

Space and Time in the Obsessive-Compulsive Phenomenon

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Abstract

Following the tradition of researchers of the phenomenological-anthropological school such as Straus, von Gebattel, Tellenbach, and Blankenburg, the author attempts to approach the obsessive-compulsive disorder from a phenomenological perspective. This means setting aside any previous ideas about the phenomenon in question, including genetic, neurobiological, and clinical-statistical considerations. He takes as his starting point a clinically typical case he studied and treated with psychoanalytically oriented psychotherapy for many years. After delving briefly into the interesting psychodynamic connections between the patient's symptoms and life story, he proceeds to analyze the obsessive world itself from a spatial and temporal point of view. Regarding the former, he points out that the features associated with human spatiality, according to Heidegger, the tendency to diminish distance and concede space, are specifically altered in the obsessive phenomenon. With respect to temporality, the author demonstrates the circularity and sterility of obsessive time (unlike that of creativity, which

evolves in linear time) and the fact that the rites involved do not represent a victory over the rule of the clock, as religious rites do, but rather a deep submission to chronological time.

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Introduction

Our task is to approach obsessive-compulsive disorder from a phenomenological perspective, that is to say, without a previous theory and without asking ourselves what its cause is. The question is rather what constitutes the obsessive phenomenon in its very essence. In this framework, we will leave aside as well known both the different definitions of the proposed obsessive symptoms and syndromes and the interesting aspects relating the history of this illness. We will also not refer in detail to other essential elements constituting “the obsessive,” like for example the problem of freedom in its relation with obsessiveness. This last aspect is of such relevance that Karl Jaspers said: “compulsion is co-extensive with the range of the individual's volition” [p. 134 in 1]. However, we cannot omit mentioning 2 contributions to the theme of obsessive-compulsive disorder which are of the highest interest. One is owed to Martin Bürgy [2, 3], who approaches

the problem from Jasper's phenomenological-descriptive perspective, and the other to Hermann Lang [4], who does it from a fundamentally psychoanalytical perspective. The works of the first mean a clear enrichment for the psychopathology of this disorder, especially because he does not only provides a description and nosologic clarification of the syndrome but also makes contributions to the study of the previous personality, the affectivity, and the triggering situation. Lang [4], on the other hand, in his book *Der gehemmte Rebell* (2015), provides a complete review of the subject and achieves significant contributions to the psychodynamics, pathogenesis, and psychotherapeutic treatment of this serious illness. We subscribe to great part of what has been stated by these authors, but our purpose is to elaborate on a single aspect, i.e., the study of the spatiality and temporality of this phenomenon. We will consider as well known the assumptions of these 2 anthropological dimensions and that go back to the respective chapters of the seminal work of Martin Heidegger [5], *Being and Time*. These analyses by Martin Heidegger [5] have in part made possible some of the most important contributions to psychiatry by authors of the phenomenological-anthropological orientation, such as Ludwig Binswanger [6–10], Erwin Straus [11, 12], Viktor Emil von Gebattel [13], Jürg Zutt [14, 15], Hubertus Tellenbach [16–18], and Wolfgang Blankenburg [19–22], among others. In this context, the importance of avoiding a mere transference of ontological concepts to the ontical clinical reality should be underlined. The above-mentioned authors were inspired by the conceptualizations of Heidegger [5]. Nevertheless, they always based their findings on the phenomenological intuition of what they had in front of them (the concrete patients).

To illustrate our analyses we will first describe a (typical) paradigmatic case of obsessive-compulsive disorder personally studied and treated by us a long time ago, during my training years at the Heidelberg University Clinic (1962–1966). Since I returned to Germany very often in the next decades, I had the opportunity to follow this case for more than 15 years.

