ASCAP NEWSLETTER

Across-Species Comparisons And Psychiatry Newsletter

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"The dividing line can be hard to draw. "We" are of course always careful, conscientious, and firm, while "they" are rigid, pedantic,' and obstinate." **Isaac Marks[1]**

(c/o Russell Gardner, 1.200 Graves Building (D29), University of Texas Medical Branch, Galveston, TX 77550)

Note 1990 Subscription policy! For ASCAP Vol 3 (Jan through Dec, 1990) we will need $18 (US dollars) for the 12 issues. See subscription form at end.

For the philosophy guiding this newsletter, see footnote on p.9[2].

Newsletter aims: 1. A free exchange of letters, notes, articles, essays or ideas in whatever brief format.
2. Elaboration of others' ideas.
3. Keeping up with productions, events, and other news.
4. Proposals for new initiatives, joint research endeavors, etc.

Features: From Richard Alexander we note the following: "..even if we humans find it difficult to view ourselves dispassionately, we know more about our own behavior than that of other species. Taken together with the fact that we display many unique behaviors, this means that the examination of human behavior has the potential of feeding back directly into biology insights, theories, and knowledge not as easily acquired from studying..nonhuman species."

This provides a focus for several features of this issue including David Freedman's essay[4] on obsessions (paraphrased and abstracted from a longer manuscript) as well as some developing plans for multinational collaborative research.

Let me also note the letter from Irina Zhdanova who feels a changed atmosphere for studying the biology of social variables in Russia .. and Brant Wenegrat's new book is out!

Quoted Abstract: from Pitman RK: Animal models of compulsive behavior. Biol Psychiat 1989;26:185-198 (June)

A convergence of clinical and pathological evidence points to the basal ganglia as the site of disturbance in compulsive disorders. However, the limbic system may be implicated as well. This article draws upon various lines of animal research in an attempt to explain how disturbances in one or another of these systems may produce compulsive behavior. Possible models include stimulation of the reinforcement mechanism, manipulation of the striatal "comparator" function, production and blockade of displacement behavior, and interference with the hippocampus' modulation of the stereotypy-inducing effect of reward. The common denominator of these models is a relative excess of dopaminergic activity in the basal ganglia. However, this does not necessan.y implicate a primary dopaminergic disturbance in all human compulsive behavior.

Collaborative Research: The proposal to follow stemmed from conversation with Leon Sloman of Toronto recently. Note the fourth aim listed above for the Newsletter: "Proposals for new initiatives, joint research endeavors, etc." The other three ASCAP aims have so far been realized liberally, but not this one.

Leon recalled that UCLA's Michael McGuire (the godfather of research in this still "strange-to-most-psychiatrists" area of thought and work) had encouraged him and others of us interested in social rank hierarchies to begin thinking of a multinational data-gathering project. Another recent discussion with Hagop Akiskol from Memphis reflected Hagop's excitement about the conjoined areas of evolution and

psychiatry, but he expressed curiosity about how the two can be linked via data. (With William McKinney, Hagop Akiskal signaled clearly to the psychiatric public the value of identifying depression as a psychobiological final common pathway in a landmark paper.[5]) These conversations reflect a need for us to come together to focus concerns and suggestions and to plan concretely.

Paul Gilbert of the Birminghammers who lives in Derby shows how this might work as he writes of interesting results coming from research he is doing on submissive behaviors and depression. He asks essentially: "Do more submissive behaviors correlate with more depression in individuals?"

Extending this, is a depressive state one variant or subset of submission? Is depression a subset of submission? Might depression be submission out of context, eg, one submits or yields when one doesn't need to as Price and Sloman have discussed -- and can't stop -- see Leon Sloman's letter below (and also the material of obsessions and compulsions this issue). Obviously a larger set of submissive behaviors may include circumstances when yielding clearly increases fitness (we are not sure that depression does) . Leon has a special interest in such behaviors in family settings.

