

Edge of Obsession

by David Raney

“I wonder how many people I’ve looked at all my life, and never seen.”

—John Steinbeck, *The Winter of Our Discontent*

If I told you that when I was a kid I used to double numbers over and over, 2-4-8-16-32 until they became page-crossing monsters lined up in identical pairs, you might say “Man, that’s pretty OCD.” I used to collect license numbers, too, peering out the windows of our station wagon and copying them into the green lines of a journal my dad had given me. But that was mainly to feed a fantasy of telling baffled police that yes, as a matter of fact, I *did* know the plate number of that blue Gremlin, getaway car in the crime of the century.

Nerd hobby or superhero daydream, whatever that was it didn’t last. I must have tired of writing numbers in rows and not solving crimes. But I still recall old addresses and phone numbers and can recite pi to fifty places, which friends consider amusing or strange depending on their own relationship to numbers. And I have my habits like anyone. In coffee shops I always order a double espresso, because why tempt the writing gods unnecessarily, and I always put new groceries behind old, fresh towels at the bottom of the stack. These are probably relics of a college stock boy job, I tell myself. On the way out the door I always pat my pockets for the holy trinity—keys, phone, wallet—but I don’t do it ten times. Maybe three.

I’m not a neat freak, either, as my wife would certainly attest. I load the dishwasher a certain way, but I don’t care if someone else does it differently and would just as soon not do it at all. Every ritual, in other words, isn’t OCD. Without some routine we’d never balance our checkbooks or catch a bus. But the line between normal and clinical isn’t a hard one. I’m capable of noticing when a carpet pattern points in the direction I’m walking, and I’m more likely to notice if I’m anxious or distressed. Still, it

doesn't feel as if anything real depends on it. Or on avoiding the fissures of a buckled city sidewalk, staying safe inside the cracked continents.

I don't have whatever blend of inheritance and environment, gene mutation, or chemical cocktail brings on true obsessive-compulsive disorder. No one is entirely sure what causes it, but the full expression of OCD is a life-controlling condition requiring medication and therapy, and I don't wish to be glib about it. That would dismiss what a real sufferer goes through, a thing of which I have no experience. But I can imagine it, thanks to vivid accounts. A good friend describes her husband at age eighteen:

He was just starting community college, had fallen in love with languages and was taking intensive French and German, with all the flash-cards, word learning and repetition that entails. He'd make lists and mark up dictionaries, pronounce each word ten times, twenty, and if he got it wrong he'd have to start all over. Then he started needing to make the bed up perfectly before he could get in, so that between repetition and straightening it might be 2 a.m. before he got to bed.

That nighttime ritual resonated with me, hovering like an owl call, until I recalled a period in my own teens when I went through ornate bedtime rituals of adjusting the blankets, touching the curtains and the window in patterns that had to be right or something bad might happen. It didn't feel like guilt or penance for anything, just that I was charged in some obscure way with protecting my family from vague dangers and couldn't let them down. No matter how tired or how late, I'd tug and straighten like an escaped prisoner covering his tracks until it felt perfect. Ten minutes, half an hour, I have no idea. Then it stopped, and I don't remember that either. I just didn't do it anymore.

The bestseller *The Boy Who Couldn't Stop Washing* helped define OCD for many people, and possibly humanized it too, as did TV's *Monk* and movies like *As Good As It Gets* and possibly *The Accidental Tourist*. "Possibly" because William Hurt's character Macon isn't labeled OCD, and the idea isn't central to the plot. But in his widower's grief he's just as obsessive—lining up cans on a kitchen shelf like a drill sergeant eyeing recruits—as the Jack Nicholson and Tony Shaloub characters. *Monk*

creator David Hoberman says he was inspired by his favorite fictional detectives but also by his own experience. He told an interviewer, "I couldn't walk on cracks and had to touch poles. I have no idea why—but if I didn't do these things, something terrible would happen."

Hoberman's OCD is self-diagnosed so it isn't technically (medically) true that he "has it," and this is the part that fascinates me. Even the most apparently alien conditions are on a curve, just like intelligence, and a capacity for humor or empathy, and other attributes notoriously difficult to describe and define. Think about it: among the genetic and chemical disorders, who couldn't find some aspect of her behavior that matches up? Thumb through the *DSM-5* and try not to find yourself reflected every few pages—cloudy and distorted, maybe, but you. A code-switch here, a dab of neurotransmitter there, and any of us could have a label and a different life.

Some afflictions are obviously binary affairs. A mosquito bit you or it didn't, your fibula is shattered or it isn't, a virus swims in your cells or it doesn't. But we tend to look at everything that way despite (or maybe because of) our sophisticated modern treatments for conditions that until recently were grouped as "crazy" or the kindlier "touched." The root of *diagnosis* is "learn" but also "set apart." When you give something a name, you draw a line.

