

CONTROL

And he said to them, It is not for you to have knowledge of the time and the order of events which the Father has kept in his control. [Acts 1:7](#)

Everything is determined, the beginning as well as the end, by forces over which we have no control. It is determined for insects as well as for the stars. Human beings, vegetables or cosmic dust, we all dance to a mysterious tune, intoned in the distance by an invisible piper." -- Albert Einstein, interview, The Saturday Evening Post, October 26, 1929

He doesn't let me pay the bills. I don't even see them. He gets mad if I go to the mailbox.

He's so controlling. He wants to know who I talk to. He checks my iPhone to see who's called me and who I've called.

THE PROBLEM OF CONTROL

There are levels of control. There are fussy men, who know how to do things right, and will sigh, resignedly, as they look after you and clean up the mess you've left behind. There are men who are wound up tight and get angry if you deviate from their expectations; if you propose going out, for example, by yourself with your friends. And then there are controlling men who are called malignant narcissists, who master their rage by killing people. One presumes you haven't had one of those.

From the psychiatrist's perspective, they all have variants of obsessive compulsive disorder (OCD), a condition as common as it is misunderstood. Obsessions and compulsions are really quite common. At least one person in three is given to obsessions or compulsions: nervous mannerisms, habits, idiosyncrasies, eccentricities. There are people who like to count and people who like to collect things and people who can never throw anything away. There are people who don't like the food on their plate to touch, but keep their peas separate from the potatoes and the meat, and there are people who always eat their peas first, then the potatoes, then the meat. There are people who hate the feel of a label on the inside of their T-shirt, which is why manufacturers have taken to printing them on. Some people have a routine in the morning as they wash and dress and breakfast in a certain, unvarying order, and if they get it wrong, they worry that today will be an unlucky day. Some people are tidy to a fault and others are surrounded by mess but they can't stand when the maid or their spouse tries to tidy up. These are all innocent foibles and nothing to worry about, although hardly any of us like to disclose them to our friends.

These are extraneous behaviors. They serve no purpose but we do them anyway. Animals do them. They are, according to ethologists, "inherited drives of fixed behavior." That means it's our DNA that makes us do it and the behavior itself is invariant, stereotypical, repetitive. Examples from the animal world include grooming and washing, nesting and ordering and hoarding. They are called "stereotyped behaviors" because the animals engage them far in excess of what they need to do. The polar bear in the Central Park zoo walks back and forth, back and forth, back and forth, all day long. That is called "zoo behavior" although I always just thought he was getting his exercise. In fact, the compulsion to exercise is a human foible, too. I know a lawyer, once, who told me that when he and his wife started taking Prozac, they no longer spent an hour every day on their Nordic Tracks. I'm not sure why they were taking Prozac and was too polite to ask but I'm sure they both needed it.

Why we, and all our animal friends, are given to extraneous behaviors is still a mystery, but I think it has to do with our nervous system, which is a bit "over-engineered." That is, it is active even when we don't need it to

be, and so it exercises itself, occasionally in odd and peculiar ways. It is true that we drum our fingers when we are nervous or impatient, but most of the time, we drum our fingers for no reason at all. Our brains, and even the brains of animals (birds and mammals at least) are bigger and more active than we need them to be for the routine activities that fill our day-to-day. We could be like reptiles, who just sit there, immobile, in between doing things. As a matter of fact, some people are. But most of us have evolved bigger and more active brains, which get us into all manner of mischief, like high intelligence, language, subscriber trunk dialing and all manner of nervous hyperactivity.

Some people, not many, but some are entirely free of obsessions, ruminative anxiety, habits or compulsions. However, most of us have at least a few and some people have quite a few. Sometimes they can be troublesome and deserve the attentions of a mental health professional.

The difference between people with obsessive-compulsive *disorder* (1-4% of the population) and people who have obsessive-compulsive *traits* (30% or so) is the difference between professionals and amateurs. Patients with OCD are pro's at it. They spend all their time doing it. Their obsessions and compulsions dominate their lives, almost always in untoward ways. They just don't *have* idiosyncrasies; they *live* them. So, someone with OC traits, a fussy person, will make sure the bed is made and the lights are turned off before he or she leaves the bedroom in the morning. Someone with OCD might spend an hour getting through the bedroom door, having stripped the bed before he or she made it up again, then stripping it again to check if the labels on the blankets were at the foot of the bed where they should be and that the broad border of the top sheet was at the head, that the soft pillows were, in fact, atop the harder pillows, that the windows were locked and that the distance between the hangers in the closet were equally spaced, and so on. The fussy person is interested in doing things right. An OCD person does things right, over and over again, so often, in fact, that he ultimately gets it wrong.

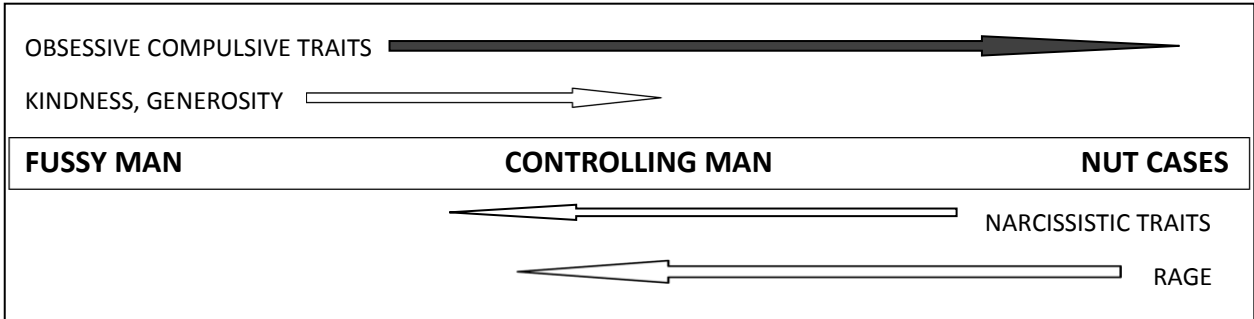
But what do obsessions and compulsions have to do with *control*? We all know that people with OCD are *funny*. They are on TV and in the movies. They are fun to see for their eccentric behavior. They are like puppet-people whose compulsions pull on them like the strings of a marionette. It's funny to see a human being behave like a marionette. They are *controlled*. Why, then, are some of them *controlling*?

The psychiatrists have dealt with that question by inventing a category for OC people who are controlling. They call it the "compulsive personality disorder." They may or may not have overt obsessions or compulsions, like washing their hands frequently, checking innumerable times to make sure they turned off the stove or hoarding stuff so their house looks like a junk store, but that's usually because they keep them hidden. The last thing they want is to let you know their weaknesses. If you ask them, even in a clinical interview, they will deny it. I remember one fellow, who was a lecturer at the University and came to us because he thought he had ADD. Of course, the fellow had had a stellar career in school and none of his teachers ever thought he was remotely ADD ("But I always had to work harder than everybody else"). I was convinced, though, that he was a compulsive personality. At the end of the day, while I was writing my report, the medical assistant who had tested him told me they weren't sure about mentioning an idiosyncrasy he had: when he was reading, he had to read twenty words – no more, no less -- with each breath he took.

Theoretically, compulsive personalities don't mind the way they are, and they don't perceive their controlling disposition or any of their other compulsions to be a problem. Much to the dismay of the people who live or work with them, I might add. In my opinion, though, compulsive personalities are in the same broad family as people with OC traits and patients with OCD. They just have a singularly noxious compulsion, that is, the compulsion to control other people. I shall explain that later on, but the point is that a nervous proclivity is necessarily expressed in different ways in different people, and to a mild degree in some, and a whole lot in others. For this reason, it is appropriate to address the problem of controlling husbands in the context of OCD.

FUSSY MEN

People differ in how and to what degree their OC tendencies are manifest. People differ, as well, in how their OC traits interact with other elements of his personality, for example, kindness and understanding, which are *good traits*, or narcissism and rage, which are *bad traits*. The fussy man, for example, has OC traits but he uses them not for his own sake but for the benefit of mankind, or, at least, for the people around him. The fussy man simply knows how to do things right. He is a bit compulsive about it, but he is useful to have around. He is well-organized and he likes things to be orderly. He always knows where you can find the needle-nosed pliers or the duct tape or the cumin seeds. When they aren't where they're supposed to be, he sighs, resigned to the imperfections of the world but not too angry about it. Besides, it gives him something to do. He runs off the hardware store (knowing full well that the needle-nose pliers are irretrievably lost) and buys *two* pair, one of which he will place in its usual, correct place. The other he will put in a special, secret place that only he knows, anticipating that the first pair will be irretrievably lost before very long. Of course, his clever albeit scattered wife will before long discover that secret place, and if there are children around, they will know about all of his secret places if she doesn't. Another trip to the hardware store, and as he goes there (his wife comes along because she needs to buy decorations for Valentine's Day, having misplaced the decorations from last year's Valentine's Day) he reflects that Life is like a river, an endless flow of little chores to be done and problems to be solved, imperfect people who get trapped in the eddies and snags and have to be nudged into the softly flowing stream. It is a cheerful reflection. He isn't Sisyphus, pushing the rock up the hill only to watch it crashing back down. He isn't really a perfectionist either, because he accepts that life is imperfect – even *he* loses the goddam needle-nosed pliers sometimes. Doing things right is a blessing, an act of concordance with the harmony of the universe.



Fussy people usually have a few OC traits, but they are harmless ones, like checking the doors at night or lining up shirts by color in the closet. Mostly, they are *conscientious*, which is a thoroughly good trait, as we shall see. And although we are concerned with OC men in this chapter, there are at least as many fussy women in the world, probably because the traits of kindness and generosity tend to concentrate in that gender. Have you ever wondered why your mother never complained when she had to pick up after you, or your father, or if she did, it was in a gentle, good-humored way? Well, I hope your mother was like that, because fussy women make very good mothers. By the same token, fussy men can be very good Dads.