I've focused some data-gathering efforts on "defeat" as a state possibly more basic than submission. ASCAP's international readership may be important for investigating the following: if correlations between depression and yielding/defeat hold up over multiple cultures, then a connection may be "more fundamental" - more reflective of a basic plan - than if such a correlation were specific to one culture.

Before making a pitch for some particular ideas on which we might gather data, however, let me briefly lay out some baseline considerations and desirata that to my mind should underlie any such project: an emerging science of psychiatry rests upon a three legged stool (with bracing linkages between the legs): one leg is molecular biology - - the study of the molecules and cells - including cell networks - that underlie life and its continuation into next generations. For those of us focused upon psychiatry's basic science, the most interesting cells may be those that mediate the body's communicative actions as well as those registering the communications of others, especially conspecifics and predators.

A second leg is evolutionary biology with the assumption that our present forms are the result of diversity, natural selection and hereditary mechanisms such that adaptive parts of the body (including those that have communicative purposes) have stuck around into subsequent generations. Somehow basic plans that solve problems are kept in place so long as they are functional.

The third leg is a considered shaking up and reclassification of psychiatric and normal phenomena such that more fundamental facets of communicational biology can be registered and measured (and also examined in non-human animals). What is normal and adaptive and what is abnormal about obsessions? depression? mania? drug intoxication? cult membership?

Coming back to the mission of this section, what kind of multinational data should be gathered? What hypotheses should be explored and outlined or alternate hypotheses potentially disproved clearly? Where? Why? Who? How?

For starters, I suggest the following minimum characteristics: a focus should be on humans from several cultures. The data gathered should be simple because cultural barriers and varied scientific traditions need to be managed. A few data points on many

persons are preferrable to much data on a few. Social rank hierarchy and affective disorder seem to be axes of principle interest.

Addendum: After the above was written, an RG. visit to Boston produced the following specific schedule: on Sunday morning, March 25, 1990, Dan Wilson, Steve Heisel and Kalman Glantz are joining me to host a planning meeting for a multinational project in Boston, MA. Specific time, location and agenda will be discussed, debated, and announced in future ASCAPs, as will meeting results.

We four agreed on the points above even as we also swallowed hard about the many problems. Instruments require simplicity, reliability, brevity, acceptability to sophisticated researchers, and translatability across languages. This research would start as pilot work with both normal and patient populations. The key hypothesis holds that conventional psychiatric illness can be rephrased as fundamental communicational propensity states. For example, the disorder of depression can be also described by those experiencing it as a state of yielding, submission, and/or defeat. We felt findings would be robust over cultural differences if indeed the state is fundamental. At this stage, low cost pilot work in at least three nations seems definitely possible including one non-English speaking country (Isabella Kuthy from Mexico City has become interested!)

Perhaps depression can be defined unidimensionally but accurately via recently developed scales. Independent work with the medically ill and the aged by Snaith[7] and Yesavage[8] has led to anhedonia as a central feature of serious depression responsive to antidepressant medication, more key than the vegetative signs of altered sleep and appetite. One of these simple short scales may be suitable for translation and broad usage.

But more of this for future ASCAP issues and for the March planning meeting in Boston. Again we welcome your comments and ideas and/or participation in person.

In summary, please join us if you are interested in these meetings on how this research might work. Dan works at McLean Hospital and expects to find a room for a meeting. We anticipate that this would be the first of two planning meetings, with a second in the course of the annual meeting of the American Psychiatric Association in the second week of May in New York City. Determining exactly when and where and who is a partial agenda for the Boston meeting in March. If you can or can't come and are interested, please write down ideas and send them here for future issues of ASCAP.

Book Announcement: Wenegrat B: The Divine Archetype: The Sociobiology and Psychology of Religion. Lexington, MA: Lexington Books, 1990.

