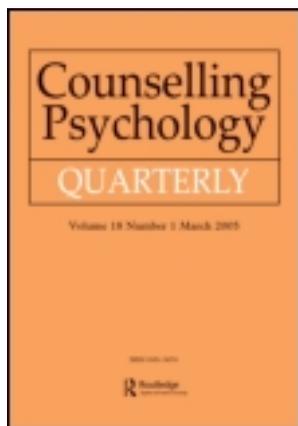


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Escaping, forgetting and revisiting the scene: The post-traumatic compulsion to repeat in obsessive-compulsive disorder

John O'Connor^a, Mary Fell^a & Ray Fuller^a

^a School of Psychology, Trinity College, University of Dublin, Dublin, Republic of Ireland

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RESEARCH ARTICLE

Escaping, forgetting and revisiting the scene: The post-traumatic compulsion to repeat in obsessive-compulsive disorder

John O'Connor*, Mary Fell and Ray Fuller

*School of Psychology, Trinity College, University of Dublin, Dublin,
Republic of Ireland*

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There are levels at which our cognitive structures are not so well developed and especially when we rely on auxiliary figures (usually parents) to help us deal with what is taking place in and around us. It proposes that the sense that is made or not made of these events within the environment contributes to the development of dramatic versions of their meaning. The paper also addresses to some extent the role of internal fantasy around an event in providing a bridge between the event and the rumination and rituals that develop. The repetition is then an expression of what happens to this event at an internal level and the forestalled process of deep accommodation to it. The central point of this paper is as follows: One of the many ways in which obsessive-compulsive disorder can be considered is as a kind of repetition in thought and action of something that has been experienced with substantial disturbance at a time removed from the period in which ruminations and rituals come to take the kind of prominence they typically do in the lives of these patients.

Keywords: obsessive-compulsive disorder (OCD); rumination; ritual; compulsion to repeat

Introduction

Obsessive-compulsive disorder (OCD) is one of the most regularly appearing conditions that we encounter in clinical practice. Now well established as a diagnostic category in conventional psychiatric systems, its features have been quite clearly described since the end of the nineteenth century when Freud first described the main symptoms of what he called 'obsessional neurosis'.

Central to the diagnosis of OCD as it stands today, as then, is the presence of persistent intrusive thoughts (obsessional ruminations) and/or acts or thoughts that a person feels compelled to perform (compulsive rituals) (e.g., American Psychiatric Association, 1994). Most people with this diagnosis show both ruminations and rituals and there is a recognition that these two phenomena are generally connected within the logic and fabric of the condition. The ritual repetitive physical or mental act (like hand-washing, checking of electrical appliances, ordering of the details of the household) appears to function in most instances as a means

*Corresponding author. Email: joconno8@tcd.ie

of responding to the troubling and demanding rumination in that it acts to control the anxiety that is aroused by the disturbing thought (a thought often that one is capable of, has already, or is about to do damage to others).

Obsessions and compulsions can appear in children from early or middle childhood and features that appear to represent early variants of the condition can be apparent in the behaviours and statements of children who are perhaps as young as four or five years of age. The features of OCD are seen across cultures and there is a body of anecdotal evidence that suggests that this collection of features is not the product of our modern society alone. OCD is also one of those conditions that typically respond very poorly to many kinds of interventions, in spite of the research findings that often appear to record quite high success rates.

Clinical practice suggests that it is indeed one of the most resistant to convention pharmacological and talk therapy treatments and all the modes of treatment currently available (though claiming some statistically significant results in this area) tend to go only some way in modifying symptoms and in easing distress. It is as if something deeply insistent is at play in OCD, something that is quite protected from an external scrutiny. It appears that while certain kinds of changes at the level of specific symptoms often take place (leading to the recording of a level of change), the overall tendency towards the production of symptoms remains generally quite persistent.