For some reason, fussy people tend to marry scattered, disorganized people. *For some reason*, indeed – you know full well what the reason is. It is a form of symbiosis, like the tick bird and the rhinoceros or the sea anemone who resides on the back of a crab. If you are scattered and disorganized by nature, the very person you need to marry is someone who is well-organized, as long as he goes about it cheerfully. That is just common sense. But what is in it for the fussy side of the marital equation? Well, it gives him or her a *raison d'être*, a purpose in life, or at least, something to keep him or her busy. So, as symbionts, they are perfectly happy, as long as they can be, respectively, fussy but cheerful and on the other, scattered but appreciative. (Divorces happen if the fussy man grows rigid and intolerant with age and loses his spirit of kindness and generosity, or if the scattered woman grows up and wants more out of life than a caretaker.)

CONTROLLING MEN

Fussy men are not particularly controlling, but men with compulsive personalities are. As it happens, they also seek mates who are scattered and disorganized, but for more sinister reasons. On the surface, they are attracted to women who are ebullient, emotional and outgoing. Being humorless chaps themselves, too rigid and uptight to let their feelings out – and knowing what their inner feelings are, you don't want them to – they appreciate a woman who is comfortable with her emotional side. *Someone who is fun! Oh, good* they say. Compulsive men flatter themselves that a cheerful wife will lend an exciting and much-needed dimension to their otherwise bleak and empty psychology. That's the way it begins, anyway. But the heuristic, *Someone who is fun! Oh, good*, is appreciated only in part. There is another part that not even the controlling man himself is aware of. It goes like this:

Someone who is fun! Oh, good. Now let me crush her spirit

It begins around the day-to-day fastidiousness that the compulsive man shares with the fussy man, with this difference. He doesn't do the right thing out of a spirit of generosity but in the spirit of anger. Turning out the light in the closet isn't a happy opportunity to make things right but the occasion for complaining: *The dumb bitch can't even turn out the light in the closet*. Arguments arise out of the most petty issues and minor lapses are interpreted as provocations. The prosciutto was not sliced thin enough. The cap wasn't put back on the toothpaste tube. You left your shoes in the kitchen. You spend too much time with your friends, which you can expect to hear if you spend *any* time with your friends.

The practical problem is how to distinguish between a fussy man, who isn't a bad sort of spouse, if unexciting and a bit on the pedantic side, and a controlling man who is masquerading, during his courtship years, as just another fussy guy. As it happens, the psychologists have come up with a useful checklist for precisely that purpose. The "Controlling Behaviors Checklist" is from a book by Susan Schechter and Ann Jones called When Love Goes Wrong by (1992).

CONTROL THROUGH CRITICISM

___ My husband's words or behavior indicate he thinks I never do anything right. Nothing is ever good enough.

- My husband says I'm not supportive and loving enough; he wants all of my attention.
- My husband is critical of the way I cook, clean, dress, make love, carry myself in public, etc.
- My husband never gives me positive support; even compliments are backhanded ("This is the first good dinner you've cooked").
- When I confide my insecurities, my husband makes fun of me.
- My husband calls me names: dummy, whore, bitch.
- My husband always corrects things I say or do; only he can do things right.
- My husband humiliates me about something I've done in front of family and friends.

CONTROL THROUGH MOODINESS, ANGER, AND THREATS

- My husband gets mad if I'm five minutes late.
- My husband expects me to read his mind and is furious when I can't or won't.
- Living with my husband is nerve-wracking because I never know what will set him off.
- My husband blows up and refuses to speak to me when I do something he considers "wrong".
- My husband withdraws into silence, and wants me to figure out what's wrong and apologize for it.
- My husband gets very depressed and expects me to work very hard to cheer him up.
- My husband says he'll never let me leave him.

CONTROL THROUGH CHILDREN

- My husband threatens to or does call social services to say I'm neglecting or abusing the children when I am not.
- My husband threatens to take the children and leave.
- My husband threatens he will get custody of the children if I want to leave the relationship.
- My husband threatens to harm the children.
- My husband mistreats the children and blames it on my parenting problems.
- My husband invalidates my parenting decisions by telling the children not to follow consequences or allowing other behavior in my absence.
- My husband tells the children I'm a bad parent.
- My husband abuses me in front of the children, physically or emotionally.
- My husband fights with me while holding our children, behaving in a manner which makes me afraid to disagree.

CONTROL THROUGH OVERPROTECTION AND "CARING"

- My husband doesn't like it if I'm away from home because he says he worries about me too much.
- My husband is jealous when I talk to new people.
- My husband often phones or unexpectedly comes by the place I work to see if I'm "okay".
- My husband does the shopping so I don't have to go out.
- My husband says I don't have to work because he wants to take care of me.
- My husband picks out my clothes because he loves to have me look just right.
- My husband takes to me work and picks me up so the men I work with won't get "ideas".
- My husband encourages me to take drugs with him so we can share the high; he accuses me of not caring if I refuse.

CONTROL THROUGH DENYING YOUR PERCEPTIONS

- My husband acts very cruelly and then says I'm too sensitive and can't take a joke.
- My husband promises to do things, breaks his promises, then says he never promised in the first place.
- My husband causes big scenes in public and at family gatherings, and when I confront him about it, he accuses me of exaggerating or making the whole thing up.
- My husband shows excessive interest in my emotional life and tries to convince me that I need to see a psychiatrist. By contrast, he is fine.
- My husband says I'm always imagining things.
- My husband hits me and then asks how I got hurt later.
- My husband does abusive things and when I become upset, he tells me I'm hysterical. He asks me why I upset myself.
- My husband says he can help me fix my character defects. He gets me to make lists of what's wrong with me.
- When I try to have a serious talk with him, my husband says, "There you go again. Calm down."
- He treats me as though I'm upset when I'm not.

CONTROL BY IGNORING YOUR NEEDS AND OPINIONS

- My husband never helps me when the kids are sick, or when I'm ill. Or he promises to help me and then forgets.
- My husband expects me to drop my activities whenever he wants my attention, but he never pays that kind of attention to me.
- When I try to talk, my husband constantly interrupts me, twists my words, or forgets what I just said.
- When I want to resolve a problem, the subject is changed before I even realize it.

My husband shows up unannounced whenever he wants to, or fails to show up when he said he would, so it's hard for me to make any plans.

When my husband wants to go out on his own, he does; but I can't because the kids are my responsibility.

When I try to express my opinion about anything my husband doesn't respond, walks away, or makes fun of me.

CONTROL THROUGH DECISION MAKING

My husband has to have the last word.

I think we've reached an agreement about something, and then he goes out and does just the opposite.

If I bring up some decision he made but didn't consult me about, he asks me why I'm harping on something that's already been decided.

If I try to talk about a problem we've had, he accuses me of hanging onto things and not being forgiving.

My husband says some subjects are not open to discussion.

My husband says that it's a man's responsibility to make the decisions for the family.

I have to ask permission to do something on my own, whereas he does things on his own without consulting me or letting me know.

CONTROL THROUGH MONEY

I can't get information about our financial situation even when I ask. My husband withholds information and/or is patronizing about my ability.

I have to account for every dime I spend and also figure out how to make ends meet.

My husband spends money on whatever he wants. He gets angry and blames me when he needs money and there's none left.

My husband won't give me a household allowance, so whenever I need some money I have to ask him for it.

My husband says that with all he does for me I ought to be glad to support him financially.

My husband gives me everything I want, but he always reminds me that I could never live so well without him.

My husband doesn't work. He takes money out of my pocketbook or steals my stuff and sells it.

CONTROL THROUGH SHIFTING RESPONSIBILITY

If I tell my husband that he's too bossy and critical, he tells me I'm immature. We always end up picking apart my personality.

My husband says that he can't stay clean and sober because he lives with a bitch like me.

My husband says that if I ever leave him, he'll kill himself and I'll be responsible.

My husband lost his job and blamed me for it. Now he refuses to work.

My husband says he wouldn't lose his temper if I kept the kids quieter.

My husband says he wouldn't go after other women if I kept myself up better.

My husband says he'd take me out more if I weren't so stupid.

My husband says he's always good-natured with other people, so it must be what I do that makes him lose control of himself.

CONTROL THROUGH LIMITING CONTACT WITH OTHER PEOPLE

When I want to go out, my husband starts a fight.

My husband doesn't like me to spend time with my family, with or without him.

My husband tells me I never give him enough of my time, that I care more for my friends and family than I do for him.

Although he never says it directly, I think my husband wants me to ask his permission before I go somewhere.

My husband grills me about what happened whenever I go out.

My husband accuses me of having affairs.

My husband makes me late for work or made me miss work so many times that I lost my job.

When I spend time with women friends, my husband accuses me of being a lesbian.

CONTROL THROUGH PHYSICAL INTIMIDATION

My husband blocks the door so I can't leave during an argument.

My husband scares me when he's angry by standing very close to me and clenching his fists.

When we argue, I'm sometimes afraid of what he might do, so I stop arguing.

My husband drives recklessly whenever he is angry with me, and it scares me to death.

My husband throws things around and breaks things.

My husband destroys my clothes and my favorite things.

My husband refuses to leave when I ask him to.

My husband won't let me sleep.

CONTROL THROUGH SEXUAL HUMILIATION

My husband pressures me to have sex in ways that make me uncomfortable.

My husband makes sexual jokes about me in front of the children and other people.

My husband makes fun of my body.

- My husband tries to seduce my friends and family members.
- My husband forces me to dress in ways he thinks are "sexy" but that make me feel uncomfortable.
- My husband compares me to women in pornographic magazines and videos.
- My husband tells dirty jokes that are degrading to me and to women in general.

CONTROL THROUGH PHYSICAL AND SEXUAL VIOLENCE

- My husband throws things at me.
- My husband pulls my hair.
- My husband beats my head against the wall.
- My husband chokes me.
- My husband kicks me.
- My husband shoves and pushes me.
- My husband restrains me or keeps me from leaving.
- My husband hits me.
- My husband forces me to have sex with others.
- My husband rapes me.
- My husband threatens me with weapons.
- My husband hurts me and then won't let me go to the hospital or to a doctor.