Marc Galanter (remember him from August ASCAP?) states on the back: Contemporary empirical research has contributed in only modest ways to our understanding of religion and myth. In this volume, however, Brant Wenegrat draws on diverse scientific disciplnes, among them biology, anthropology and psychology, in order to explain the role of religion in human adaptation. He does this in a lucid way, offering a wealth of clinical illustrations.

Table of contents: 1. Introduction, 2. A Sociobiologic Model, 3. The Strategic Functions of Religious Beliefs, 4. The Origin of Religious Belief, 5. The Image of God, 6. Afterword: An Illusion of the Future.

Letters: *26 September 1989*

...I believe that we have only begun to explore the clinical implications of John [Price's] original ideas about the link between submission and depression. It is possible that the same could be said for the link that Russell [Gardner] suggested

between "alpha behavior" and manic symptoms. .. I would make a distinction between submissive behavior and depression. When an animal submits and the mechanism is working effectively, then we are speaking about something short term. It is true that when the two animals meet again at a later point, the loser behaves in a submissive fashion to the winner but this is only residuum of the former submissive reaction during the agonistic encounter. Depression results from the failure of termination of the submissive response. When an animal becomes hypersubmissive, that is depressed, the word "adaptive" mechanism becomes "maladaptive." I find that I am more and more in my clinical work referring to mild depressive symptoms as hypersubmissiveness. I will discuss with my clients how their feelings of helplessness, hopelessness, inadequacy and inferiority have their roots in adaptive behavior which has the function of maintaining the cohesiveness of the family or group to which the individual belongs. I find that clients will often react to this intervention by making reference to their feelings of anger which they are struggling to control. This will often enable me to reframe their depress ion as a struggle between their wish to be self-assertive, that is dominant, or submissive, that is, sacrifice themselves for the sake of maintaining harmony. I would imagine that one might be able to make a case for discussing some of these principles with regards to manic behavior. ..I have less experience in dealing with it, [but] I am told that one way of dealing with a hypomanic patient is to take a very strong dominant approach towards that patient and the patient sometimes settles down. Ethologically, I suppose that one would be dealing with out of control dominant behavior...
Leon Sloman

October 15, 1989

Many thanks for sending me the June issue of ASCAP. It was ..[of] great interest [for me] to read it and I've appreciated being on your mailing list. If you can send me the previous issues, which I didn't see, I'll be grateful to you.

No doubt that ASCAP can give a real help for the scientists in a given field. It's of an extraordinary interest for me, as ..[a] Russian scientist, because this field was closed for a long time in *the Sov. Union. Only now we can begin to talk about biological basis of social behaviour, so your help in [ex]changing information is of great value for me.*

Working with the animal, models of emotional and social behaviour, I think that rules of macro-social level of human communication are not only similar to the rules of "micro-social level" of cells, but have got the same aims and basic mechanisms.

Being basically a psychiatrist, I agree with the ideas that at the background of psychiatric syndromes is [a] defect of the intraspecific communicational function, which works with the information of two types, "I for the others" and "Others for me." The evaluation of these positions give the "social coordinates" for the person and greatly influence his behaviour.

The comparison of various levels of biological communication and the behaviours of different species can give us, to my mind, a lot of useful information. Animal models demonstrate the changes of social behaviour as a result of emotional disorders and, on the other side, the evident changes of individual state and behaviour under the influence of intraspecific communication. As it is possible in such models to look through several levels of one subject (social, individual, cell behaviour and molecular metabolism), it seems it can give a real help in under-

standing of these very interesting but complicated processes.

I hope to get new information from you and a new issue of ASCAP.

Excuse me [that] my answer comes after so long a time, but I work now in Budapest' [until] the end of November, due to the IBRO Fellowship for young scientists, and I received ASCAP just now.

With sincere gratefulness and respect. Irina Zhdanova, Budapest

Thanks for your communication. I sent you each of the ASCAPs before and after the June issue to your Budapest address and hope that you have received them.