OCD tends now to be understood from biological and cognitive-behavioural perspectives in the main and the psychoanalytic approaches that were, at one time, well-represented within mainstream thought are less easy to find in the literature. However, despite the fact that psychoanalytic approaches to OCD have gone out of favour of mental health systems, it is arguable that these approaches have provided very important ways of conceptualising the origins of the particular cluster of symptoms we see in OCD.

In particular, psychoanalytic approaches have offered ways of understanding the dynamics of the rumination and the nature of the defensive activity of the ritual. This paper specifically explores the idea that the features of OCD regularly reflect experiences over which one has not achieved mastery and which are then repeated over and over as a way of achieving this. This is an idea that has a long heritage within Freud's treatment of obsessional neurosis but one that has been largely lost within the contemporary literature in this clinical field. The idea that obsessional symptoms may have a biographical sense, that their meaning may be found within antecedent events is now rarely considered within the literature, though, in my experience, clinicians often reflect on such connections when exploring the details of individual cases. They find little support within the literature they peruse to reflect their concerns or to provide them with pointers as to how they might formulate around such connections – and whether such connections are meaningful of simply a reflection of some random coincidence of details.

It is not suggested here that OCD is a post-traumatic condition but rather that it is important to explore the possibility that contained within its features are aspects of earlier experience that have been troubling or even traumatic and that are actually repeated in the form taken by the ruminations or rituals. This approach arises in a context where it appears that we have become quite stuck in a way of approaching ruminations and rituals. The kind of consensus that exists has made it difficult to present disparate approaches that lie outside of the area in which current accounts prevail.

Repeating and repetition phenomena

The concept of repetition is everywhere in psychoanalytic theory from the idea of the relationship between consciousness and the unconscious in Freud's earliest works (e.g., Freud, 1900) to current conceptualisations of re-enactments of traumatic experiences. Each formation of the unconscious (including dreams, symptoms and unintended slips) is really a kind of a repetition in that it brings into our conscious life parts of experience that are now only represented at an unconscious level. A repetition is then really a breakthrough of unconscious material, a return of the repressed. Recurrent dreams seem to contain issues and concerns that have not been properly addressed, just as issues that are repeatedly appearing in therapeutic sessions are, in turn, suggestive of something similar. Such repetitions are liable to alert the therapist to an area of unexplored material and to spur some questioning about what is being missed, what is too painful to explore, what it is that such repetitions contain that is hidden from exploration in the session.

Considering repetition at a developmental level, we encounter in the various stages, phases or positions, a tendency towards similar kinds of inner pressures, demands and conflicts reappearing at different junctures in time. These are variously conceptualised within psychoanalytic theory. For instance, there are first and second separation-individuation phases, for the toddler and the adolescent, respectively, with the latter containing large parts of what took place in the former and influenced in its shape by its earlier form (Blos, 1962; Mahler, 1974).

In Klein's developmental theory, there is the normal vacillation between the paranoid-schizoid and depressive positions, a kind of eternal state of repetition or repetition at one level. Early psychoanalytic concepts of fixation and regression clearly contained ideas that we are drawn backwards psychologically to developmentally earlier ways of being (e.g., Freud, 1905). We are drawn backwards, for instance, towards the more passive dependent days when we could not feed ourselves, do little with our limbs and had little means of protecting ourselves. When we consider what is repeated, we might be best thinking that it is an aspect or aspects of an experience rather than a full event. Widening the developmental horizon, repetition also seems to have a basis partly in the leap of concerns from one generation to the next (e.g., Abrams, 1999).

Turning to clinical states, there are many conditions that we encounter in clinical work where the impression that a patient is moving around in circles is particularly apparent. Indeed, we can regard all forms of disturbance as involving such narrowing circles of experience, interaction, involvement, etc., as Horney effectively did in her description of the vicious cycle of the neurotic patient (e.g., Horney, 1950). The defences are so strong within such states that little new is allowed access and all there is essentially is a well-worn dynamic – that leads both to an experience of a very familiar world and to the feeling that everything repeats itself without end. The most obvious example of repetition in the clinical field arises in the case of post-traumatic flashbacks, an intrusive re-experiencing, a reliving of the traumatic event and one's experience of it. It was perhaps Fairbairn and Ferenczi, both of whom worked with men traumatised by the things they experienced and witnessed on the battlefield, who provide what are perhaps the most intimate accounts of the post-traumatic syndromes. Both authors also considered, as Winnicott did also, the sense of how what one fears will happen in the future, the focus of their anxiety, reflect a fear of something that has already happened in some way in reality or fantasy.