I have no idea where Susan Schechter and Ann Jones got all of this. I just hope it wasn't guys they knew. Whoever they were, you certainly wouldn't want to be married to one of them. You wouldn't even want to run into one of them on the street. When Love Goes Wrong is the understatement of the day. It is more like, *When Some Poor Girl Makes an Incalculably Bad Choice*.

I hope that few if any of my readers have had husbands who don't let them sleep or beat their heads against the wall or try to seduce their friends and family members, although I have had patients who found themselves in just those circumstances. One of my patients was a widow and married a nice old widower, a bit fussy but she thought he was nice. He was so nice, in fact, that he kept mementoes of his late, beloved wife. He kept all her old clothes in her dressing room and her bath exactly as she had left it. He wouldn't let Edna, his new wife, move any of her things into the house. She kept her clothes in the car. He turned out not so nice.

When I was a young doctor in Mississippi, I met a patient who had solved the problem of a violent, controlling husband in the most definitive way. Whilst taking her history, I asked if she were married. *No*, she said, *my husband is dead*. She was a young woman, so I asked, Oh, how did he die? *I killed him*, she said. Then, after a pause – Oh, how did you kill him? (What is the right thing to say to someone who has murdered her husband?) She said: *He was asleep. I put the shotgun on the pillow next to his head and gave him both barrels. He was messing with my daughter*. Those were the old days, when the law was more flexible than it is today, and killing a bad man was deemed more a public service than a criminal act. So also I deemed it to be. She was a good patient. She had a bit of hypertension, and so we treated her for that.

I can't imagine what's in it for any husband who won't let his wife sleep. How does he contrive to do that? Does he set his alarm to go off every hour or so in order to guarantee she's not asleep? Maybe he doesn't sleep at all himself and just needs some company. Sometimes, the vagaries of the human condition are baffling, even to me. Nevertheless, there are probably a few items on the "Controlling Behaviors Checklist" that are germane to the lives of my readers. The less violent ones, probably. That is, the husbands, not the readers.

The problem is that it is hard, sometimes to know if your boyfriend and prospective spouse is just a fussy man or a compulsive controller. It is true that a man with just a few compulsive traits is not likely to steal your stuff and sell it or force you to have sex with other men, but then most controlling personalities aren't either. And although they behave like two different species, fussy men and compulsive controllers, we know that they are simply different sides of the same coin, because fussy men, when they get old and rigid, can become controllers; and controllers, when they are appropriately treated with the right kind of drug, are able to lighten up, chill out,

smile a bit more frequently and turn into agreeable, fussy men. Of course, getting him to take the right kind of drug is something else.

YOU NEED HELP

There are two things to do if you have a controlling husband, that is, assuming that you don't have a double-barreled shotgun or, alternatively, you aren't so meek you are grateful to put up with him. The first thing you should consider is to get the hell out. That, I suppose, is the advantage of having all your clothes and things already in your car. But it is easier said than done, of course, especially if he is the kind of man who stands in the doorway and won't let you out, or who says (and you believe him) *I will never let you leave me*. And even if you do manage to escape, you still have to deal with him over the children. A controlling man can make shared custody as nightmarish as your shared bed, especially if he never lets you sleep. This is where I run into these fellows most frequently. Mom brings a little boy in for an evaluation and her ex- comes along, exercising his parental rights, of course, but primarily in the service of making his ex-wife miserable. I have described that unhappy situation in Chapter _.

Also, remember that you love this fellow, or you once did, and you take your vows seriously: *for better or worse, in sickness and in health...* and obviously, the fellow is a sicko. He needs help. Get him to a shrink. In fact, almost all of the controlling men I have seen as patients have been commandeered in by their wives.

So he comes in to see me. How can I help you? *My wife made me come*, he says, as if I hadn't noticed the chip on his shoulder. Why did she want you come? (He isn't going to volunteer why.) *She says I have an anger problem*. Do you have an anger problem? *No, I don't have an anger problem at all. I just get mad as hell when people do stupid things*. He is blind, it seems, to the contradiction inherent to that statement but I'm not about to point it out just yet. The poor fellow sincerely believes he doesn't have a problem. *It's not my problem. I get mad at stupid people. I wouldn't get mad if people weren't so dam stupid*. He expects me, a brother in arms, to sympathize with this. The logic is irrefutable. His life must be a Sisyphean task, rolling a heavy stone against all the forces of ignorance and pusillanimity arrayed against him. It isn't anger; it's righteous indignation.

Righteous indignation is a form of self-indulgence for angry people who don't want to admit that they are angry. They have an interesting problem: Intolerance of fools. You can see such types, railing against the humans if not the gods, on radio or on the television. They are given to an expensive form of self-indulgence, though. Sometimes I tell such fellows, You know, if you get mad at all the foolish things that people do, you are going to spend all your time being angry, because people do foolish things all the time. Since he does spend all of his time being angry, and hardly considers there is another way to be, such an eminently sensible remark has no impact whatever.

Controlling men, like all bullies, can be quite docile in the face of *force majeure*, so he will agree to take a drug. It's an antidepressant usually, and he will take it to mollify his spouse. *I don't think I need it but if it will make her happy I'll take it*. So he does take it, never really admitting that it is doing much, but keeping at it as long as he has to. After a while he will stop taking it. Then he will be on his best behavior, and he will love it when nobody notices that he's stopped the drug. He asks his wife if she notices anything; she says, *No, I haven't noticed anything, what did you want me to notice?* looking at him to see if he got a haircut. She isn't about to interrupt the domestic tranquility while she is busy chopping carrots and say, *Yes, you've reverted to your beastly real self. Have you stooped taking your medicine?* Besides, he's been on his best behavior, not beating her head against the wall or forcing her to have sex with other men, so she would prefer to think that if things are exactly all right then at least they're not so awfully bad.

Aha, he says to himself. His skeptical self is pleased. *I was right all along, he thinks. The medicine doesn't do a thing. The doctor is a quack. I am right again.* He is always right, you see. Such little games gratify his self-satisfaction as a rational, critical thinker.

Opal and Hugo were pediatric residents at the University Hospital when I was a resident in psychiatry. They married. She went into practice but he stayed at the University specializing in kidney disease.

One case was a physician with a physician wife. He was pushing sixty. His rigid, controlling nature had stiffened over the years, and after the kids moved out, and his wife learned to steer clear, he turned his critical eye and angry outbursts against underlings at work. People don't stand for that sort of thing, these days, and he was facing disciplinary action at the hospital. That only increased his bitterness, isolation and rage. He was backing himself into a corner, and there was no way out. Naturally, he refused to see a psychiatrist. After all, he was *right*. A short course of prozac in his OJ and he was a new man. And he never even knew it. They are both dead now, from horrible cancers, so I feel free to tell the story. I suppose she was guilty to battery, but I never held it against her.

As I said before, there is a spectrum of severity in the O-C continuum, and not every controlling man is an angry or sadistic narcissist (although just about every angry and sadistic narcissist is a controlling man). Some compulsive personalities are just a step or two beyond the fussy man category. They aren't so self-absorbed they have lost all insight and perspective.

Many of them come to see us because they think that they have ADD. Patients with OC traits do sometimes have problems with productivity – they get distracted by details and the imperfections of their analysis – and their jobs are often at risk because they can't finish their paperwork. This they take to be a problem with attention, and it is, in a peculiar kind of way. We have had to let more than one physician go because they were so obsessive they couldn't get their reports out.

The way most physicians decide a patient had ADD is to give him or her a "rating scale," a list of questions that ask, in several different ways, if they think they have problems with attention. If the patient says yes to enough of these questions – which is a foregone conclusion, because they are there because they think they have problems with attention – then, sure enough, they're ADD, and they walk out with a prescription for amphetamines. This is the sum and totality of the diagnostic process in most clinics, although I hasten to add not in ours. It is an efficient method, to be sure, to reduce critical analysis to adding up a patient's scores on a questionnaire and to subtract good judgment entirely from the process, but it doesn't always lead to good results.

There is a problem with giving such patients amphetamines, though. When one takes a stimulant

OUR NECK

This is such a familiar scenario in my neck of the woods. Where we live, Frances and I and the little ones, is a pleasant and unassuming part of the world that local boosters have decided to give the unlikely name, the “Research Triangle”; as in Bermuda Triangle, Love Triangle, pink triangles, and *the women came out to meet king Saul, with tambours, with joy, and with triangles*.¹ Why anyone would think a triangle is an appealing place to live has always been a mystery to me, but the lure of geometry seems to have attracted a unique concentration of highly educated and mostly fussy people. We have, for better or worse, more PhD’s and MDs as a proportion of the population than any other place in the world, except maybe Los Alamos, but without the mountains and the plutonium. It is a dubious honor, if you ask me, that is reflected in the reliably wrong-headed way the population votes at election time.

What qualifies your writer as advanced expert on the topic of OC people is the fact that OC traits tend to gravitate towards the PhD’s and the MDs of the world, as if they were parasites the population took in from eating fresh vegetables and grain bread. I suppose it is more accurate to say that people with OC traits tend to gravitate to the fields of engineering, science and medicine, especially to those who like to spend their lives doing research, which is, after all, simply an exercise in reducing all of Creation to numbers. As you probably know, OC people love to count. (There is a society of obsessive-compulsives and their motto is, Every Member Counts!) Heaven knows we have counters around here. Count it! and if you can’t count it then it doesn’t exist. That is the motto of the purveyors of Evidence Based Medicine: if you can’t count it, it doesn’t exist, and we have a whole clutch of such purveyors at our Medical Schools. The EPA is here too, and their motto is, if you can count it, it’s dangerous. Having a surfeit of such characters in our neighborhood, fussy men and women in great numbers, counters and checkers galore, our clinics have a steady flow of customers, and for that we are always grateful.

There is another word one can use when considering people with obsessive-compulsive personalities. That is “up tight,” or uptight, or up-tight, as in, *unable to relax and just chill, has panties all up in a twist, walks with a stick up their ass*.² It’s something you can feel when you meet such a person. It’s a state of mind that is almost palpable, something that people exude, almost. When you are with an uptight person, you are immediately on your guard because you can feel their tension. It can make you tense as well. It is as if they are looking for an excuse to jump down your throat at the first chance.