****Featured Essay****

Obsessions and Normality.

by DA Freedman

Is obsessional behavior automatically pathological, or is it perhaps like blood pressure and anxiety or fasting blood sugar and fear, ie, a parameter of adaptation that characterizes most, if not all of us, but which sometimes and for some people runs amok? Sandler and Hazari[9] note that in labeling someone obsessive, the labeler as likely praises as criticizes. Someone in need of an operation often seeks out a surgeon who is careful and meticulous, who follows rigid procedures and who worries about getting things right. One might even find it reassuring to know that the surgeon is picky and routinized, prone to migraine and/or thinks about his bowel regularity.

To illustrate: A surgeon of international repute "knew" what was right and that other people should accord with his ideas. He also suffered from intense episodes of migraine. On one point, he described himself in an interview with a hospital adminstrator. As one thing led to another, the administrator screamed, "The trouble with you is that you are a goddam...perfectionist." The surgeon quietly replied, "That's right.. But tell me, when you have to be opened up, would you prefer it to be done by a perfectionist or by someone who is going to shit in the wound?" For him, obsessional characteristics were both ego syntonic and of great value to his patients.

Certainly obsessionality is not comparable to smallpox or AIDS, to be wiped from the earth. But how and why do obsessional modes become established? What leads to their becoming maladaptive (like hypertension and diabetes)? How can they be treated?

Terms. From the Unabridged Oxford English Dictionary (OED). the word obsessional derives from the Latin verb *obsidere.* Originally, this meant to sit at or opposite to, to beset or besiege, as in a military operation, ie, the verb referred to an external threatening force such that one might say a community was compelled to take defensive action. Over time, the obsessing agent became less precisely defined, and the object of the obsession became less clear By mid-sixteenth century, "siege" in the military sense extended to include, and ultimately to be replaced by, connotations of to haunt or to harass as by evil spirits. To be obsessed came to be applied to an individual's, as well as a community's, experience:. In the 1800's, however, one could still be "beset" by foreign, backstairs and domestic influences, by obsessions at home and abroad. The earliest OED entry to use obsession as the private, entirely internalized and idiosyncratic experience of one person is dated 1893: "The thought of death began to haunt him till it became a constant obsession." In the OED Supplement, however, connotations of the word mean a process within an individual.

Working definitions for American psychiatrists do not refer to this etymological history, eg, DSM-IIIR refers (without etiological hypotheses) to two symptom complexes (Axis I and II) similar to that of a psychoanalytic glossary where the definition becomes "any psychical act . . . when it intrudes repeatedly and involuntarily on the subject's consciousness."[11] An etiological consideration gets revealed with the definition of Obsessional Neurosis: "... both a libidinal regression to the anal sadistic phase (usually because of severe conflicts during the oedipal phase) and the ego's defensive activities."

There are two questions here: 1) How did obsession's original meaning dealing with operations of external and alien forces get replaced by the implication of an intrapsychic force? 2) Why did the term obsession become laudatory as well as critical?

Freud noted similarities between obsessional behavior as observed in the individual and as observed in religious practice.[12] Later he wrote concerning taboos that "... people who have created for themselves individual taboo prohibitions ... obey them just as strictly as savages obey the communal taboos of their tribe or society. . . "taboo sickness" [would be] an appropriate name for their condition."

Excerpts from the New Catholic Encyclopedia[13] support this idea. The term scrupulosity (for our purposes, this is equivalent to obsessional phenomena) refers to the efforts of the individual to cope with the strictures of his religion. Scrupulosity refers to an adaptive dilemma somewhere between the external threat implicit in the Latin obsidere and the wholly internalized problem of the obsessional person. The authors also struggle with the relation of scrupulosity or being obsessional to pathology. In their section on psychoneurotic disorders, they state: Obsessive concern with matters pertaining to the moral life together with a compulsive meticulousness in confession and in the avoidance of objectively sinful acts is called scrupulosity. It is a pathological exaggeration of what in ordinary usage is considered healthy, normal, scrupulous, honest and meticulous attention to the details of one's occupational and professional tasks. (Italics added.)