In turn, and in the work of therapy, the transference–countertransference relationship provides the stage for the repetition of important relations over the course of the patient's life. Projecting internal objects onto or into his therapist, the patient re-experiences and recreates to some extent the conditions that have brought him into therapy. He unwittingly brings to life with the therapist the pain he has experienced with important others. It is the task of the therapist to observe the repetition and to help the patient to recognise the past within the present, while holding back on himself repeating for his patient what he has painfully experienced. That is, the therapist's approach to the repetition is both one of acceptance in the inevitability and therapeutic necessity of this, on the one hand, and of the importance of using this as a moment of potential insight for the patient who may find new (non-repetitious) ways of relating to his world out of an accumulation of these insights.

Why do these painful experiences get relived and others simply fade out of memory, never to be the subject of our repetitive experience? The answer that is generally given is that these repetitions have an adaptive significance, providing a kind of typically painful avenue for the working through of troubling experiences that raise concerns that are deep for us and that we generally keep at bay (including anxieties about death/personal mortality). However, our more benign experiences are also subject to repetitions also but perhaps in a less dramatic manner. That we seek repetitions for our experiences – seeking the known within the unknown world, the person seeking out elements of his mother and father in the choice of friend, lover, spouse, etc. We are deeply comforted by encountering sameness, however discomfiting the sense of inertia and stagnation such a sense can also provoke.

The concept of the 'compulsion to repeat' lies at the heart of psychoanalytic thinking and helps to describe much of what we encounter in clinical practice as well as to unify the various psychological formations in relation to a core dynamic. In his paper 'Remembering, repeating and working through' (Freud, 1914), arguably one of Freud's most substantial contributions to the field of clinical psychoanalysis, he put forward a rather elegant and straightforward idea – namely that we tend to repeat and relive experiences as an alternative to remembering them. However, Freud also discussed such phenomena of repetition in two other important works – namely in his paper 'The unconscious' (Freud, 1915) and in his paper 'Beyond the pleasure principle' (Freud, 1920). This kind of reproduction in experience, going as far as to recreate the material of earlier experience within the present time, becomes one way in which we both touch into the past and attempt to deal with the damage it has wrought. The traumatic flashback, something that exists at the level of a memory, provides one of the clearest examples of the tendency for events to find a repetition at a conscious level. A repetition is an alternative to such a process of remembering that is similarly employed as a way of working through.

The idea that experiences are repeated according to a particular design has far-reaching implications. It means that we can locate events in the patient's narrative in relation to one another, finding a threat of convergence within the apparent divergence of experience, being mindful at the same time of the risk of reductionism in this approach. The subtle nature of events along the chain of repetition is well illustrated in Freud's famous rat man case, still the most detailed account of a case of obsessional thinking and ritualistic behaviour.

Freud dedicated a section of his case study to the nature of the so-called precipitating event and he directly linked the form taken by this event to the form of the obsessional thoughts that later developed. Freud notably did not regard this event as causative in itself. It was not the original basis of his obsessional thinking, but was rather the shape in which it found its first clear symptomatic expression. In precipitating his symptoms, the overheard account of the rat punishment simply aroused something that was latent and placed a form onto something that was still diffuse and at the level of an underlying affective trend of a sadistic nature. It brought a concern to the surface, albeit in this also precipitating a crisis that could not be easily dispelled. It was the hearing of a story of a violent cruel act (an event that was not itself witnessed by his patient) that seems to have precipitated the obsessional thoughts or perhaps the particular bout of obsessional thinking that led him to consult Freud. It was not the hearing itself, the nature or magnitude of the event in question that tipped the balance for his patient, but rather the capacity of such an image to give expression to his underlying affective situation that destined this image to stick and to form the core of his obsessional thinking. The event was significant for his client because it aroused in him aggressive sadistic feelings that he had towards his father from early in his life. The event can be seen as having precipitated a mental crisis for his client because it aroused his guilt around his aggressive feelings towards his father and the desires that surrounded these. As a means of undoing the guilty thought, the rat man engaged in complicated rituals that aimed at a neutralisation of the thoughts and to atone for the damage that he had done in fantasy through his unwelcome obsessional thoughts.