When I see such a patient, I have a certain reaction cultivated over many years dealing with uptight people. I relax. It takes every effort culled from years of meditation, reflecting on a ko-an and fingering the rosary beads I always carry in my pocket. I take on a calm and agreeable manner, even calmer and more agreeable than my usual demeanor, and this has a reliable effect. Or two effects, depending on the patient. Most, the mild cases, will relax themselves, and that is a good thing. Some, however, the bad cases, go into a slow burn. *How can this sonofabitch remain calm*, the bad case thinks, *when the matter at hand is so desperately important? I am ADD!* he says, in more words than that, *I am taking eighty miligrams of Adderall three times a day for God’s sake and I still can’t get my work done. My doctor won’t give me more until I come to see you.* And underneath there is this message, I would sooner sit on a spike than talk to this psychiatrist.

I have a long history with up-tight people, or people with OC traits. I remember a visit I made, years ago, to the campus of a nearby University during the middle of the day. It was one of our local schools, the one with Ivy League pretensions. As I walked across the quad at class-changing time, I was struck by the feeling that I have been here before. I never had been there, though. My job at the time had me on the campus of nearby State U,

¹ [1 Samuel 18:6](#)

² Urban Dictionary; also, Stevie Wonder, Motown Records.

where the undergraduates sauntered along beneath the live oaks, chatting gently with their peers and greeting passers-by, even old ones like me with a smile. But at this other place: there they were, in their hundreds, rushing from class to class, eyes to the pavement and expressions grim, without a word to share, as if they were all pushing heavy stones up the side of a steep hill. The tension was palpable, as if all of them were taking amphetamines, but no one seemed to notice but me. My God, I said to myself, I'm back at Columbia.

I suppose it would be off the point to go into the details of my own long history with uptight people, especially during my unhappy undergraduate days on upper Broadway, although it was a rather abrupt transition from happy times in Bensonhurst where the members of my family would be more properly described as wide-open rather than up-tight. But most of them are in the other chapters. I should like to tell you, someday, about the geographic concentration of up-tight people in the world and how it relates to the recreational drugs that are preferred, but that is a lesson for another time. Suffice it to say that enduring a prolonged adolescence in a nest of self-absorbed strivers enlightened your author to the barrenness of such a life and taught me all of the tricks of its acolytes.

The problem with treating compulsives is that the drugs they prefer to take – amphetamines – are only calculated to make them more intense and self-absorbed, and they will go to lengths to find one of those rating scale doctors – “ADD specialists” – who will give them what they want. And they are disgusted at the idea of any form of treatment that might make them a bit less intense and self-absorbed. Why somebody who is already wound up tighter than a clock wants a drug that is going to wind him up even tighter is one of those small mysteries neuroscience has yet to unravel. If you tell him, this drug is just making you angrier, he will just get angry.

Sometimes it is appropriate to treat an OCD patient with a stimulant drug like Ritalin or Dexedrine, along with a serotonergic antidepressant. Problems may arise, however, when one prescribes a stimulant to someone who is obsessed with his cognitive state on a moment-by-moment basis. Stimulants, you see, tend to be short-acting drugs, and some people experience the withdrawal from stimulants as an unpleasant, foggy or drowsy state of mind. Obsessed as he is with his cognitive state, an OCD patient will be inclined to take another stimulant, often sooner than he ought to. Then he will try higher doses. At higher doses, though, stimulants tend to impair one's cognitive state. This the obsessive perceives as *not enough drug*. So, in a few months, he is taking more stimulant than a crack-addict. That's when his MD sends him to me. It is never a happy chore to tell such a person that he needs to go off stimulants for a while, or maybe forever.

So, the second thing you can do with a controlling husband is to try to get him some help. And some of them can be helped. Not with amphetamines, though.

The third thing to do is to re-think the proposition, *in sickness and in health*. If someone doesn't acknowledge that he is sick, it voids the contract.

WHAT'S SO GREAT ABOUT CONTROL?

What do obsessions and compulsions have to do with *control*? To put it simply, it is one. The controlling person is obsessed with the idea that something is wrong and it is up to him to set it right; he is thus compelled to make other people fall into line. Obsessions are usually inward things: repetitive thoughts in one's mind that are not easy to get away from. Compulsions, too, usually involve a personal event, something that one does by oneself, preferably away from public view. The compulsion to control is, in contrast, outer-directed. An innocent, bumbling OCD struggles alone to control his or her obsessive thoughts and compulsive behaviors. In compulsive personalities, the obsessions and compulsions are all about control, too, but the control is directed to other people. Or, rather, *at* other people, because control is a form of aggression.

When he cleans, he doesn't clean with me. He cleans at me.

Among all the obsessions and compulsions, control is particularly nasty one. Like every obsession, it feeds on itself, and it sometimes takes a malignant course. It is one of those psychological cancers that absorbs one's normal psychology and grows until there is nothing else left. *Everybody is stupid, it is up to me get it right. It makes me mad when other people are so stupid.* If this is what one thinks, you can only imagine what a horrible burden it is, and how scary. There is only one thing to do. More control. Get them to do right in spite of themselves.

Psychiatrists used to believe that obsessions and compulsions were attempts a person made to control or "bind" anxiety. The theory was that an OC patient experienced intolerable anxiety as a consequence of hidden psychological conflicts. The OC patient might have feelings of rage and aggression deep inside, feelings that he is unable to acknowledge because they are addressed to some perfectly innocent person, like one of his parents, his piano teacher or the greengrocer down the street. Thus conflicted, the obsessional patient experiences intense anxiety. This he displaces in some symbolic direction, engaging thoughts and behaviors that are repetitive and meaningless but at least safe. Therefore, OC people are controlling to others because they struggle to control their own aggressive impulses. According to this theory, what lie at the root of OC behavior are unacceptable aggressive impulses and anxiety that can only be expressed indirectly.

The theory is not so outlandish as it seems to the 30% or so of us who have OC traits and know full well that we are as gentle as sheep. Anxiety is certainly an element in the life of OC people and aggression is a central element in controlling behavior, but they aren't the core of OC behavior. They are the consequence.

First, anxiety. Here is Konrad Lorenz, a famous ethologist, whom we shall meet again later on:

I once suddenly realized that when driving a car in Vienna I regularly used two different routes when approaching and when leaving a certain place in the city...Rebelling against the creature of habit in myself, I tried using my customary return route for the outward journey and vice versa...The astonishing result of this experiment was an undeniable feeling of anxiety so unpleasant that when I came to return I reverted to the habitual route.³

According to the conventional theory, Lorenz was "binding" anxiety by driving to and from Vienna in a symmetrical way. Theoretically, there was something about Vienna that roused deep feelings of rage and/or anxiety; perhaps the large numbers of bipeds living there who were not ducks or geese. But, as usual, the old-fashioned psychiatric theories got it completely backwards (which should serve a warning to those who attend to the *new-fashioned* psychiatric theories).

Anxiety is not the driver of obsessions and compulsive behavior; rather, the occurrence of obsessional or compulsive behavior gives rise to anxiety. Psychologists have proven that this is so. In one famous experiment, they gave normal subjects an opportunity to behave as if they were OC and it made them quite anxious. Two groups of healthy young subjects were given a gas stove to check and make sure it was off. One group was told to check and re-check the gas stove multiple times, as if they were OC patients with what is called a "checking ritual." The other group simply checked the stove and then went off to do something else. The test was what they remembered about the gas stove, which contained a number of interesting appurtenances. What transpired was surprising, or, as scientists say, "counter-intuitive." The subjects who had checked the stove just once had much more vivid and detailed memories of the gas stove than the subjects who had checked it repeatedly. You would expect just the opposite to have occurred. If one had to go back again and again to examine the stove, that ought to reinforce one's memory, right? But no, the act of checking actually reduced the confidence of the checkers in

³ Lorenz, K. 1966. "On aggression." Methuen & Co., London.

their own memories.(van den Hout & Kindt, 2003) Checking didn't make them more secure about gas stove, it made them less secure. This, I think, is precisely what happens in OC patients: their self-consciousness and doubt contribute to inaccurate perceptions, and this, in turn, makes them nervous.(Gualtieri, 2002)

So, in the case of Lorenz, it wasn't anxiety that made him take one road to Vienna and another road back home. The anxiety arose when he didn't. According to the old theory, the compulsion was "binding" his anxiety and when he broke with it his anxiety was released. A natural psychologist would propose that he was just a creature of habit and trying to break the habit made him nervous.

The natural psychologist, though, is only half-right, and I shall explain why.

THE HABIT SYSTEM

Since OC people seem to be creatures of habit, this is an appropriate time to talk about habits and how they relate to anxiety, control and aggression. Natural psychology likes the idea of habits. Habits are things we do all the time without thinking very much about them. Snakes are in the habit of eating mice, and they don't have to think about it at all. Neuroscientists also like habits. They understand that habits aren't just annoying things that people do and they really ought to stop. They have discovered that habits, like heuristics, are a very important way that human beings, and brains operate.

In an early chapter, I described the difference between heuristics and critical judgment. Psychologists and neuroscientists make much of this difference because it is a good example of the two mental systems that govern thought, feelings and behavior. The two mental systems are called the "fast operator" and the "slow operator": a habit system that guides behavior automatically and effortlessly, and a cognitive or "mnemonic" system that functions slowly and consumes a great deal of mental energy. The mnemonic system is also called the "central executive."

