:

If I turn him away, the chances are he will fall in with some less indulgent employer, and then he will be rudely treated, and perhaps driven forth miserably to starve.

Yes. Here I can cheaply purchase a delicious self-approval. To befriend Bartleby;

4See Scheinberg (1988) for three examples of mothers in coalition with obsessional daughters.

5See Hoover and Insel (1984). We have a kind of Bartleby showing up of late to our emergency room with sub-lethal overdoses of Tylenol. Seven in three weeks! As the medical and psychiatry services alternately compensate and confront her, she becomes increasingly dysfunctional, repeating herself.
to humor him in his strange willfulness, will cost me little or nothing, while I lay up
in my soul what will eventually prove a sweet morsel for my conscience. (p. 1040)

Such irony. It will prove quite the opposite and indigestible. Thus, the helper is lost if he
cannot give back some responsibility to the obsessional, but what is it to be asked of him?

A Case of 446 Knots

This man has been quite like the attorney of Bartleby in his indecision for the last ten
years. Every decision he could not make tied another knot. I was of little use for years.

My first glimmer was that he would attempt to put out a score of knots at once and fail at
untying any of them. This I declined. I could look at only one of them. It might take him a
half hour even to choose what we worked on.

Then it became clear to me that every knot was one of these strange loops, built of two
untenable alternatives linked by objections to them. So he wanted to object to his boss’s
indecision, but he dared not offend him; so he would stay silent, but he could not bear to be so
complicit. Every knot was an obsessional oscillation of this strange sort which got a delirious
life of its own. As it revolved, he got tighter and especially in his chest.

My breakthrough with him (Chapter 5, Gustafson, 1992) was to show him that each loop
of his oscillation had its disadvantage and that he would be condemned to eternal whirling6 if

6See Dante Alighieri (1314) for the vicious circles of hell and Gustafson (1986) for the
successful long-term individual treatment of The Case of a Dog In Hell (pp. 207-211, 388-391).
he could not decide, for example, whether he "preferred" to speak up to his boss or to remain silent. This word "prefer" which I borrowed from Bartleby turned out to be decisive. Always, one course was a little less disadvantageous than the other, and always he was eased to make up his mind. By now, we have untied about five of these knots, one per session, one session per month. Of course, he still has the other 439, but he and I are confident that they will be managed.

A Case of Two Cards

This man could not or would not decide anything at all. When I noticed the usual whirling between two untenable alternatives, he could not decide which was worse and would muddle up the entire matter by excursions into the past blaming his previous doctors. He should not be in his sorry state, but for their blunders. As time was used up by him in this way, I told him the consultation had to come to a close. He could have a card with my name on it to visit with me again, or he could have a card with another doctor's name on it to try him. A year later he wrote me to ask me for a second consultation.

Rip Van Winkle Comes to Life

At fifty, this man looked like a corpse. He was so tired by his job that he went straight home to bed. In the morning, he would somehow pry himself out of bed, like Sisyphus the stone. Only to roll back into bed after an exhausting push all day long. His thoughts revolved
obsessively, between his duty to his job and his longing for his bed.

I was the fifth consultant, sought because his psychiatrist was sick of hearing the endless complaining about this dreary round and about the medications bringing no relief to his torment. He couldn't sleep, and he couldn't control his thoughts. I could see all too well how problem-saturated he was with everything being wrong, and I determined to find out one thing right. Which was that he used to be enormous fun. He was wild in his youth, and he loved to regale me with his antics—like driving out of a gas station with the hose stuck in the tank. He did that twice. Like Rip Van Winkle (Irving, 1829), he had his merry pals in those days, only now he was upon hard times with his Dame Duty with no end in sight. So I saw him come back to life, only such a life was wild and grand and impossible. Henry Hudson and his men were likely to show up, only as he dreamt in his bed.

So here is another form to the strange loop of untenable alternatives: he can be dead in duty, or he can be alive but impossible. Fortunately, I am not any longer a captive of such obsessional thinking. So I pose that neither of these will work, and I tell him I am sure he has some life in him at work. Sure enough, he has made some marvelous challenges which delighted his colleagues. Only he had forgotten to tell me. This is how it goes monthly. He attempts his dreary tale. He comes to life, with some wild recall which has only a past. I pose whether he has been dreary every single minute, and I always find some life in the tasks at hand.

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\*I will swear by Stevenson's dictum about those who seem entirely degraded. I never believe it entirely. He wrote: "His life from without may seem but a rude mound of mud; there will be some golden chamber at the heart of it in which he dwells delighted." (1892, p. 216) This faith is indispensable to me, as in The Case of the Dog in Hell (Footnote 1).
OBSESSIONAL IMPASSES OBSCURE THE SITUATION OF THE LIFE JOURNEY

Much of the expertise of giving back responsibility to obsessional patients is in knowing what is relevant and what is distraction. For the patients are experts at distraction as delay.