In another entry,[14] Scrupulosity: ...the scrupulous person's life journey has been aptly likened to that of a traveler whose pebble filled shoes make every step painful and hesitant. Scruples render one incapable of making with finality the daily decisions of life. This psychic impotence, providing a steady source of anxiety and indecisiveness, is especially prevalent in ethical or pseudomoral areas. It causes ordinary, everyday questions to be viewed as impenetrable and insoluble. Decisions require a disproportionate amount of time and doubt. Never at peace, the mind compulsively reexamines and reevaluates every aspect of a matter about which scruples center. With increasing doubts and mounting fear the mind is so blinded and confused that volitional activity becomes difficult or impossible. The will is unable to act without immediately reacting against its previous decision. There is more or less constant, unreasonable, and morbid fear of sin, error, and guilt. The mind demands mathematical certitude in moral matters and when this is not forthcoming, there is a fear reaction that is both unreasonable and unholy.

In an earlier edition,[15] the authors explicitly rejected scrupulosity as a state of grace: "The idea sometimes obtaining that scrupulosity is in itself a spiritual benefit of some sort, is, of course, a great error."

How the obsession's original meaning, dealing with operations of an external and alien force, was replaced by the implication of an intrapsychic process remains to be clarified. Nor do we understand why "obsessional" is used in both laudatory and critical senses.

Epigenetic Perspective. Retrospectively inferring from work with adults, Freud[16] associated the ear-

lier part of a developmental period with control of bowel function, the so-called "anal period." Other analysts saw sphincter control as one of a number of adaptive dilemmas of the developing child during this same developmental era. Abraham[17] noted the youngster at this age must make a virtue out of necessity. He is praised for his compliance with adult demands while at the same time having no other criterion, other than the adult's authority, by which to judge the significance of his behavior. In a similar vein, Landauar[18] pointed out the little child may be as bewildered by premature expectations for table manners as by early expectation of sphincter competence.

Two stories of children follow: First a 4 year old boy shown dinosaur bones at the Natural History Museum was told that dinosaurs no longer exist, that they were extinct. He concluded that they became extinct because their bones "fell out," and that, if he were to avoid a similar fate, i.e., if her were to avoid extinction. he had better be careful to bathe regularly! Consistent with Piaget's observations, at age 4 this child was also quite certain that the sun set at night because it was time for him to go to bed.

Fraiberg[19] told of a 7 year old boy who said to his mother that if his parents were to have another baby his father would have to have his penis cut open because "it was as big as a marble." She was puzzled so he brought a book from which his parents were attempting to teach him facts of life. In it a picture of a spermatozoan in a circular field as it might be seen under a microscope; indeed, as portrayed, the sperm looked as big as a marble. Clinical Illustrations: The vignettes to follow provide data about the early experience of the patients coming from sources other than the patient's recollections alone. Memories emerging in their therapy made it interesting for the patients to find old letters that turned out to confirm the recollections.

A 58 year old married mother of six and grandmother of another six complained of feeling depressed and anxious. She also described episodes of uncontrollable rage which left her feeling guilty and unworthy. Twenty years before she was treated with ECT and antidepressants for similar complaints. She was reared as rigidly Roman Catholic by a mother 17 years older who had converted to her husband's faith after fleeing a chaotic home to marry him. The patient recalled her mother as unrelentingly disciplinarian with no question about what was right and wrong: her mother always knew. Later the church took on this role. Adolescent problems stemmed from discrepancies between what she had come to accept as eternal verifies and her increasingly bitter mother's changing view of marriage and church. These "mixed messages" were increasingly perplexing and she frantically tried to do everything "right" and to get everything "right."