This is how they work, these two mental systems. In order for the mind to operate efficiently, it is necessary to consign certain actions, thoughts and feelings to a fast system that behaves virtually automatically. It is not really automatic, like the involuntary muscles, the heart muscle pumping away, for example; or like the reflexes, like an eye blink. The habit system is kind of automatic, in the sense of something that is over-learned, something that we have done or seen or felt so many times that it is virtually habitual. The efficient operation of the brain requires a fast operator like the habit system to deal with overlearned tasks (e.g., walking, brushing hair, driving a car). Slow operators, on the other hand, operate in what is called the mnemonic system/central executive. They are responsible for more complex operations (e.g., learning to walk after you've had a stroke, writing books about ex-husbands, explaining to your wife that you're not lost, you're just taking a short-cut, and, no, you're not going to stop and ask for directions). Driving a car, brushing one's hair, eating with a knife and a fork aren't really automatic behaviors but they are overlearned, they require very little mental energy, and one is perfectly able to do other things, like talking to someone or listening to the radio, at the same time. They aren't mediated by the "unconscious mind" because we know quite well what we are up to. It's just that we hardly ever have to think about them. But we do tend to say that habits are automatic or unconscious, although they really aren't. The mnemonic system, on the other hand, isn't automatic at all, but entails "cogitation": thinking and critical analysis, pulling up relevant items from one's memory banks and making a decision. All of this takes time and energy, which is why the mnemonic system is a slow operator.

The habit system exists in lower parts of the brain and it is phylogenetically ancient; that is, it is the way that animals, even reptiles and fish, do what they do and have done for millions of years. It is a bit more complex than a simple reflex, which means more nerve cells participate in the things the habit system does, but it is almost as fast as a reflex and requires very little mental energy. Habits form naturally on the basis of simple, stimulus-

response learning. The mnemonic system, on the other hand, resides in the cortical and limbic regions of the brain, the neocortical areas that are “higher” and phylogenetically quite new. The mnemonic system evolved much later than the habit system; it is only operative in higher mammals and some really clever birds, like parrots, and it can do all manner of clever things. It operates on the basis of experience – memory and learning – and what it does is called cognition, or considered judgment.

The habit system remains intact in the face of cortical diseases like Alzheimer’s. Thus, patients with Alzheimer’s disease are quite capable of driving a car, much to the dismay of their children. Alzheimer’s patients won’t lose their ability to drive a car or play a musical instrument until the disease is well advanced. Their habit system – knowing *how* – remains intact long after their mnemonic system – knowing *what* – is long gone. In contrast, patients with disease of the corpus striatum like Parkinson’s and certain kinds of stroke may lose their ability to perform overlearned activities even while their memory and judgment remains intact.

Although these two systems, the habit system and the mnemonic system, can be differentiated quite neatly, they are not two entirely separate systems. They work very closely together or at least they do in a healthy mind. The mnemonic system evolved out of the habit system, and it relies upon it to do get stuff done. I shall explain how they work together with this pithy story about two sisters who are taking a road trip. We shall make this personal: you and your sister are taking a road trip.

You and your sister are off to visit your cousin Leo who lives in Potomac, Maryland. You’ve never been to Potomac, Maryland, but you’ve been to DC, right next door, lots of times. So you set your Nav system to Leo’s address and, as is her wont, because she is a bit fussy, your sister prints out the Mapquest directions to his house as well. Then you both forget all about the directions because you know perfectly well how to get to Washington, and you cheerfully drive the four hours, chatting all the way, listening to your iPods, eating almonds and dried apples, brushing your hair. Then you get to the River Road exit on the Capital Beltway. You get off and head west.

At this point, you go from habit mode into mnemonic mode. You’ve never been on the River Road before. You’re going to have to make a right turn somewhere and then some more turns to get to Leo’s house. Your sister is reading the Mapquest directions and you start to pay attention to your Nav system. Of course, their directions never quite match, but that’s another story. Your sister turns off the iPod but you hardly notice.

When you finally get to Leo’s house, and he is in the front yard, fly-fishing for bats. He asks you, How was the trip? It was an effortless trip, wasn’t it, aside from the few harsh words you had with your sister over the directions. The reason it was such a leisurely trip was: you only had to think about it after you got to River road. The first part of trip was, well, automatic. You didn’t have to think about your foot on the accelerator or your hands on the wheel, you didn’t have to think about depressing the clutch pedal every time you changed gears, you didn’t even have to think about how to get to Washington. It was all habit. On the other hand, everything that happened on the River road was considered behavior, consuming vast amounts of cortical metabolism, and leaving you with precious little patience for your sister when she wanted to turn right on Hall road and your Nav system said wait until you get to Highway 189. The trip to Washington was your habit system and the drive along River road occupied your mnemonic system. The whole trip represented an easy alternation between two mental systems that know how to work together.

This is the way the mind works, and people, too. We rely on fast operators for most of things we do, feel and think, and interspersed among those fast operations, a little bit of the mnemonic system intrudes, but only when it has to.

The heuristics I am always talking about are like habits. When you’re at a bar...excuse me, when one is at a bar, one scans the room and one’s heuristic system tells her, at very little bioenergetic cost, that 99% of the fellows there are jerks. It is automatic. Only 1% capture her attention and are therefore worth activating her

mnemonic system. Thus her two mental systems help her to negotiate the bar scene efficiently. In such circumstances she could express your erudition if, instead of saying “Buzz off, creep” she said, “You’re not activating my mnemonic (*knee-MON-ick*) system.” (The effect is lost if she says *m’knee-MON-ick*.)

One’s brain consumes 25% of one’s blood supply and 33% of one’s metabolism, but it doesn’t try to be an energy hog. Efficiency is its constant concern. When one can’t do things efficiently that one ordinarily does efficiently, the result is an unpleasant feeling like fatigue, irritability or anxiety. If you had to address your considered attention to every male at the bar, your night would be thoroughly ruined simply out of mental exhaustion. If your car exuded ugly grinding noises and a foul smell of burning clutch all the way to Potomac, Maryland, you’d hardly have had the mental capacity to brush your hair or put on makeup. Your mind would be consumed with concern over the stupid car and when your sister said *I told you we should have taken my car* you’d have said something really nasty. We rely on our machines to operate efficiently just as they rely on us to press the right buttons and always to depress the clutch pedal when we change gears. In such wise, we rely on the smooth, integrated operation of our mnemonic and habit systems.

So, poor Konrad, sensitive soul as he was, was in the habit of going to Vienna one way and driving home by another route. It was the way he did it every time. But, then, he decided to inflict his mnemonic system on what his habit system had been doing perfectly well all along. So what happened? He had an anxiety attack. For no good reason he had decided to interfere with a perfectly comfortable arrangement. His habit system was quite happy getting to Vienna and back in its own particular way, leaving his cogitations free to wander, as was his wont, over the vast expanse of social biology. Then, for no good reason, his cogitation decided to take over the whole shebang. It made him feel anxious. What do you expect?

The two mental systems are like a husband and wife whose life has settled into a comfortable routine. They get along perfectly well until one of them tries to do something different. *Tonight, darling, we’re having tofu and steamed vegetables!* or, *This year, dear, let’s not go to your cousin Leo’s for Thanksgiving* or *Tonight, sweetpea, let me have the handcuffs*. Such deviations from routine often lead to friction and are not recommended.

Now, from all of this, you might be tempted to think that our OC customers have an overactive habit system. They are creatures of habit, right? Not necessarily. What really happens in the brains of people with OCD is quite different, but it is exactly what Lorenz tried to pull on his way to Vienna. In OCD patients, activities that are appropriately dealt with by the habit system are, in fact, run by a hyperactive mnemonic system. OC people use slow operators to do what fast operators can do better. This accounts for a notorious problem that OC people have – obsessive slowness. Every single step of an action sequence has to be evaluated, appraised, considered and checked. It is a very expensive way to do things, using a system that burns a lot of fuel to do a task that can be done more efficiently by a less complex and cumbersome mental system. When the brain burns too much mental energy, it gets tired; a tired brain, like a tired child, gets cranky and irritable. That is why OC patients are often given to emotional outbursts of one sort or another. They are prone to anxiety, depression and angry explosions. Their brains are tired. They’re trying to do too hard.

Neuroscientists have shown that this is exactly what happens in OCD. Behavioral operations that justly belong to the fast operators of the habit system are slowed down (“obsessive slowness”) by the intrusive activity of the central executive, the mnemonic system. One can look at PET scans of OCD patients during an implicit learning task, that is, learning how to do something new. Now, when normal people learn how to do something, they activate their corpus striatum. They thus allow the habit system to learn the new procedure. But when OC patients try to learn a procedure, they activate areas of the neocortex and limbic system, not the striatum. What they are doing is keeping the procedure in their executive system, rather than putting it neatly to rest in a system where it can operate automatically and without effortful awareness. Thus, in OC patients cortical intrusions

contaminate the execution of automatic behaviors. Their central executive continually interferes with the efficient activity of the habit system. (Rauch, Savage, Alpert et al, 1997)

So, the controlling man is not controlling you because he is struggling to control his own inner anxiety. Rather, he is someone who is trying to keep all of the operations of his day-to-life actively engaged in his controlling mnemonic system, his central executive. Because it is very hard to do that, he feels cranky and irritable. It is simply exhausting when all of the simple transactions that comprise a relationship and that are better left in the realm of the routine are subjected to critical analysis. For example: some nights A loads the dishwasher, some nights B loads the dishwasher. Everyone, as you've probably noticed, loads dishwashers in her or her own unique way. But B gets anxious when A loads the dishwasher, *because she doesn't load it the right way*. Another example: A tosses magazines on the table, B likes them stacked neatly. If B were just a fussy man, he would neaten up A's magazines and go about his business. Since B is a controlling, compulsive man, he gets angry at A for tossing the magazines.

It is perfectly awful to live with a man who subjects all of your routine, day-to-day behaviors to critical analysis and then gets mad about it. But take a moment to think about it from his point of view. How hard his brain has to work all the time! How exhausting it must be to keep up with all the things that other people do wrong. The poor thing, it's such an effort, he gets cross. What he needs is a little lie-down. One of the most controlling men I have ever known used to come into my office at regular intervals, sit in the most comfortable chair, sigh and say, *I'm tired. I'm so tired. I'm so tired of taking care of all this shit.*

THE CINGULUM

This, then, is what happens to cause obsessions and compulsions, controlling behavior, and then all manner of nasty consequences: an action plan gets bottled up in one's central executive until it is thoroughly annoying. But how does it happen, and why? The *why* of it we shall get to later on, but the *how* is about a little midget that OC people have inside their heads. He keeps his eyes on everything that is going on and lets him know that, *Something is wrong*. Well, he's not really a little midget, either, but an hypertrophied cingulum. He is a "error detector," and sometimes he acts as if he had a mind of his own.