Casuistic

The patient is a woman who, upon presentation, was 28 years old, married, and dedicated only to housekeeping. The reason for her hospitalization was exacerbation of an obsessive syndrome she had been suffering from for several years. Her symptomatology was incapacitating

her in such a way that she was no longer able to tend to either her house or her children. She was practically incapacitated by her symptoms, since she had to repeat innumerable times certain obsessive rituals. If she did not do this, an unbearable anxiety came over her. She had different types of obsessions that we will summarize as follows:

1. The acts of dressing and undressing were completed very slowly and in a rigorous order. Any interruption meant that she had to begin everything again. Now, it was not only the act of putting on and removing the clothing, but also the extremely perfect way in which she had to take each piece (above all the underwear) and attentively contemplate it before putting it on and later, when undressing, how she had to order it over the chair or within the wardrobe. Once she finished the process of undressing at night and succeeded in bedding down, she had to get up again to check if the clothing was in its place and sufficiently ordered. She dedicated a particular attention to belts, which she rolled and unrolled with extreme care.
2. She spent hours in front of the wardrobe, repeatedly ordering the bedclothes, because she always felt that it might not be sufficiently clean and ordered. Then she had to tell her husband exactly how she had carried out this procedure. Once she finished her description, he had to answer with the phrase: "Yes, everything is already in order." This phrase, like a spell for her, used to relieve her, freeing her from the infernal circle of doubt and repetition of the series of acts oriented to the cleanliness and order of the bed sheets.
3. Several times a day she had to check her handbag and each of the objects inside it. She feared that some of the objects were lost, which is why she took them in her hands and counted them again and again.
4. These obsessions, and in particular the one of checking the objects of in her handbag, used to be triggered when she said or heard from another person the 3 German words used to say "out" (*fort*, *raus*, and *weg*).

Psychodynamic Analysis

Our aim is, as mentioned, to perform a phenomenological analysis of the spatiality and temporality of the obsessive-compulsive world. However, the particular case we just described offers such interesting connections between life history and disease that we do not want to omit carrying out a brief psychodynamic analysis. (We will only briefly stop in the analysis of the life history and of the interesting psychodynamic connections between

this and the obsessive symptoms.) In the first place, we will mention the biographic elements that seem relevant to us for understanding the genesis of her disease: first, the patient was an only child, much indulged by her father, who – with or without intent, we do not know – used to caress her all over her body until the beginning of puberty. The father had belonged to the Nazi party and, being still single and as a result of political disappointment, attempted suicide with a shot that did not kill him but blinded him; second, in relation or not with this precocious erotic stimulation, the patient manifested very early sexual fantasies and needs; third, at 17 years of age she had her first sentimental and sexual relation with a foreigner much older than she. In the framework of this relation the patient became pregnant, and when her partner learned of this he left Germany and they did not see each other again. With the help of her mother and without the knowledge of her father, she provoked an abortion; and fourth, the mother never forgave her for having being involved with the foreigner, for all of the consequences that this had. Her mother permanently reproached her and when she reached the climacteric age she developed a certain form of self-reference ideas in relation with the following theme: the patient had stained the honor of the family, and their circle of friends and acquaintances would speak negatively of them for this reason, etc.

Her obsessive symptomatology began 4 years before the hospitalization in a clear chronologic relation with 2 circumstances: first, faced with her husband's insistence on knowing her past, she confessed to him that she had had sexual relations at 17 years of age with an older man, but hid from him the story of the abortion. This reactivated the feelings of guilt associated with the theme, all the more because "it was the first time that I lied to my husband," and, second, her most intimate friend, who a short time before had moved to Berlin, killed herself by throwing herself from a window as the result of a love-related disappointment.

In a first approach the obsessive symptoms clearly appear as a compromise between the (sexual and aggressive) impulses coming from the unconscious and the censorship exercised by the moral instance, the "super-ego" of psychoanalysis. The defense mechanisms in play and which could be confirmed during the sessions of psychotherapy of analytical orientation were the following: first, the displacement of the uterus to the handbag, where she has to verify again and again if the object (the child) was still there; second, isolation: certain words (*fort, raus, weg* = out!) are extracted from the significative context, in this case of guilt, and lived as something without meaning.