An excellent student and a competent performer, she was unspontaneous. She played professionally but could not improvise. She visited a nun who had taught her in high school. This very elderly lady greeted her with "Oh B _ , how nice to see you again. Tell me, are you as scrupulous as you used to be?" Two letters written at eight were filled with errors and provided additional evidence of this scrupulousness.

A 31 year old woman described depression, migraine headaches, and bruxism in the context of a loveless marriage to an austere cold man whom she idealized and resented. When he expressed indifference or disdain, she redoubled her best efforts to please him and to get things "right." Her home was meticulous, her dinner

parties unexceptionable, her children models of deportment. A letter from her mother described the troubled childhood of a girl who attempted to please while markedly inhibited.

Each woman was beset by enormous uncertainty, about herself. Each took it as axiomatic that in every situation demanding action from her, there existed a right and a wrong alternative. The validity of this was confounded by the gnawing awareness that she herself most often could not predict in advance which alternative would prove to be the right one. Both also took it for granted that the certainty that eluded them was available to others (parents, spouses, religious institutions). Each became symptomatic when her best efforts failed to bring approval.

Their dilemma was evident also in a 2.5 year old child[20] who was anxious, not eating, and sleeping fitfully, whenever she saw a scrap of paper or a piece of lint, she agitatedly tried to pick it up. These symptoms started with toilet training; the parents' word for continence was "clean" but the child didn't understand metaphor: when her parents exhorted her to be clean (as when her father returned home in the evening and asked her if she had been clean that day) , she took it literally and thought he meant lint.

Elsewhere, I have described this dilemma as the "obsessional contract"[21] which differs from the conventional contract insofar as the second party is unaware of the nature of the agreement the first party has entered into: thus the parents of the lint-picking girl had no interest in her cleaning the house; yet that is what she thought they meant and she worked hard at it.

I addressed my adult patients' propensity to enter into such unilateral contracts and this was useful therapeutically.

Discussion: Being a meticulous housewife is not by itself pathological: failure to receive the return one anticipates may, however, produce disabling symptoms. A man in a well ordered and productive Life found himself preoccupied with the possibility that he had left the gas jet on when he was confronted with anxiety provoking situations. In each instance, his preoccupation and compulsive checking persisted until the underlying problem was resolved.[22]

Cases like this lead to the question about what is being treated in the obsessional individual. Are we, whether we use medication or limit ourselves to psychotherapy, treating "obsessionality" or are we attempting to regulate an adaptive process that has gone amok? With regard to psychotherapy, there appears no doubt that the latter is the case. One does not seek to eradicate social proprieties, sense of duty and a host of other aspects of functioning which are taken for granted in a civilized society. I suspect that much the same can be said with regard to pharmacotherapy. Certainly, that the same agents are effective for states as different as panic disorder, phobias and affective disorders suggests a lack of specificity. The available evidence would appear to support the thesis that our role, as therapists, is to regulate the expression of the "obsessional diathesis," not to eradicate it.

Epilogue quote from Judith Rapoport. author of the authoritative and engaging book entitled: The Boy Who Couldn't Stop Washing: The Experience & Treatment of Obsessive-Compulsive Disorder NY: Dutton, 1989 (pl76) "I *am fascinated by the resemblance of my patients' compulsive rituals to the fixed behaviors of some animal species...Will understanding the "doubting disease" lead to a biology of certainty-a biology of knowledge?"*