The midget is the cingulum, or the cingulate gyrus, a strip of brain tissue that connects the frontal cortex, the seat of the central executive, with the corpus striatum, wherein resides the habit system. It is what makes the mnemonic system and the habit system work smoothly together. As such, it has a great deal of responsibility to get things right. There are so many bright ideas jangling around in one's central executive, someone has to be able to distinguish between a hare-brained scheme and a really good plan. So, the cingulum isn't merely a connector. It is an error-detector. It integrates information from all of the various sources that comprise critical judgment – the nature of an event, its emotional and motivational importance and how it relates to one's prior experiences, the likely responses that one may make and the anticipated outcome of that response. It evaluates all of this information in its own particular way and then it passes it on. It connects to the corpus striatum, whence proceed all the automatic behaviors we need to initiate a behavioral response.

While this little fellow is doing all of this, it is operating as an *error detector*. It evaluates the nature of an event (B has put his hand, gently, upon your knee), its emotional and motivational importance (I'm in the mood), and how it relates to one's prior experiences (guys like this are [a] OK or [b] jerks), the likely responses that one may make (I'm likely to wind up in bed with this guy), and the anticipated outcome of that response ([a] it will be OK or [b] I'll probably wind up with an STD). The cingulum is one of those slow operators so all this cogitation takes a while, say, a second or two, which is a long time for neural tissue. Then he (your cingulum) will either give the all clear signal (*viz.*, demure smile) or an error message (Jerk!). All the rest, as you know, is fairly automatic, though not necessarily unconscious.

He is a useful little fellow to have around, an inborn error detector that can access data from a number of little computers in your frontal and temporal lobes, evaluate it critically and generate a message: *something is wrong here*. We all have a pair of these cingula, and most of us give them both a good workout. But most of us have a cingulum that is tolerant of a degree of uncertainty, that knows what it means to give a prospective action the benefit of the doubt. One wouldn't like to have a built-in error detector that went off at the slightest provocation, like a smoke detector that went off when one blew out the candles on a birthday cake.

No, one wouldn't, but some people do, and you can guess who they are. In patients with OCD, the error detector is, in fact, set too low. In fact, brain scans have indicated that OC patients have cingula that are positively robust, if not muscle-bound; technically, more grey and white matter than most of us have in our cingula, even those of us who are fussy. PET scans have shown high levels of metabolic activity there, too, as if they were always working overtime, which they are. And this is at the heart of a compulsive's psychology: he has a very low threshold for that error message, *Something is wrong here*. So B observes that A is loading the dishwasher in a way that is not to his liking. Does he shrug and carry on cleaning the counters? How can he? His error detector is flashing on and off, *Something is wrong here!*, and emitting an ear-piercing signal. All of B's thoughts, which ought to be channeled smoothly off into a habit system that wants to get the counters clean are now channeled back into his frontal and temporal lobes, churning them up into what neuroscientists call a "reverberating circuit," motivating all manner of nasty thoughts and emotions and some even nastier action steps, the least malign of which is *Here. I'll load the dishwasher!* He is loading the dishwasher *at you*.

The genesis of obsessions and compulsions is this bottleneck in the cingulate gyrus. Exaggerated or false error signals generated by the cingulum underlie OC behaviors by triggering the feeling that things are "not just right" even when no actual error exists.⁴ Not only is the cingulum of OC patients robust and hyperactive, but its microstructure is all awry and it likely connects to parts of the brain that it shouldn't. It's not only a bottleneck, it can be a world-class traffic jam that will tie you up and then lead you away from the Holland tunnel and back onto the Pulaski skyway.

All of this, except for the midget, is exactly what happens. And let me tell you, this information should be very useful to know. A good neurosurgeon can transect your husband's cingulum and abolish this kind of nasty behavior altogether.

CONTROL AND AGGRESSION

So much for anxiety. What about aggression?

What happens when a simple observation gets bottled up in one's cingulum, scrutinized, amplified, error-messaged and sent in all the wrong directions is a positive feedback loop that neuroscientists refer to as a "reverberating circuit." A simple, routine observation, say, My wife, A, is loading the dishwasher in her inimitably random way, is festooned with ERROR MESSAGE and sent right back to where it came from. *She is loading the dishwasher... Something is wrong here* is what returns to the central executive. Then it jangles back through the system, amplified and scrutinized again, and recruiting additional emotional valence with every circuit, as the limbic cortex, the emotional part of one's brain, gets involved. Around and around it goes until it comes out something like this: *Why can't the stupid bitch ever do anything right?* The behavior that ultimately emerges from this jangling, ugly reverberating loop is sometimes even uglier.

This a far cry from the happy, dopey OC characters on the television. They, too, have reverberating circuits but the emotional valence that gets picked up is anxiety. They go all to pieces. But suppose the emotional

⁴ Neuroimage. 2005 Jan 15;24(2):495-503. Dysfunctional action monitoring hyperactivates frontal-striatal circuits in obsessive-compulsive disorder: an event-related fMRI study. Maltby N, Tolin DF, Worhunsky P, O'Keefe TM, Kiehl KA.

valence that gets picked up is anger. Suppose that the individual in question is, by his nature, an angry man. Or suppose he is a fellow who can't tolerate the feeling of anxiety, and when he feels even a twinge of anxiety, it makes him furious. Angry people are problem enough when they don't have a muscular error-detector inside their heads. If an angry person is OC as well, he has a built in amplifier that will discover error messages in the most innocuous places.

You can see how the obsession to control can grow horribly wrong. If one's organizing principle is *I am right and everyone else is stupid* and it is allowed to grow unchecked, it can become a state of extreme narcissism: *I am the adult and all the rest are children* can grow into *I am important and the others are not*. Thus one is permitted to do as one wills with others. *They are less than human*. This is the psychology that drove monsters like Hitler and Stalin and Mao Tse-tung. It is called pathological narcissism and it is the psychology that drives serial murderers. Short of mass murder, men who physically abuse their wives are also driven, most of them, by the obsession of control. People who study marital violence believe that control is a form of aggression, and it is, in a way. It can certainly lead to aggressive behavior. Fortunately, in most of the cases that my readers will have encountered, the aggression is verbal: *You disappoint me, You are stupid, You are bad*, derogations uttered or acted out in myriad ways.

When I have the opportunity to talk to man who is an angry controller, the issue of his stupid wife comes up, almost invariably. The man will go on and on about all of her deficiencies and how he is compelled to bear up under them. He could go on and on, week after week, derogating the poor woman, if I let him. I say, *Don't you think it is horrible to perceive your wife, the woman who has given you love and succor, children and a home, someone who has given you her life, as such an awful, deficient character? Don't you think it is weird to think this way about someone who loves you and whom you are supposed to love, too? Maybe it is your perception that is horribly wrong?* I have to say that. It isn't a remark that is likely to hit home, but it's my responsibility to tell them the truth of the matter. I say, *If she is as bad as all that, leave her. If you don't want to leave her then stop saying such awful things*. He's probably not going to leave her, you know. She is his possession, his docile victim, and he isn't about to give her up and go looking for another.

These men are not Gacy's or bin Ladens writ small. That would be *argumentum ab extremis*, arguing a case on the basis of extreme, crazy examples. But the psychology is not so very different. In most controlling men, the obsession of control grows, like a cancer, to consume their ability to love. *She is so sweet. I shall crush her spirit*. Love, as we shall see, is the prime organizing principle in the lives of human beings, but it, too, can be subsumed by the compulsion to control. The two women whose stories I've told here, Peyton, whose husband threw her down the steps, and Dora, at the beginning of this chapter, were married to controlling men who were, in fact, pathological narcissists. Not quite bin Ladens, but of the same ilk.

Obsessions and compulsions do tend to grow as people get older. We see them, rather dramatically in children and young adolescents, but then they go underground for a while during one's reproductive years, when men and women try to be on their best behavior. Then they come back and grow stronger as the patient grows older. It is interesting to think why that happens. Think of obsessions not as cancers but as parasites that have a quiescent phase. They flourish during childhood, when one is less well-equipped to control them. Then, while one is young and vigorous, looking for a mate and preparing to fecundate, they stay hidden. It is no good showing off one's negative traits. So, they hide in one's DNA, the host reproduces and passes on the parasite to the next generation. And so a new generation of controlling men is inflicted upon the unwary.

TYRANNY

When someone you love is angry with you, it is natural to think that it is something you have done. So you meet his anger with compliance, as you did when your mother or father were cross with you. If dealing with

an angry spouse becomes an everyday event, one learns to deal with it by taking the course of least resistance. *It's not so important to go out with my friends if it makes him mad. He sulks for a week. He doesn't say anything but I know what he's mad about. It's just not worth it, making him be like this.* This, of course, is the way most of us behave with such people, but it is exactly the wrong way. Once you start ceding control to someone who has an obsession with control, you are heading down a dangerous path. Appeasement, taking the course of least resistance, simply encourages them to take more.

Tyrannical behavior, one would think, requires a docile or at least a compliant victim. Nothing is further from the truth. A successful tyranny simply requires victims who are willing to take the course of least resistance. One puts up with such a bully much as one puts up with bad weather, upper respiratory infections, losing seasons for one's beloved home team, corrupt politicians and writers who use words like "nuance" or "narrative." One shrugs and decides *It's just not worth it to complain.* If someone mugs you in the park, you give him your purse without making a fuss. A bit of appeasement and you live to see another day.