The relation between these words and the abortion cannot be more evident, however; third, repetition: that slow, turbulent, but also pleasing undressing each night infinitely repeats the relation with the foreigner that ended in abortion, as well as the caresses that she received from her father during all of her infancy; and fourth, the annulment or undoing of the done (*Ungeschehen machen*): in the analysis it could be demonstrated that the patient, through the repeated ordering of the bedclothes in the wardrobe and the exhaustive revision to ensure that it was clean and impeccable, was a magical search to rescue her purity, her virginity, making both what had occurred with the father and with the lover disappear.

But from a perspective that we could call dynamic-anthropological it could also be thought that her obsessive illness is triggered as the result of a sort of invasion of all of her psychism, of all her being, by guilt – guilt for having been sexually involved with an older man at the age of 17 years, something that at that time and above all in her family was unthinkable; guilt for having told it to her husband, given the suffering it provoked in him (these 2 forms of guiltiness had been, let us remember, very stimulated by the mother); guilt for having lied to him in relation to the abortion; guilt for having accepted the erotic caresses of her blind father; and, finally, guilt for not killing herself as a result of everything that had occurred, as her father had consequently attempted without success and her friend had committed with success. The patient learned from a very young age that the solution to complex human problems (and what greater problem than the situation of having made herself guilty) is suicide (the father and the friend) or madness (the mother). Between the 2 roads, she chooses the second.

But in our approach, as we said at the beginning, we are not going to ask about the pathogenesis but rather we will concern ourselves with the characteristics of our patient's world, and within this, its spatiality and temporality.

Phenomenological Analysis

Spatiality of the Obsessive World

Based on previous works [23, 24] about the phenomenology of anxiety we arrived to the conclusion that the universal feature of anxiety space is "oppression," a feature that curiously coincides with the etymology of the word anxiety: narrowness, oppression, and asphyxia. The way in which in phobias the space is narrowed and the objects fall on the patient is clear. The phobic object has

in some way become detached from the context of the other objects of the world and it captures the attention of the patient to the point of threatening his/her identity itself. In the phobic experience there is always a certain degree of depersonalization and in any case of de-appropriation, as Pelegrina says [34]: the subject does not possess or manage the (phobic) object anymore, but inversely this object possesses and manages him/her. In obsessive-compulsive disorder, where anxiety plays such an important role, the space also becomes narrow, oppressive, and invasive, but in a way that is rather more complex than in the case of phobias. First, here it is not a matter of one only object (airplane, animal, or street), as in phobias, but rather there is a group of objects reciprocally connected by a common meaning and these are emancipated from the rest of the objects in the world, trapping all of the attention of the patient to the point of paralyzing him/her. Second, the common meaning that is announced through that group of objects is not just any one, but – as von Gebattel [13] and Straus [12] already pointed out – it is limited to some very precise themes, such as decomposition, dirtiness, disorder, and related themes, like for example putrefaction, impurity, chaos, etc. In the case of our patient, the theme announced in all of her obsessions was dirtiness and impurity, to which disorder and incompleteness (of the objects in her handbag) were added later. Third, the objects that seize her attention are fundamentally underwear and bed sheets. She spends hours dressing and undressing, because she has to revise again and again the cleanness (purity?) of her blouses, brassieres, and underpants and then the order in which they are kept in the commode. She stands for hours before the wardrobe also revising the cleanness (purity?) and order of the bedclothes. Both the underwear and the bed sheets belong to the sphere of the intimate in a double sense: they are objects that are in the highest possible proximity with respect to the body and at the same time they are not shown, unlike a dress, in the case of the body, or a bedcover and or bedspread in the case of the bed. Those objects share that space of intimacy with sexuality. This is a human instinct or need that does not belong to the public space as it could be the eagerness for power, for competing, for knowing or even the impulse towards transcendence, also needs of human beings at every age. What does belong to the public space, to what can be seen by everybody, is a very incipient stage of eroticism that is seduction. This is a process in which the dress, the makeup, and the jewels, that is to say, precisely what is shown, play an important role. The group of objects that monopolize for hours the attention of the patient, in a way filling her world – a

world inhabited by her with a contradictory emotional state, because it is anxious and pleasing at the same time – normally is not shown and I would almost say that in daily life we do not become aware of it. Underwear is made to be covered by a dress or suit or for being removed from the body at night; bed sheets receive our sleeping body or, in the case of a love-related encounter, are absolutely irrelevant in the presence and proximity of the body of the loved person. And yet, they constitute the center of the world for the patient.