I see many obsessional patients myself in our health-maintenance plan which affords them only six visits a year, and I see many in my Brief Psychotherapy Clinic in consultation to our trainees, and I see many in consultation on our inpatient service. Almost always, the patient and his helpers are attending to the torment of the obsessional thinking. It is as if they only have these narrow angle lenses of Objective Psychiatry, so all they see is what they can give a drug for.

Always this distracts from some difficult decision posed by the situation of the life journey in the larger world. My last six consultations to the inpatient service turned up the following six dilemmas which had gone unnoticed for the lack of lenses to look outward at the patient in the world: a businessman who worked sixteen hours bought a new house that needed repairs, but he could not subtract anything from his day; a frantic woman who was being cut out of her inheritance by her father's second wife, but she could not decide whether to rail or beg; a woman coming into middle age, successful at work, with no prospect of a husband, but she preferred waiting for a miracle to meeting men; a nice old lady who wanted free of the burdens of her four grown-up children, but could not say no to her youngest moving back in with her penniless husband and two noisy little kids for a two month visit which became two years; a doctor who gave up overseeing six public clinics to take up private practice where there were endless business details he had no time for.
Even trickier are those situations in which there is an obsessional impasse in the world for which there is no exit indeed, which hides something else that is actually possible. For example, I saw last week in consultation a middle aged woman in a dead marriage which she preferred to keep in order to complete the upbringing of her children. Yet she agonized over her loneliness. If she had decided to stay, she could not control thoughts of leaving which tormented her.

I was asked to see her because she was quitting her doctor for being useless. All they did was go round and round feeling hurt by her husband’s neglect, and yet feeling terrified of leaving. The trainees with me found her icy and sympathized with her husband who must be getting her hard edge, just as she was getting his over his hurt. Obsessional marriages are like that (Sullivan, 1956, Chapter 12, Consultation on the Case of An Obsessional, 272-283). Yet I was struck by how embarrassed she was to show her woundedness even to me. When she did, she came apart at her ventral seam, and barely held herself together with her arms folded tightly about herself.

So I said to her and to her doctor that she could hardly ask her husband to help her when they were at war, when she could not even risk her hurt with someone friendly to her. So she had become secluded from all comfort, while attempting comfort from the partner who was most bitter and unlikely. Relieved, she and her doctor turned to a simpler, if difficult, step of openness with a friend.

OBSESSIVE-COMPULSIVE IMPASSES
These cases go straight to John Greist in our Department, so I only see them occasionally in consultation. I have no argument with the data that suggests that their most probable line of help is pharmacological and behavioral. If the family milieu has selected an obsessive-compulsive career, a new milieu of exposure to clomipramine and dirt may help the patient select a preferred career.

An alternative line of treatment is only well known Down Under in Australia and New Zealand through the work of Michael White (1989). His logic is that the family milieu can itself change so that it is no longer cooperating with selection of the obsessive-compulsive career, because it is already rebelling to some extent:

It is necessary for the therapist to assist in the selection of these new ideas by insisting that family members help him or her understand how, under the circumstances, they have managed to maintain some choice in their lives and how they have been able to prevent a total eclipse. Questions of the form -- "How is it that you have been able to avoid making certain mistakes that I know, from experience of other families with similar problems, you could have made" -- are useful in establishing this inventory. The therapist can express surprise that things are not a lot worse (88-89, 1989)

Only lacking a code book to distinguish their cooperation from their rebellion, the family, including the patient, make no progress for lack of clarity of which is which.

White (1989) acquaints the family with what he calls The Second Law of Fear which is that
fear needs friends to feed it. Such friends are no friends at all, of course, if they seem to be easing of difficulty. So White draws a picture with them of continuing as fear's friends so that fear gets ever larger, or of a radical departure to defying fear and its dominion. He thus invites them to depart together if they prefer that to the prospect of every getting deeper into the grip of fear.

The experiment is a long one, which always has lapses, which the family must be prepared for as a matter of course. Some of the stubbornness necessary to the family therapist to last the battle is conveyed by a case study from one of White's colleagues, which includes a consultation with White himself at a moment when the therapist had nearly given up (Durrant, 1986).