Robert Sapolsky, a Stanford biologist and neuroscientist, knows those lines as well as anyone. He doesn't have OCD any more than I do, or the other diseases and disorders he writes so well about—epilepsy, schizophrenia, Tourette's. But he says he recognizes "facets of myself" in the sufferer's carnival of ritual and repetition, and concludes, "It is reasonable to assume that there is some sort of continuum of underlying biology here." Stress is often implicated in the onset of obsessive-compulsive symptoms or behaviors (and what a difference slides into the gap between those two words), the classic examples being washing, counting, and checking—to make sure doors are locked, for instance, or lights turned off. This is Sapolsky's version:

At times when I am overworked and anxious, I develop a facial tic and I count stairs when I climb them. I usually wear flannel shirts. In Chinese restaurants I always order broccoli with garlic sauce . . . I think, "Well, I enjoyed broccoli last

time, why not get something different?” and then I think, “Careful, I’m becoming a perseverating drudge.” And then the waiter is standing there and I become flustered and order broccoli with garlic sauce.

My wife is more artistic and spontaneous than I am, but she’s also a perfectionist, so it made sense when she told me that during a particularly stressful phase before I knew her she washed her hands more than was strictly necessary and showered four to five times a day. She still checks several times to make sure her car is locked, going around to each door to press the button manually. Our teenage son handles stress well, at least outwardly (who has access to another’s inner surfaces?), but he has his own comforting rituals, including watching us from a window whenever we leave the house and telling us—every time—that he’s going to. Touchingly, I found out that when he was younger he would habitually tell our Labrador retriever, before we all left, what to do in case of a fire. We’re all happy souls, reasonably social and successful, and I doubt any clinician would scribble “OCD” in her notes after a session with any of us. But if we don’t dwell in the land of obsession, there are times when life builds and swells underfoot, the horizon contracts, and we can see it from here.

This spectrum of ill and not-ill turns out to be true even of schizophrenia, the terribly debilitating brain disorder that still gets caricatured as “split personality” and that would seem to be a thing, surely, that you either have or don’t have. Its family tree includes a lesser known, kinder cousin called “schizotypal personality” which describes people who exhibit some associated mental traits (a strong interest in paranormal phenomena, a proclivity for fantasy and magical thinking, loosely connected thoughts in general) but not at a strength or frequency that crosses the line we’ve drawn at illness.

Schizotypals tend to be socially uncomfortable and drawn to solitary professions: film projectionists, cubicle hermits, the lighthouse-keepers and fire-tower watchers of the world. They’re the Bartlebys among us. Not even the darkness of schizophrenia, it seems, is truly black and white. Perhaps, muses Sapolsky,

whatever neuro-chemical abnormality causes a schizophrenic to believe that voices are proclaiming her the empress of California is the same abnormality

that, in a milder form, leads a schizotypal person to believe in mental telepathy. In an even milder form it may allow the rest of us to pass a few minutes daydreaming that we are close friends with some appealing movie character.

You might know someone with schizophrenia, as I do, or even suffer from it yourself. It's a bit more likely that you know someone with OCD, which, I was surprised to learn, is the fourth most common mental disorder, diagnosed almost as often as diabetes or asthma. Roughly one in fifty American adults has it, and you know fifty adults. Even without parsing "acquaintances" and "friends," you know several times that. A medieval village housed 50-300 people. In your office of dozens, your apartment building of hundreds, you know several villages' worth. And again there exists an almost-OCD, people whose behavioral profiles slide a bit down the curve from clinical. The best estimates of obsessive-compulsive *personality* disorder, or OCPD, run two to eight percent. So for every 100 people, it's a good guess that five or six of us have one or the other.

Every time I'm on a packed subway car, then, I more than likely share it with someone who can't read her book for counting the tunnel stanchions, or who adjusts his trouser crease twenty times a minute, seeking the fugitive peace of a razor-straight line. One day I sat next to a man who, for the entire ride, sucked at his soda straw every four seconds, up, down, up, so metronomically, his face so blank, that he resembled one of those dipping stork toys that were popular years ago except in reverse, the cup raising instead of the head lowering. It made me wonder what else he does to get through the day and what I couldn't guess about even the people I know. He was still doing it when I got off at my stop underground, and in the glowing window as the train pulled away.

I once talked to a woman in a bookstore whose ten-year-old had high-function autism. He was in both special needs and gifted classes at school; they didn't quite know what to do with him. There are shades to that condition, too. Temple Grandin's books have done a lot to bring Asperger's Syndrome into the public eye, and it's more or less received wisdom now that university math and physics departments are, as the woman put it, "workshop havens for high-function autistics." These are people who often like to work alone, are gifted at spatial relationships and mental math, and have a

penchant for trivia. (Her son used to go up to people and say things like, “Did you know that if you add the areas of Africa and Brazil ...”) None of which proclaims you as having this or any disorder, but they all correlate with mild autism; they’re all on the spectrum. And I’d be lying if I said I didn’t feel a jolt upon encountering “penchant for trivia” on the list, or on reading this sentence about the much rarer autistic savant syndrome (think Dustin Hoffman in *Rain Man*): “The most common behaviors demonstrated by people with the syndrome are obsessive preoccupations with trivia (facts about U.S. presidents, for example), license plate numbers, maps, or obscure items.”