What is occurring in the patient in relation with the objects surrounding her? Let us remember that, as Sartre [25] said: “To perceive a real thing is to put it in its place among other things.” The obsessive patient, on the contrary, does not perceive the real field of interconnections to which the objects capturing his/her attention really belong and, thus, in the case of this patient the underwear should not have meaning in itself but only in relation to her body when she puts it on or in relation to the laundry wardrobe when she removes it. The same is proper of bed sheets that have only a real existence when they are needed. For this patient the underwear and the bed sheets, from their biographically determined meaning, are emancipated from the rest of the objects, they suffer a process of inflation and invade her vital space, oppressing her. This way of hers of relating with the objects represents at the same time a peculiar deformation of 1 of the 2 essential features that, according to Heidegger [5], characterize human spatiality: re-moving (*Ent-fernen*), that is to say, that natural tendency of man to shorten distances, to know things, and to familiarize himself with them. In the obsessive patient the objects that monopolize his/her attention and that, as we saw, narrow their space become unknown and in a way almighty. This patient knows that the bed sheets are clean and that the objects in her handbag are in their corresponding place and yet she cannot help but check them again and again because in that moment only they exist and the rest of the world has retired to a sort of border area, of background without importance. Failing the true familiarity with the objects that is obtained from a perfect nearness/distance equation and when the mentioned invasion of the obsessive space by the objects is produced, the patient tries to reestablish that saving distance through the ritual, that senseless act that is repeated again and again in identical form. In the intentioned significative direction the big difference between the obsessive ritual and the religious ritual can be appreciated, which is why it is not possible to establish any identity, as has been suggested so many times. Through the ritual the religious man tries to shorten that

enormous and natural distance existing between the human and the divine, between the profane space and the divine space. The religious rite, in a way, implores the presence of the gods, arriving in some cases, as in Catholics mass, to the belief in the real presence of Jesus Christ there in the consecrated host. The approach to the divine, allowed by the religious rite, reaches its maximum expression in communion that means nothing less than the real union with the god through the act of eating his body. We do not find any of that in the obsessive ritual. On the contrary, it is precisely a matter of moving away the objects that have a magic meaning, of stopping that process of asphyxiating invasion.

The second feature of human spatiality described by Heidegger [5], i.e., concession (*Einräumen*), also appears deformed in the obsessive world: the objects are not left to settle in their own space but are extracted from it and arbitrarily manipulated. Returning to the example of this patient, the underwear is made to be used in the way of hiding (that is why it carries the name “under”) and not to be exposed, contemplated, or checked for hours. The same is valid for the bed sheets. And when they are not being used (hidden), their natural space is the semidarkness of the closed wardrobe, together with other pieces of clothing, far from heat and cold but also from any human presence. What does not belong to the essence of either the underwear or of the bedclothes is exposure to a space in a public way and even less to that persistent manipulation to which the patient subjects them. That arbitrary manipulation in the case of the objects in her handbag is even more exaggerated, all the more so as here a much more extreme displacement of the meaning is produced than in the case of the underwear or of the bed sheets. These could be perfectly contained in the significative context of sexuality or vice versa, and, on the contrary, the relation between handbag and matrix, on one side, and between the complete numbers of objects kept in it and the aborted fetus, on the other, is much more remote.