1. Marks IH: Fears. Phobias, and Rituals: Panic. Anxiety, and Their Disorders. NY: Oxford U Press, 1987, p438.

2. ASCAP philosophy and goal. High scientific importance rests on comparing animal behaviors across-species to understand better human behavior, knowing as we do so that evolutionary factors must be considered for understanding properly such behaviors. To accomplish these comparisons, very different new ways of viewing psychological and behavioral phenomena are required. This in turn explains why we need new words to define and illustrate new dimensions of comparisons across species. We expect that work in natural history biology combined with cellular-molecular biologic research will emerge as a comprehensive biologic basic science of psychiatry. Indeed, this must happen if we are to explain psychiatric illnesses as deviations from normal processes, something not possible now. Compare to pathogenesis in diseases of internal medicine.
Some neologisms that hopefully will help implement these goals are those of:
a. Michael R. A. Chance: "hedonic" and "agonic" refer to the tone of groupings of conspecifics (members of a same species) i.e., relaxed and fun-loving versus tense and competitive.
b. J.S.Price: "anathetic" and "catathetic" describe conspecific messages. Catathetic messages "put-down" and anathetic "build-up" the resource holding potential (R) of target individuals.
c. Russell Gardner, Jr.: "psalic" is a 2 way acronym: Propensity States Antedating Language In Communication and Programmed Spacings And Linkages In Conspecifics. This describes communicationsI states conjecturely seen with psychiatric disorder and normality (human and non-human), ie, alpha psalic seen in manics, high profile leaders and dominant non-human animals. Eight psalics are named alpha (A), alpha-reciprocal (AR), in-group omega (IGO), out-group omega (0G0), spacing (Sp), sexual (S), nurturant (N), and nurturant-recipient (NR).
These new or renewed terms are initiated or elaborated in Chance, MRA (Ed) Social Fabrics of the Mind. Hove and NJ: Lawrence Erlbaum Associates, 1988.
d. Paul Gilbert: Social Attention Holding Power/Potential (SAHP) focuses upon the non-aggressive facets of leadership when this is deployed in the hedonic mode. See ASCAP v.2, #1 and his new book: Human Nature and Suffering. Hove and NJ: Lawrence Erlbaum, 1989.

3. Alexander RD: Darwinism and Human Affairs. Seattle: U Wash Press, 1979, page xv

4. On page 8 of the October 15 issue (ASCAP vol 2, #10) announcing the feature of this issue, David Freedman was misidentified as Daniel Friedman. My apologies!

5. Akiskol HS, McKinney WT: Depressive disorders: towards a unified hypothesis. Science 1973;182:20-29.

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b. Snaith RP, Taylor CM: Rating scales for depression and anxiety: a current perspect've Br. J. Clin Pharmacol. 1985;19:17S-20S.

8. a. Yesavage JA, Brink TL, Rose TL, Lum 0, Huang V, Adey M, Leirer VO: Development and validation of a geriatric depression screening scale: a preliminary report. J. Psychiat. Res. 1983;17:37-49.

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c. Yesavage JA: Geriatric depression scale. Psvchopharmacology Bulletin 1988;24:709-711

9. Sandler J, Mazari A: The obsessional: on the psychological classification of obsessional character traits and symptoms. **Br J Med Psychol 1960;33:113**

10. Unabridged Oxford English Dictionary Oxford: Oxford U Press, 1933.

11. A Glossary df Psychoanalytic Terms and Concepts. MY: American Psychoanalytic Association, 1967

12. Freud S: Obsessional acts and religious practises. Standard Edition 1907;9: 117-128, London, Hogarth Press.

13. 1967;XI:979 NY: McGraw Hill Co.

14. New Catholic Encyclopedia. 1967.-X1:1253-1255

15. New Catholic Encyclopedia. 1912,-XI 11:640-641 MY: Robert Appleton Co.

16. Freud S: The future of an illusion. Standard **Edition London: Hogarth Press, 1961.**

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19. Fraiberg S: Enlightenment and confusion. Psychoanalytic Study of the Child 1951;6:325-335.

20. Wulff M: The problem of neurotic manifestations in children of preoedipal age. Psychoaial Study of the Child 1951;6:169-179.

21. Freedman DA: On the genesis of obsessional phenomena. Psychoanalytic Review 1971;58:367-383.

22. Munich RL: Transitory symptom formation in the analysis of an obsessional character. Psychoanalytic Study of the Child 1986;41:515-536.

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