One of the results of any compulsion to repeat is the at least partial loss of connection with the original scenario (namely, what is being repeated). The new experience comes to cloak the old. The link between what one feels compelled to do and the original action, performed or simply imagined, has been cut. We then encounter an apparent meaningless, disconnectedness, newness in the symptom. This is what leads to the appearance of senselessness in ruminations and rituals. These features have lost their original sense and they seem to be both familiar and to be bizarre. The activity then becomes mindless, in the same way as we encounter in children whose frenzied search for an object and a relation (and who are likely to be diagnosed with ADHD) or the person who repeatedly enters destructive dynamics – seemingly without antecedent, without meaning, without intention.

The repetition compulsion and OCD

When we look at the question of what is taking place in OCD, it is then not an issue of determining whether or not we are witnessing a repetition phenomenon. It is rather what kind of phenomenon within this range is in evidence. In OCD, we arguably find the repetition without the reference to the original event, something that means that we are speculating on rather than observing a post-traumatic aetiology for the condition. OCD clearly involves experiences that are repeated. Both ruminations and rituals are repetitive activities. It has been the aim of many theories to develop some understanding of why such experiences are repeated and further, why they are repeated side by side (e.g., Freud, 1896, 1908, 1909, 1913a, 1913b; Janet, 1903; Rachman, 1997; Salkovskis, 1985, 1999). Freud pursued this issue in his *Introductory lectures on psychoanalysis*, in a lecture entitled

'The sense of symptoms', where he described a number of cases where compulsive rituals were traced back to earlier events that had both been powerfully experienced and that touched into earlier experiences (to do with Oedipal concerns in the main). The tendency towards repetition may have its roots within a human reparative disposition – that we re-encounter things in order to repair them. We remember and repeat in order that we can work through or repair the damage that has been done or come to terms with that damage. The sense of the repetition lies in the need to find expression for experiences that have never been able to be encountered at the level of language, that have never found a clear symbolic expression that might provide some means of repair.

The repetition in the content of the obsessional thought seems often to be reflective of an earlier way of being and have a certain sense of something that has been known at an earlier time. There is a remote quality to their inception, something that lingers in the distant past that seems to foreshadow them. The obsessional thought comes to reflect a whole chain of experiences, meaningfully connected around a particular concern. There is the sense of the obsessional thought holding together a chain of events that have been painfully experienced. Such a chain means that any event along the way recalls to some extent an earlier event that arouses a similar sense of dread.

Some case material

It may well be that an event is something that is compelling, memorable and insists within the thinking of the person precisely because it links with aspects of the internal world of the person. It is something that is salient in a very deep sense. In his analysis of the Rat Man, Freud described a particular experience that had an impact on his client (Freud, 1909). This surrounded a story that he had heard of a particularly cruel and painful kind of punishment, known as the 'rat punishment'; when he had heard of this punishment, he could not get it out of his mind, so to speak, and began to think about various people in his life, including his father and his girlfriend, being at the receiving end of this punishment. That is, the story the Rat Man had heard while he was in the army meant something for him because of the fact that it contained the very sadistic motivations that he himself experienced towards his father. Though the hearing of this story may not be regarded as a traumatic event in itself, the fact that it had a strong resonance for the man concerned gave it a great significance. Such a scenario does not appear to be unusual. In the study upon which the material for this paper is drawn, a number of individuals reported a similar sequences of events leading from a story that was overheard or an act that was witnessed that later became transposed onto other people in their lives.