Temporality of the Obsessive World

According to Heidegger [5], the human being, the *Dasein*, is temporal from his own structure as a being in the world, since the motor of this structure is the cure or care (*die Sorge*) and in it the imbrications of these 3 temporal instances that are past, present, and future already appear. In every human act we are anticipating the future, retaining the past, and realizing something in the present. I cannot not say a phrase that makes sense (present) if I do not know at the same time what I am going to say (future) and what I already said (past). Now, time is constituted by

finitude, that is to say, from death and its central character is transitoriness. If we were immortal (on Earth), the possibilities would be infinite and to do something now when I could also do it in 10,000 years would make no sense; besides, I could become at some time like any other being I wished and, therefore, I could be everyone and, consequently, no one. But the paradox is that even when we are completely aware of the end, of death, and this awareness is the final source of the anxious experience, we live this transitory time in which each minute brings us closer to that end we do not wish, not in the form of dying every day, of beginning to disappear, but to the contrary as a progressive growing.

Another feature of human temporality is what Hegel [26] characterized through the triple meaning of the verb *aufheben*: suppress (end), maintain (keep), and elevate (overcome). Each new human situation implies finishing something or with something, being able to maintain, to keep with oneself that which has ended and then elevate and assume it, which is ultimately going to mean the overcoming of all of the previous and the opening toward or the configuration of a new task, a new situation. A banal example of this is the situation of the change of domicile, in which the subject with a depressive personality fails [18], by being unable to really abandon the old house and maintaining its memory, to surrender to inhabiting the new one. This form of temporality also fails in the obsessive, although in a different way, as we will see further on.

What does occur with the temporality of the obsessive's world in comparison with the one of the normal? The analysis of our patient allows us to determine some of its essential characteristics:

1. The patient repeats again and again the act, which only ends due to exhaustion or by intervention of the husband. Pierre Janet [27], in his famous book *Les obsessions et la psychasténie*, already affirmed that one of the essential elements of the neurotic obsessive is his/her incapacity to realize the “*action de terminaison*,” the act of finishing something – because each human act must be finished, abolished, to make way to another. The same is valid, as we saw, for the situation of daily life and even for the different stages of life, and thus in order to be an adolescent one has to stop being a child, in order to be an adult one has to stop being a youth, and in order to be elderly one has to stop being a middle-aged adult, etc. To assume a new task implies leaving another in the past or, said in another way, being human means always anticipating the future, leaving behind the past. The time of human life is, as we have seen, lineal and ascendant; in the obsessive, on the con-

trary, there is a time that does not advance; it is a circular and in a way endless time. This patient has to check again and again her underwear and her bed sheets, as well as the objects in her handbag, although she perfectly knows that the clothing is clean and the content of her handbag intact. This is because, strictly, it is not a problem of knowledge but rather of a deep alteration of temporality in the sense of a detention of “immanent temporality,” of the so-called *Werdenshemmung* by von Gebattel [13], that is to say, the inhibition to become. The world of the obsessive is a world in which both hope (future) and faith (past) have disappeared. It is a world in which there are no certainties or plenitude (consummation or realization in the present of what one expects from the future) and whose only destiny is, consequently, repetition. That is the reason why it seems that the patient had forgotten that just some minutes before she already verified that everything was clean and ordered and that, on the other side, she goes to the encounter with the future without any expectation besides that of avoiding a greater anxiety.

2. The second feature of obsessive temporality is its complete sterility. We have seen how the common man always lives the future as a possibility (of pleasure, of success, of happiness or whatever) and even if he fails in everything, he hopes again that the next time it will result in his favor. The future of the obsessive patient does not offer but the exact repetition of what was lived minutes before and, therefore, nothingness. One could, indeed, ask oneself why a religious rite, which is also a repetition of the same thing sometimes for years and for centuries, does not produce the anxiety of obsession but, on the contrary, brings peace. The difference lies precisely in the fecundity of this repetition, because it happens that, even when it is normal that everything passes and finishes, in the human being the consciousness of death lives together with a tremendous longing for eternity. And in fact, in the work of the great poets we always find the idea of the eternity of the loving feeling and of love as one of the few ways of overcoming death. Thus, we read in the second Duino Elegy by Rainer Maria Rilke [28]:
“... I know,
you touch so blissfully because the caress preserves,
because the place you so tenderly cover
does not vanish; because underneath it
you feel pure duration. So you promise eternity,
almost,
from the embrace...”