My experiences with tyrannical behavior were forged years ago when my patients were children who were severely mentally handicapped or autistic. As you may know, such patients are given to routines and resist, sometimes quite violently, any suggestion of change or deviation. They have to have their bedtime rituals, for example. Most small children are attached to a bedtime ritual, which usually involves reading the same stupid book every night. But children get past that phase. Severely handicapped children don't, but as the months and years go by, their rituals become more unbending and more complex. One of my patients had a bedtime ritual that lasted longer than an hour and a half, and with every passing year, new accretions were joined to it. Once, in the middle of the ritual, the doorbell rang. It was a Jehovah's Witness or somebody like that. Well, from that night onwards, at precisely the same point in my patient's ritual, one of the parents had to run downstairs and ring the doorbell. If they didn't do that, there would be a terrible row.

As such patients get older, their rituals only become stronger and more elaborate. At the same time, the parents are growing older, and taking the course of least resistance is increasingly the more attractive course. One of my patients developed a ritual that turned the clock around. He liked to listen to a certain album at bedtime. He liked his parents to sit with him, one on each side on the couch while he looked at the album cover and listened to the album. Then he began to insist the record be played again, while his parents sat beside him, and he flipped through all of the album covers in the collection. When I saw him for the first time, he was thirty-two and his parents were elderly. By then, the routine lasted all night. They had consulted behaviorists, psychologists, psychiatrists, neurologists and what-have-you but there was nothing to be done. If they tried to amend the ritual, he would fly into a rage and sometimes he would hit them.

They weren't docile or compliant parents. They were average, ordinary people who were hostages to a compulsion that never relented but was prepared to escalate to rage and violence if they tried. They hadn't made a considered decision to appease him, to the point of living in such an insane environment. They simply complied, little by little. *Five minutes more and I can get to sleep. OK, we shall do it for five minutes more.* And the more they complied, the more tyrannical their son became. You can see how such compulsions to control can go horribly wrong. The ritual, when I got to see the patient, was lasting until dawn. (My consultation? I told them there was nothing to be done. The child had to be moved into a Group Home. It took them a couple of years to work up the will to do that. But after he moved, his tyrannical behavior just stopped. In a normal, pleasant household, where it is our responsibility to make allowances for the moods and idiosyncrasies of our family, he simply took advantage of a normal situation to cultivate his obsessions and compulsions. In a more structured Group Home, living among peers, he had no such opportunity.)

Assuming you can't move your controlling husband to a Group Home, the right way to deal with him is to stand up to him: *You are an angry, controlling man. If you carry on like this, it will turn you into a monster. You*

have to change or I am out of here. This is the right thing to say, as long as he isn't prone to violence. Standing up to a tyrant is the right thing to do, we all agree, from the safety of our armchairs. Except sometimes it gets you killed.

It isn't so easy to stand up to a guy when you are afraid of him. Or when you have been living with a man for years, and his controlling behavior has grown, little by little over the years, and taking the course of least resistance has become your operating principle. Or if keeping your home and family together is worth an extra measure of self-sacrifice. It is easy to blame the victim – *Why did she stay with that control freak?* – but it's not fair. Blaming the victim is the same thing he does: *I never would have hit her if she hadn't provoked me.* You can't blame someone for not being strong when she has been weakened by years of abuse. Besides, the likely victims controlling men marry are often women who are docile and pliant to begin with, young, ignorant, dependent. Just as fussy men seek out mates who are scattered, controlling men seek women whom they can bend to their wishes. It is infuriating to them if they ever bend back.

These are the marriages that, when one finally escapes, one breathes a deep sigh of relief. Women who were weak and compliant for years discover that their strength had been sapped, little by little, until all their confidence was gone. They had come to believe they were stupid and ineffectual. They had become victims of something like the Stockholm syndrome, what the analysts used to call "identification with the aggressor." When they finally come out of it, it is like waking up from a prolonged coma. It is easy to crush someone's spirit, at least for a while, but people, especially women, are resilient, and their spirit of independence and self-respect tends to bounce back.

THE ROOSTER'S COMB

There is a kind of rooster whose comb is deep red and this makes him highly attractive to hens. The reason why hens prefer roosters who have deep red combs is that it indicates that the fellow is free of certain parasites. Wormy roosters have pale red combs. Deciding between two roosters, therefore, the clever hen thinks to herself: *This one, with the deep-red comb, he has a healthy immune system. He will give me healthy chicks.* The hens don't actually *say* that, of course, or even think it. It is her natural psychology, a message that Evolution has drummed into her pea-sized brain over the eons. The human male has no such external adornment, alas, to clue the human female about his inner afflictions. If he had a pale-red comb, his likely victim would know that, sooner or later, his parasites were likely to emerge. *Praemonitus, praemunitus.*

The human beings don't wear their behavioral and temperamental characteristics in their physiognomy or body habitus, as some animals do. You can't look at a fellow and say, he is a fussy man, just from the shape of his brow or whether his eyes are spaced closely together or far apart. It is just fiction to say, *Yon Cassius has a lean and hungry look; He thinks too much; such men are dangerous.*⁵ So, how do you know? And what good is a self-help book like this, unless I will give you the Ten Warning Signs That You May Be Getting Up with an Angry Controlling Man? Well, if *that's* the way you feel, I shall simply refer you to the Controlling Behaviors Checklist, and you can take it along with you on your next speed-dating expedition. Or you can rely on what you've learned about OC types from the television.

You can suspect that your prospective mate may be a bit OC if he carries a bottle of hand sanitizer with him and uses it whenever he shakes hands; if he tells you there are exactly 256 black tiles on the floor of the pizzeria but only 254 white tiles, and when he leaves, he steps on only the black tiles; or if he's late because he had to drive back home to make sure the alarm system was set and the stove was off. If he gets angry when you're late to the restaurant, and he texts you every minute or so while you're in the rain on 49th and Lexington trying to

⁵ Shakespeare, *Julius Caesar*, 1,2.

hail a taxicab at 7:30, that's not a good sign. If he makes subtle remarks to suggest you ought to change something about yourself – wear your hair differently, use a different scent, don't laugh so loud, *Don't eat off my plate, darling, please* – well, if he's like that at twenty-five just think of what a psycho he's going to be at fifty.

But these are overt signs of OCD, the kinds of things you see on TV. Remember, the fellow is going to be on his best behavior, and he's herded all of his OC traits back into his chromosomes, at least until he's managed to bag you for his collection. Controlling people don't advertise their OC traits; they take pains to hide them. So how do you find him out? You could try to get him drunk. Alcohol is like truth serum. Controlling people tend to get mean when they're drunk. If he gets mean, then you know. Try to eat off his plate when he's drunk. But then, he doesn't like to get drunk. Getting drunk is losing control. (He doesn't mind if you get drunk. Then he can say, *You know, you really shouldn't drink so much.*)

You can check out his family tree. OC traits are highly heritable, so you might learn a lot if you get to know the fellow's mother and father and brothers and sisters. I ought to have told you that earlier, when I mentioned the *why* of OC traits. This is where they come from: we inherit them, hypertrophic cingulum and all, and the lucky ones among us get them from both sides.

Anyway, you want to meet the fam. Of course, by the time he gets around to inviting you to Sunday dinner at the homestead, you are probably emotionally embroiled and your affections will likely subdue critical judgment. But keep your head in spite of your heart and *observe*. His father is a pleasant fellow who has a squinting tic and his eyes scrunch closed every few moments while he greets you. His mother makes you take your shoes off before you enter the house. You notice how the magazines are stacked neatly and if there is a tchotchke on one side of a table there is another, identical or complementary to the first, on the other side. Like a little blue Delft boy on one side and a little blue Delft girl on the other, a matador on one end of the mantle and *toro* on the other, a candlestick here and another one there, all in perfect symmetry. There is a map-cabinet in the living room. *These are all the maps from the trips we have taken*, mother says. Their itineraries have been traced with highlighters, in different colors if they went by car, train, cruise-ship, ferry, bus, rickshaw, sedan-chair, etc. *We like to look at these maps and remember where we were*. One memorable trip was to the Cincinnati zoo to see the naked mole rats. *You know, dear, it's the only zoo in the world with naked mole rats*. His brother shows you his room, where he has an enormous collection of action figures, from Star Wars to WWE, all in their boxes and arranged chronologically. He is thirty five years old and works as a night watchman. During dinner, his sister, who is more skeletal than thin, pokes at a spear of broccoli. Hopefully, grandfather will be there as well. He is a nice old man, neat and clean, and he greets you graciously. You should note that he uses a separate fork for every different thing on his plate. During dinner, he leans to one side and releases a long, loud fart. No one seems to notice. Hardly anyone speaks during dinner. When you helping afterwards in the kitchen, Mother says, *Here. I'll load the dishwasher*.

On the way back to the City, your boyfriend says, disarmingly, *They're all characters, aren't they?* Your affectionate, benighted self, too polite to agree, releases a chuckle nonetheless. Your natural psychology ought to be telling you: *Characters! I'll say. Out of an Alfred Hitchcock movie*.

Your natural psychology ought to tell you when your prospective mate is beginning to spin a web of control. You should notice that you are relieved that he doesn't come over every night. That you laugh more when you're with your friends than you do when you're with him. That you feel a bit insecure around him, glancing sidelong as if for his approval, when you are doing simple, routine things that you ordinarily do perfectly well by yourself. If you have a robust natural psychology, before very long he would start giving you the creeps. But in case your natural psychology is weak, perhaps from drinking so much or having too much fun with your friends, you can rely on: that's right! Erudition! Read this book. Forget the Controlling Behaviors Checklist.

Controlling people have some interesting characteristics that they really can't hide. And in contrast to the OCD caricatures you've seen on the television, compulsive personalities, especially when they are young, have only subtle traits. But they are also quite paradoxical in their behavioral repertoires. They are one way and the other, at the same time. For example, *Sobriety*. Seriousness and humorlessness are said to characterize O-C people. That is true, but they are also compulsive jokesters. They love puns and teasing and practical jokes. So, your dinner at André's was like an afternoon with the Addams family. But André will disarm you by joking about what characters they all are. He and your beguiled self will laugh about them all the way back to the City. This is what your natural psychology should be telling you: *Ha Ha, André. I'm outa here.*

There is no more solemn and humorless group of men and women in the world than the psycho-analysts, devoted as they are to finding dark secrets in every corner of everyday life. But what do they do, these dour psycho-analysts, at their annual get-togethers? They tell jokes! They love to tell jokes. They even write books about telling jokes.