Case: Roland

Roland is an 18-year-old man with obsessional sexual ruminations around a male friend with fears that his friend will be 'taken away' by a third party (his girlfriend). In the background lies an event that he still struggles to understand – namely his father's sudden and unaccounted-for move from the family home when he was aged seven years. A conventional approach to this case may focus on the nature of jealousy here; such an approach may not be entirely misguided. Still, he is effectively

in the dark on the circumstances surrounding his departure. He has some clues and some hypotheses concerning why, at that moment in time, he should leave his life and not return. It appears that the process of repair following his father's departure has forestalled and Roland is left with a kind of festering longing for what he lost at that time. It is important to stress here that his obsessional thought is concerned more with the danger that a girl may take his friend away rather than with his friend as such (though his affection for him should not be understood solely in relation to his obsessional thoughts). It is possible that the obsessional thought refers back to a time in Roland's life when he felt that his mother had taken his father away from him; in the present, close relationships are experienced with the fear that a repetition of this kind of event may occur. The obsessional thought is really then partially anticipatory in nature but seems to also have the sense of a repetition in experience of the traumatic loss of his father and his anger towards his mother for this event.

Case: Stuart

Stuart described in vague terms, and without going into any specifics, an incident that he felt played a decisive role in his development of obsessional thoughts. It was an event that made him question the very nature of his motivation and that appears to have undermined his sense of himself in a fundamental way. It was as if he had fallen from grace – a 'fallen angel' who now had become a 'despicable villain'. In scale, it seemed for him a truly Copernican event, his assumptions or wishful images of himself shattered on the spot. Stuart's appraisal is as extreme, as clear and as unequivocal as this – these are, in the main, his own words. It is also notable that he did not portray this simply as a feeling or an evaluation. It is experienced, or at least portrayed, as an irrefutable fact. His conviction in this remained clear though his precise position in relation to it (that is, where he lay in this simple structure) varied substantially. Suggestions that this may be a narrow conceptualisation meets an acknowledgement that there may be different views, but it is clear that he does not really feel that these approaches are as valid as his own. He returned to a scenario that had particular meaning for him – portraying his own absolute dualistic approach to human behaviour. Stuart reflected that on the Titanic, there were two groups of men. One group thought only of themselves. They 'kicked the children off the boats' and took their places. They were the cowards, the weak ones. The other group of men gave up their places on the boats freely. They surrendered their lives for others. They were the brave ones. Stuart commented, with his head bowed, that he was one of the former. He had been a coward. This appraisal of himself appears to be strongly tied into the event from his childhood where he responded in a way he has judged to be 'cowardly'.

Case: Kevin

Kevin, a 20-year-old man, described how he had developed a way of thinking following hearing a story that, in turn, appeared to blossom or mushroom into his current obsessional thoughts. When he was eight years old, Kevin had heard from children of his age of a middle-aged man in his local area dying through hanging. Though he never witnessed this event himself, only having heard of it second hand,

so to speak, Kevin appears to have been deeply affected by it. He felt distressed about what he heard in the weeks and months that followed, but was also somewhat excited in thinking about it. He could not clarify why he felt excited by it, or the kind of excitement this was, though he suggested that it seemed interesting and different for him. It is notable, however, that Kevin did not talk with his mother about this story, despite his level of distress and the reported closeness of their relationship. It was an event and a set of thoughts that he struggled with alone. Whether this was distorted within an existing obsessional frame or tipped the balance in the direction of his eventually fully blown OCD is difficult to estimate.