This naturalness with which man relates with the temporality of the eternal is also described in a letter by Rilke [29] written in Polish to his editor, Witold Hulewicz, answering his question regarding that ultimate sense of the famous Duino Elegies: “These poems lead to the demonstration that this life, thus depending of the insecure, is impossible. In the elegies life becomes possible again. It is the affirmation of life and death; in the elegies these are shown to us as the same thing... Death is only the separated side of life and not illuminated by us. We must rehearse the achievement of the maximum awareness of our existence, which is domiciled in both limited ambits and is inexhaustibly nourished from both...”

The temporality of the myth is also certainly, eternity. (The word *mythos* means language of the gods.) Nobody can believe in mythic thinking that it will cease having validity in a few days or weeks. The sense of the religious ritual is then to become contemporary with the gods. By means of the repetition of a mythic act charged with sense man manages to accede to the time of the gods, which is eternity, and through it reach the most complete plenitude. “The religious feast is the updating of a primordial event, of a sacred history whose protagonists are gods or semi divine beings... The sacred calendar periodically regenerates time, because it makes it coincide with the Time of the Origin,” Mircea Eliade [30] tells us. I would add that that “time of the origin” is precisely the “immobile” time, the time of eternity. And this certainly implies, in the last term, the abolishment of time. The association of every mystic experience with the time of eternity can also be shown through an, in a way paradoxical, example, which is the Marcel Proust work *In Search of Lost Time*. Proust was a rather profane writer who never had religious worries or an interest in any sacred manifestation. However, the sensorial and aesthetic experiences narrated by him clearly suspend temporality and through it they are transformed into a sacred experience, something to which he himself refers when he writes: “The art is the most real of everything, the most rigid school of life; it is truly the Final Judgement” [31].

What does occur, on the contrary, in the obsessive ritual? In it an act is also repeated in the same way through days, weeks, and years. In that aspect it is certainly similar to the religious rite, but an in-depth analysis will allow us to visualize the deep differences that exist between both phenomena, especially from the perspective of temporality. We have already found the first difference in the content: while in the religious rite, ceremony, or festivity it is a matter, as we saw, of overcoming the profane time, of acceding to the eternal, of becoming contemporary with

the gods, the obsessive ritual not only does not open toward what is transcendent but it also “profanely” turns around the fact of defending itself from the presence of only one aspect of that reality in which we are immersed, an aspect that, for biographic motives, has been emancipated from the global context, acquiring a sort of tumor-like growth; and that growing is what is dirty, putrid, impure, but in such a concrete sense that it cannot be identified with the forms of evil or with the category of “devilish,” so important for the Greeks. Goethe [32] says with respect to this in *Poetry and Truth*: “... it was not divine, since it looked irrational; it was neither human, because it lacked understanding... it looked like hazard, since it lacked a sequence... it only seemed to be at will in the middle of what is impossible and it deported what is possible with despise.” The theologian Theodor Willemssen [33] defines what is devilish as a force that “basically manages the elements of our existence in direction opposite to the reason and in an incomprehensible and arbitrary way, because it (always) tends to the impossible.”

Nothing of this has to do with the obsessive ritual. Here there are no heroes to imitate, or creative forces that can also destroy, as is the case of the devilish. As in our patient, who repeats innumerable times the act of controlling the cleanliness and order of her bed sheets or her underwear, in a senseless eagerness for reaching an impossible cleanliness (purity?), in every obsessive patient we find this detention of the time of life, this not being able to advance, this rolling in vain around concrete and immanent objects that instead of opening close every possible access to the time of the gods, to the time of what is eternal. In a paradoxical way this detained time, precisely by not being eternal, as the time of love, or the mystic time, is transformed into a lucid and torturing conscience of clock time, of transient time, of that terrible god Chronos (or Saturn), that merciless god who, threatened by his brother Titan devoured all of the male children he had with his wife Cybele, with the object of not leaving descendants and thus being able to maintain the Olympus throne.

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