This is the kind of paradox that exists in the psychology of the compulsive personality. It makes diagnosis a bit tricky. *Is he very neat?* you ask. *Neat! Heavens, no. His office is an utter mess with clutter.* It is, but if you happen to move one small thing in the room, one crumpled old magazine, or if you borrow his staple-gun, buried as it is beneath a stack of papers, he will notice and fly into a rage.

Here are some more dark secrets about compulsive people and what they are like.

- *Dubitation*. This is such an old word I don't even think it exists any more. It refers to doubting. O-C people are notorious doubters. They check their work over and over because of a persistent fear that something is wrong. On a personal level, they are sure of their own rectitude, and rather given to righteous indignation. But they are also afflicted by gnawing self-doubt. Their chronic lack of self-confidence is reflected in their attitude towards others. For example, they may idolize their doctors, and treat them with great deference. At the same time, they are deeply skeptical about what the doctors say, and especially the treatments. *I still feel bad, Doc. Oh, that medicine didn't work then? No, I didn't take it. I am still taking my amphetamines.*
- *Rationality*. O-C people are thinkers, of course, and, as a group, they even tend to be more intelligent and better educated than the population as a whole. So, it is not surprising that they pride themselves on their critical thinking. They often use it to diminish or to control other people. Intolerance of fools is a common symptom. A self-indulgent fondness for critical thinking feeds their skepticism and their tendency to deprecate. But they are also given to magical thinking and superstition, and blind obedience to authority figures. Have you ever wondered how a collection of the most brilliant men in the USA could have concocted our "strategy" in Viet Nam?⁶ Or the debacle on Wall Street in 2008? Ivy leaguers all, uptight critical thinkers, and thoroughly lost. Scientists, too, can behave towards a prevailing theory or a fashionable line of research like courtiers towards a potentate or like heathens to the movements of the planets.
- *Deprecation*. Much as they are attached to their routines and their idiosyncratic ways of doing things, O-C people are nagged by doubt about their value. They may achieve some milestone, at extraordinary cost in time and effort, and then lose interest entirely in what they have done. Groucho Marx said he would never join a club that would have him as a member. In that spirit, O-C people are given to degrading their accomplishments, the rewards they have achieved and especially the people who love them. They alternate between idealizing and contempt.

⁶ David Halberstam. *The Best and the Brightest*

- *Rectitude.* A sober attitude is usually associated with a preoccupation with righteousness, an abiding sense of certainty about the correctness of one's beliefs, sometimes manifest as religiosity, political correctness, health-awareness or attachment to abstract views (like theosophy) or eccentric interests (organic gardening, earth shoes). But O-C people are also given to "superego lacunae," that is, Swiss-cheese holes in their conscience. So, you will also see kleptomania, pornography addiction, coprolalia, pedophilia, necrophilia, all manner of nasty bad habits.
- *Proper Speech.* A compulsive person will correct your English when you say *Her and me are goin' out coon huntin' tonaht*. He will correct you if you say "normally" when you should say "ordinarily" or "usually." But compulsives are also notorious cussers. Coprolalia is a symptom of Tourette's syndrome, a condition that is related to OCD. It is also a clue to a compulsive personality. The fastidious editors and writers in magazines like the Economist and the New Yorker must always enjoy a *frisson* at quoting some foul-mouthed personage in scatological detail.
- *Scrupulosity.* This, of course, is a form of fastidiousness. One is preoccupied with holding to the letter of some concocted code of behavior. Like fastidiousness, its setting will be the tendency to neglect one's real duties. Scrupulosity is a technical term from the medieval Church, and it refers to a rigid adherence to the externals of religious practice, usually to the exclusion of Christian charity. Controlling people are often drawn to organized religions where they can indulge their love of rituals, display their rectitude and deprecate unbelievers. Their superego lacunae are well-known.
- *Anger.* Righteous indignation is a better term for it, I suppose. O-C people will stew interminably over slights, the mistakes of other people, the opinions of people with whom they disagree, and so on. They can erupt into paroxysms of rage at the merest excuse. They will also be pathologically docile in the face of real offense. One of my patients, a man who exploded violently when his wife would come home from work late had no reaction at all when she went off with a lover for the week-end.
- *Control.* O-C people insist on controlling their immediate environments, and especially their families. They have difficulty delegating authority, they tend to micro-manage and get bogged down in details. They are infuriated by resistance to their intrusions. On the other hand, O-C people are usually highly suggestible and pathologically docile towards authority themselves. In certain circumstances (see above), they are remarkably passive.
- *Rumination.* Things stick in their craw. Anxieties and angry thoughts, typically. Almost invariably trivial things that they think to death. Then they will do something very important, on impulse, without thinking about it at all.
- *Slowness.* Naturally, if you have to check things over and over, or ruminate over every little thing, doing stuff is going to take longer. But it is not so simple. O-C people will have prolonged processing speed even on simple, abstract tasks that have no importance whatever. Cognitive slowing is, as we mentioned above, a classical symptom of basal ganglia disease. But O-C people are also capable of rushing through things, responding impulsively and carelessly, especially to important events.
- *Obstinacy.* The most stubborn patients in neuropsychiatry are patients with lesions in the convexity of the frontal lobes. The second most stubborn group of patients have OCD or CPD. Try to get them to do something, and they will dig in their heels. Force them, and they will "passive-aggress." Then cast an idle suggestion – something small and irrelevant – and it will get done.

- *Inertia*. Inertia is another form of stubbornness: behavioral, cognitive, occupational, interpersonal inertia, a life filled with rituals and repetitive actions that never vary. Then, a fillip, and they break free, leaving behind the good as well as the bad. Compulsive inertia alternates with impulsiveness.
- *Intensity*. The interpersonal relationships of O-C people are typified by angry hatred alternating with loyal attachment. In their relationships, they tend to be controlling and submissive, angry and ingratiating, deprecating and idealizing. But the common element is the intensity with which they behave and emote. On the other hand, they are said to have shallow emotional lives and to be afraid of expressing strong emotions.
- *Materialism*. O-C people are said to be more attached to objects than to people. They even tend to think of people in terms of their material endowments: their educational and professional achievements, their status and power, their physical beauty. Then, if they hitch up at all, it is with someone who is, objectively speaking, quite *below* them. Someone they can control.
- *Emotional restriction*. Anxiety and anger are the characteristic emotions of O-C individuals. They have difficulty experiencing a more nuanced emotional life. Paradoxically, when they marry, it is usually to someone who is emotionally overactive. Alternatively, they marry someone just as fussy as they are, and you can imagine what their issue is like.
- *Selfishness*. No one who is so attached to his or her own rectitude and way of doing things, who thinks more critically and incisively than anyone else around them, who deprecates those closest to him and who tries to control every aspect of their lives, has to be an egoist of the first order. O-C people are also wildly generous, self-sacrificing and devoted to people who are below them. That's why so many of them marry down. That's why there are so many of them in the medical professions.

LOVE THE OBSESSION

When I lecture about the problem of being married to someone with O-C traits, someone invariably asks, isn't love itself an obsession? While we are on the subject of OCD, then, I suppose we have to address the question. Isn't love really an obsession? Romantic or erotic love, at least. Well, you can call it that, if you are so inclined.

Yes, it is true that many of the peculiar elements that we think of as quite natural to love and marriage are explicable by the psychology of obsession. Romantic love is compared to an obsession because it is an emotion that one can't control, can't get out of one's mind and that recurs, like a tic, at the most inauspicious times. Think of poor young Charles, his hands folded together in prayer, walking slowly to the Lord's supper, his eyes half closed and his mind contemplating the mystery of the Eucharist. At least it looks like his mind is contemplating the sacred mysteries, but even in a moment of deep reflection, it is not unlikely that a profane mystery will intrude, the mystery of Doreen's soft thighs and her dense, moist escutcheon and when he will taste her fruits again. And Doreen muses:

*Come, night; come, Romeo; come, thou day in night;
For thou wilt lie upon the wings of night
Whiter than new snow on a raven's back.⁷*

Romantic love can also be compared to a compulsion because it is associated with repetitive behaviors, the nature of which I don't have to describe to this audience.

⁷ Romeo & Juliet, III,2.

Yes, one can call love an obsession, erotic love at least. One can compare it to an addiction or to madness, too. One could compare it to a *galley charged with forgetfulness* because *drownèd is reason that should me consort*.⁸ The value of such equations is only if they enlighten our understanding in a meaningful way. So, one could cite a scientific paper written in 1999 that reported that people who have recently fallen in love had the same abnormality in platelet serotonin uptake as patients with OCD. (Marazziti, Akiskal, Rossi, & Cassano, 1999) Nice to know, I suppose, but not something to enhance one's natural psychology.⁹

It is certainly true that there are "obsessed love addicts," as Susan Peabody contends.¹⁰ There are people who are obsessed with love itself, not to mention people who are stalkers, compulsive womanizers, sex addicts and erotomaniacs. (Signer, 1991) The reason why romantic love is *not* an obsession, however, is that it is a rather pleasant experience (as per Stendhal, *Half – the most beautiful half – of life is hidden from him who has not loved passionately*) and an obsession, by definition, is an unwanted, recurring thought. One might say that Charles is obsessed with Doreen and Doreen with Charles, but I think it is more accurate to say that they are in love.

The only experience in romantic love that qualifies as a real obsession is the unwanted recurrence of thoughts about a lover who has dumped you. Unrequited lovers have been known to call their ex- repeatedly, to send him notes or little gifts, to try to intercept him or her somewhere, *just to talk*. That is a kind of compulsion. But, thank heaven, most of us get over it. It's a pretty awful experience, as I'm sure you know, but it lends a measure of understanding of what O-C patients experience all the time.

⁸ Thomas Wyatt

⁹ And never replicated, to my knowledge.

¹⁰ *Addiction to Love: Overcoming Obsession and Dependency in Relationships* By Susan Peabody RANDOM HOUSE, 2005