Case: Eamon

In the case of one 30-year-old man, Eamon, an event in which he conspired as a 12-year-old boy (an event he did not describe in detail, but alluded to in a highly circumspect manner) led him to move from feeling that he was fully in control of things (like an Emperor or a King as he characterised it himself) to feeling that he was the 'lowest of the low'. In a case such as this, it appears that a particular way of thinking about people that was dichotomous rather than more variegated led rapidly to a change in his experiences of himself. In acting as he had, he descended rapidly, as it were, from a lofty to a lowly position; if he was not the hero, then he was surely the villain. This case, like many others, suggests that we should not examine precipitating events as such but the cognitive and emotional context in which the event occurred. This man has experienced an event of some magnitude but it was clearly his appraisal of this event that had brought him to respond to it as he has; this appraisal, in turn, had its basis in a kind of psychological organisation that preceded it. In the case of this man, his transgression was not significant so much because he would then become the villain; its true significance lay in the fact that he would now be seen as such. His relationship to his world had changed. He would be for others a different person from this time.

Case: Danny

Danny is a man in his mid-forties whose life is highly circumscribed by obsessive ruminations and elaborate time-consuming corrective rituals – with the full range of counting, checking and cleaning rituals that take up the larger part of his waking life. His ruminations relate to the danger that he will attack and kill others, particularly people who are close to him. The memory of an early accident when he was a young child (approximately five years old) is still strong in his mind and is the first detail of his life to be related in our first consultation. The accident led to permanent physical damage that is still evident today and that he encounters when he walks, drives, exerts himself physically, sits down or looks in the mirror. It is difficult to imagine what it must be like for a child who has barely enough words to communicate simple messages to come to terms with an experience of excruciating pain over a large proportion of his body. We can look to what we know from developmental psychology and infants and child observations to develop some clues to its effect. With the benefits of these considerations, we may begin to think of this event as taking place at a point prior to his development of an ability to make sense of pain and to tolerate it in the way that we may later do. The accident appears to

have left him feeling vulnerable in the world and prone to responding to all kinds of impingements with great terror; relatively minor impingements were felt to be highly threatening. It seems like the accident was felt like a murderous act – an attack by his mother on him. This sense later became relegated to one of her neglect of him. Of course, we must be careful in reaching any conclusions about the full context of this experience, how it was processed by the young child and its place in the development of his ruminations. The manipulation of reality (through rituals) may be a way of ensuring that this event will not recur; the vigilance here then reflects an attempt to avoid its repetition and thus a facing into the pain that would surely attend this. It is as if, for Danny, the roles have been reversed; instead of being the vulnerable one to whom terrible things happen, he is in his ruminations the powerful malign protagonist – as if he has internalised and/or identified with what has caused him distress. The rumination is almost like a reversal that protects him from more paranoid relations that anticipate further attacks on him.

Sense making: missing and required

Repetitions take place largely because sense has not been given to the original experience. There is clearly a sense within compulsive rituals of a process of repair that has miscarried, where the person has got caught into a cycle of activity and thought that has spiralled out of controlled. We get the sense of it arising from humble origins, when a mere seed of its now elaborate form was in existence. For instance, this is held rigidly in an intense religiosity that is often married to or stitched into the obsessional state. We may detect in the context of such events the existence of a psychological make-up and an interpersonal world that was not sufficiently developed to allow sense to be made of this event. The event then raised issues that could not be resolved in the normal manner. However, these events remain memorable perhaps largely because of the fact that they could not be properly represented and securely shelved away. These events are still awaiting explanation and understanding and for this reason appear to be in the present rather than in the past. That is, the event in itself is recalled as traumatic and disturbing because of the individual's difficulties in coming to terms with it. This approach shifts the focus away from the event and onto the psychological situation of the person. Crucially, however, it also gives a place to the event because it sees this as occasioning a kind of internal crisis. There is something to which sense needs to be given, but this sense making apparatus is not fully functioning.

For the present purposes, the research literature around the association between life events and OCD is not explored because this body of exploration does not take sufficient account of the nuances of what is meant by an event at a psychological level, narrowing it to events in the external world and usually towards certain kinds of conventionally recognised troubling or traumatic events while missing out on those events that may be equally troubling subjectively but outside of our conventional frame of what impacts on the person. What is most important, and what is left out within that body of literature, is the inner relationship to what takes place, not to be confused with the conscious representation and interpretation. The internal relationship to the event is often nuanced and contradictory in nature than the conscious interpretation that can seem more crystal clear and unequivocal in nature. A part of oneself may welcome an event, while another shrieks in terror or

dread at it. When such a basic event takes place in the life of the person, something happens internally, a quake inside with a defensive emergency response of calming.