The reader may refer to White's and Durrant's reports for a more thorough reckoning with their methods, which is beyond the scope of my essay. I myself am not surprised that such a line of work is possible, when I think of my own limited experience with these families. They have such striking difficulties, as have been well conveyed by the only systematic study I know of a series of families with an OCD patient. Hoover and Insel (1984) describe a consistent story: one of the parents desperate for companionship leans heavily on one of the children.8

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8See Omer (submitted) for a story of this kind (Case 1). Omer poses the problem of the obsessive-compulsiveness as the same battle as the developmental battle with the mother: in both, you do not own your own life, but appease the rightful owners. In this way, to rebel from the symptom is also to rebel from the place where the life journey is stuck: "Therefore, in fighting the compulsions, you will also learn what you want and will become better able to face your mother; and in learning what you want and daring to face your mother, you will find yourself fortified against the compulsions." In my terms, Omer switches a strange loop into a charmed loop (Gustafson, 1992). Here is another way in which narrative psychiatry can augment objective psychiatry by drawing on a great reservoir of motive.
who becomes odd as if to repulse this parent. Yet they do not diverge far enough to separate, drawing the parent back in through cooperation with rituals. Then, the family oscillates between indulging and berating the patient, quite like the attorney in Bartleby. This is precisely the story I have seen with my family therapy team in about six cases, before I was conversant with White's method for the family to rebel together. I look forward to the next case.⁹

Yet I would not like to leave the impression that there is only one family constellation consistent with the selection of careers of severe OCD. I doubt it. Delay as a form seems to be called out for countless uses. In Melville (1853), we saw how the snugness of the safe attorney who could not make demands gave ample room for flourishing of willful offspring who prefer to do nothing. In Tolstoy's "Death of Ivan Illich," (1886) the emphasis falls upon cold bureaucratic heartlessness just as Sullivan (1956) found in families of obsessionals among the

⁹I am acquainted with the report of Stern and Marks (1973) showing how a conjoint marital therapy ("the therapy consisted of asking each spouse to list the desired behavior in the other; each then agreed to carry out a previously specified activity which the other desired. . . .", p. 681, 1973) allowed a mutual rewarding relationship to emerge which "brought about great improvement in the rituals, though not in the thoughts." (683) I am also aware of Marks' subsequent report (1987, p. 504) that "E (Exposure therapy) plus e (marital therapy) improved both phobic/OC and marital targets, whereas marital therapy improved only marital targets." However, such findings do not address family work such as White's in which the marital-family and obsessive problems are taken as a single story to be departed from. They do not prove the superiority of exposure therapy over marital therapy, only the greater strength of exposure therapy over one very simple kind of behavioral marital therapy. More sophisticated marital or family work would identify outcomes of mutual satisfaction, but also characterize the disastrous path of cooperation with fear and its ample practices, helping them to decide which they prefer. It would not suggest the path of mutual satisfaction, but seek to see if they actually preferred it.

The practical difference between the kind of family therapy propounded by Marks and more sophisticated family therapy is this: Marks simply tells the family his program to get them to stop cooperating with positive reinforcement of OCD; more sophisticated family therapy discovers the individual departures particular families are already taking on their own. Insofar as families with an OCD patient are willing to take orders and follow them, then Marks' program can work. Insofar as they are stubborn like OCD patients themselves, then more sophisticated methods are necessary to get their participation in a new story they actually prefer.
wealthy of New York City whose coldness was covered by fog. In Lewis Carroll’s *Adventures of Alice in Wonderland* (1862) there seems to be an entire series of snug niches for the likes of obsessional academics like the Mad Hatter and the White Rabbit and their mad wives like the Duchess. In Borges “The Congress” (1971) and in Thurber’s ”The Cat Bird Seat” (1925) there are all of these comports for the brisk growth of obsessionalism: grandiose claims, cold tyranny, and snug diversions. In Luther and in Freud’s Case of the Rat Man, the available niches seem to be those of being degraded or degrading someone else. As Winslow and Insel conclude, “the role of human conflict in the etiopathology of OCD has been woefully ignored.” (p. 220, 1991)
Figure 1. The Fields of Observation For Biological Phenomena

(i+5) global political
(i+4) disciplinary
(i+3) institutional or neighborhood
(i+2) marital and family
(i+1) interpersonal
(i) individual

Fields Larger
Than The
Individual

individual (i)
cognitive (i-1)
object relations (i-2)
affective (i-3)
behavioral (i-4)
biochemical (i-5)

Fields Smaller
Than The
Individual
Figure 2. The Whale As Seen Through Different Lenses

(i+5) global political
(i+4) disciplinary
(i+3) institutional or neighborhood
(i+2) marital and family
(i+1) interpersonal
(i) individual

Fields Larger
Than The
Individual

individual (i)
cognitive (i-1)
object relations (i-2)
affective (i-3)
behavioral (i-4)
biochemical (i-5)

Fields Smaller
Than The
Individual
Figure 3. The Plot of Postponement
viz. as in Pinter's The Dumb Waiter

POSTPONING
POSTURE

brings about a build up
of tightness and
bitterness

HOPE TO GET
SOMETHING

dashed, praying
it's not good
to hope
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Centre Publications, 345 Carrington St, Adelaide, S.A. 5000. Previously appeared in