I’ve enjoyed all of those things to an extent many would label irritating if not truly obsessive. And yet I’m not an autistic, or anyone’s idea of a savant. Still, when we whisper about a colleague, “God she’s being anal today,” or joke with a forgetful friend, “ADD much?” or complain of a hectic schedule “Man, I was completely schizo last week,” it might be unthinking shorthand, but it also inadvertently touches on the truth. Many such disorders *are* on a continuum. Or, more to the point, we are.

As an adolescent, a time when we live in change, our bodies washed in a tide of internal chemicals, I went through a compulsive phase that no one knew about, and not just the “I need things my way” variety that’s part of the definition of the age. Shooting baskets for hours in the driveway, I’d tell myself I had to make, say, five layups from the left and five from the right, then three foul shots plus a final one behind my back. Everyone does this, given a ball and NBA fantasies and no one to play with, and it helped make me a pretty good shot. But I’d start over every time I missed, whether it was the easy first shot or the tricky last one, and I’d finish the sequence even if it took an hour. In fact I recall finishing a *failed* sequence, shooting the remaining shots after a miss even though they wouldn’t count, just so I could close out that series and start over. It sounds crazy to me now, but it didn’t then.

OCPD and lesser variants can be what’s called *syntonic*, meaning you find your own habits and rituals comforting. They relax, give you pleasure, are perfectly in line with your idea of yourself. People with OCPD will tell you at length why it makes sense to check a door handle five times or disinfect their kitchen counter every two hours. Sufferers of clinical OCD, on the other hand, are *dystonic*, meaning they get no satisfaction from compulsive behavior; it doesn’t fit their self-image at all. They know

there's no logical connection between what they feel compelled to do and any real outcome (cleanliness, order, safety). But they can't stop, and it makes them miserable. Reverting to shorthand, it's as if the crazy among us know we're not but can't help acting like it, while the rest of us aren't crazy but only because it never occurs to us that we might be.

Some very accomplished people have had OCD. Howard Hughes famously did (along with phobias and much else), and so does Leonardo DiCaprio, who played him in *The Aviator*, and Martin Scorsese, who directed that film. Actor Billy Bob Thornton once remarked of his own compulsions, "The simple ones I can explain to you. The more complex ones, I don't even know how to tell anybody." David Beckham, for all his fluid improvisation on a soccer pitch, requires that the world present itself in pairs. If there are three books on a table, he has to add or remove one. Athletes don't get any more creative and free-flowing than Julius Erving, so I was stunned to read this passage in his autobiography:

I peer in on Cory in his upstairs nursery and then walk down the hall to my office, taking my seat behind my desk, making sure my leather desk pad is parallel to the edge of my desk and my pens are in order. My drawers are neat and tidy, the top left locked like it always is. My checkbook is where it should be, inside my top drawer and flush against the bottom of the felt interior. Good.

In an earlier era, Nikola Tesla was almost certainly OCD, as was Samuel Johnson, whose compulsive step- and stair-counting Boswell records. Some say Darwin was, and it's anyone's guess who else. Could there be advantages hidden in the torment of that disorder? It's been pointed out that attention to detail, laser focus, a tendency to take your time with decisions, a strong sense of responsibility—all these can make you very good at some jobs, as can a gift for numbers or patterns. And evolutionarily speaking, if you tended to check your environment constantly for peril, or hoarded (as some OCD sufferers do), you probably boosted your genes' chances considerably. Recent evidence does support a heritable predisposition, and so OCD, in one expert's view, might be just "the extreme statistical tail" of this kind of behavior.

That tail can wag the dog, though, when you move to the pop-psych side of the fence. The internet is crammed with tips and quizzes to help you identify all the disorders you didn't know you had. I'm sure these mostly mean well, but when two of "10 Signs You May Have OCD" are "Hating Your Looks" and "Seeking Reassurance," you can be excused for thinking that these mark you not as obsessive-compulsive but as female and human, respectively.

It's worth remembering that, as Steve Silberman writes in *NeuroTribes*, autism and other "new" diseases are often nothing of the sort. Their defining traits are ancient, and the recent upsurge in attention is due less to swelling caseloads, Silberman says, than to an "epidemic of recognition." I like that phrase a lot. To recognize means to know again, and Sapolsky reaches for the same word in hoping that we'll "learn to recognize kinship in neurochemistry"—that "slowly we will be leaving the realm of *them* and their disorders." He's right, of course, that "not just people who rave and gibber are ill." And the corollary is equally true: not just the outwardly placid are sane. Our lines intersect more than we admit, wander from this year's straight and narrow, drift toward the cracks and edges. Has average ever been a useful synonym for normal?



David Raney is a writer and editor living near Atlanta with one wife, two kids, and dogs ranging in size from shoebox to Volkswagen. He generally eschews the Oxford comma but acknowledges that in the previous sentence it prevents us from imagining a shoebox-sized wife. His work has appeared in numerous books, journals and newspapers.