The bridge from experience to rumination is perhaps a subtle one. But it is one that has to be considered if we are to understand what it is that is taking place in such experiences. We can cope with events in our lives if we have a capacity to metabolise experience – to see it move inside and to give some basic sense to it. Giving such sense is not always a conscious process, though has some conscious elements. The great events of life, particularly of early life, can have effects that are not readily related, indeed that are entirely communicable or knowable, through language. The language we use to describe these, however useful in providing some kind of outline, never gets to the essential pain that surrounds these. Such experiences are perhaps revived in the aftermath of traumatic life experiences as they revisit the fault line left by these earlier experiences. There is also here, however, another issue of great significance. The early context in which these events have taken place appears to have been one in which there was a lack of support for the individual as he/she attempted to understand or deal with this loss. It appears that there is something of significance in the lack of support patients have felt in dealing with events in their lives. It appears that what may be otherwise relatively insignificant events have a greater effect on the lives of people who do not experience such supports as in the lives of those who have experienced an early estrangement from parents; such an estrangement may imply attachment difficulties or difficulties in the area of developing a facilitating or containing relationship with a parent.

Danny's case also reveals another kind of process. From our work, it appears that not only can an event specifically influence the development of obsessional thoughts, but also that such an event is sometimes represented in the obsessional thought itself-like the insect that is both perpetually trapped and preserved in amber. It is as if in the obsessional rumination, for instance, we find a part of the traumatic relationship – like the fear of an event that has already taken place, an approach that is in line with Winnicott's description of the fear of breakdown as a fear of a breakdown that has already taken place. The traumatic experience is also located somewhere within the obsessional thought to the extent that it has set up a way of defending the person against threats in the world. It seems then as if the most enduring impact of the traumatic event may be in arousing the deployment of defences of particular kinds that, when they become habitual, constitute the basis of obsessional thinking and compulsive behaviour. As in the case of post-traumatic stress reactions, where dissociation and a range of other defences are often used to deal with the distress caused/aroused by the event, the person with OCD defensively packages away the distress within the obsessional thought, a concept well captured in Freud's discussion of 'isolation' as a typically obsessional defence (e.g., Freud, 1909). Isolation sees the thought removed from other thoughts and developing a semi-autonomous position in the psychological life. This use of isolation as a defence is perhaps evident in the concrete manner in which people with OCD approach the nature and meaning of major events in their lives and the implications of these for their thoughts; in fact, people with obsessional thoughts often greatly resist the idea that these events have any bearing, isolating the event as something that simply happened and that has had no real impact on their underlying experience. When they come to see a link between their experiences and thoughts, this can come as a great surprise to them.

The noxious and terrifying experience is isolated within the obsessional thought. It becomes then a powerful force that is unconsciously repeated, though consciously experienced in an analogous set of thoughts. An obsessional thought is then like a piece of undigested experience that repeats on us. We are not able to digest it, nor are we able to let go of it. Instead, it gets transported within a narrow area inside our conscious–unconscious system, becoming recurrently and painfully forceful in our consciousness.

Conclusion

The idea that ruminations and rituals are underpinned by the compulsion to repeat traumatic experiences at an internal level might offer something, small or more substantial, to our understanding of the dynamics of OCD, should such a conclusion be so easily emphasised among a set of other conclusions that are equally compelling. The obsessional patient may be caught within a kind of cyclical process of repeating and trying to repair unwittingly in the repetition the damage that was felt to have taken place within an original event or set of events. The long-standing obsessional thought and the accompanying rituals seem, however, to involve a poorly conceived process of repair that leaves the person in a perpetual cycle of effort and disappointment, with moments of relief. It is this experience of momentary relief that perhaps keeps this whole process alive, keeps him believing to some extent in the power of his rituals to repair the central crisis of his being – namely, that of his destructiveness. His repetitions do not repair and he remains tragically engaged in a process of failed and failing attempts at fixing his internal world and securing and safeguarding his objects. Taken from the perspective adopted here, the compulsion can be seen both as repetitive in its form and repetitive in its revisiting and reanimation of an earlier experience, now largely cast aside and forgotten/repressed.

Notes on contributors

Dr John O'Connor is principal clinical psychologist working in the Irish adult mental health services, as well as a lecturer in clinical psychology in the School of Psychology, University of Dublin, Trinity College.

Mary Fell is a Clinical Co-ordinator on the doctoral programme in Clinical Psychology at the University of Dublin, Trinity College and also works in private practice.

Prof. Ray Fuller is a retired lecturer in the School of Psychology, University of Dublin, Trinity College.

References

- Abrams, M.S. (1999). Intergenerational transmission of trauma: Recent contributions from the literature of family systems approaches to treatment. *American Journal of Psychotherapy*, 53, 225–231.
- American Psychiatric Association. (1994). *Diagnostic and statistical manual of psychiatric disorders*. Washington, DC: American Psychiatric Association.
- Blos, P. (1962). *Adolescence: A psychoanalytic interpretation*. New York: Free Press.

- Freud, S. (1896). The neuropsychoses of defence. In J. Strachey (Ed.), *Standard edition of the complete psychological works of Sigmund Freud* (Vol. 3, pp. 43–61). London: Hogarth.
- Freud, S. (1900). The interpretation of dreams. In J. Strachey (Ed.), *Standard edition of the complete psychological works of Sigmund Freud* (Vols. 4–5). London: Hogarth.
- Freud, S. (1905). Three essays on sexuality. In *Standard edition of the complete psychological works of Sigmund Freud* (Vol. 7, pp. 125–148). London: Hogarth.
- Freud, S. (1908). Character and anal eroticism. In J. Strachey (Ed.), *Standard edition of the complete psychological works of Sigmund Freud* (Vol. 9, pp. 167–176). London: Hogarth.
- Freud, S. (1909). Notes upon a case of obsessional neurosis. In J. Strachey (Ed.), *Standard edition of the complete psychological works of Sigmund Freud* (Vol. 10, pp. 153–250). London: Hogarth.
- Freud, S. (1913a). The disposition toward obsessional neurosis. In *Standard edition of the complete psychological works of Sigmund Freud* (Vol. 12, pp. 311–326). London: Hogarth.
- Freud, S. (1913b). *Totem and taboo. Standard edition of the complete psychological works of Sigmund Freud* (Vol. 12, pp. 1–164). London: Hogarth.
- Freud, S. (1914). Remembering, repeating and working through. In J. Strachey (Ed.), *The complete psychological works of Sigmund Freud* (Vol. 12). London: Hogarth.
- Freud, S. (1915). The unconscious. In J. Strachey (Ed.), *Standard edition of the complete psychological works of Sigmund Freud* (Vol. 14, pp. 159–215). London: Hogarth.
- Freud, S. (1920). Beyond the pleasure principle. In J. Strachey (Ed.), *Standard edition of the complete psychological works of Sigmund Freud* (Vol. 18, pp. 7–66). London: Hogarth.
- Horney, K. (1950). *Neurosis and human growth*. New York: Norton.
- Janet, P. (1903). *Les obsessions et la psychiasthenia* (Vol. 1). Paris: Alcan.
- Mahler, M.S. (1974). Symbiosis and individuation: The psychological birth of the human infant. *Psychoanalytic Study of the Child*, 29, 89–106.
- Rachman, S.J. (1997). A cognitive theory of obsessions. *Behaviour Research and Therapy*, 35, 793–802.
- Salkovskis, P.M. (1985). Obsessional-compulsive problems: A cognitive-behavioural analysis. *Behavior Research and Therapy*, 23, 571–583.
- Salkovskis, P.M. (1999). Understanding and treating obsessive-compulsive disorder. *Behaviour Research and Therapy*, 37(Suppl), S29–S52.