

Divination and Obsessive-Compulsive Disorder: A Problem of Perspective?

Part II

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‘Obsessive-Compulsive Disorder’ & Divination: Not a One-to-One Correlation

It would be unreasonable—if not ludicrous—to state that everyone in ancient Mesopotamia qualified for a modern diagnosis of OCD². It is not a simple one-to-one correlation. This would not only overstate the relationship I am exploring but would also constitute an egregiously anachronistic approach to studying the role that divination played in their society. Ancient Mesopotamian divination and associated rituals might not present us with a *genesis* but rather perhaps both a *locus* and mode of transmission for OCD in human culture and civilisation. This would also stand in contradistinction to those who hold that OCD is a strictly neurological disorder. Of the current theories which seek to explain the origin of OCD, this paper would come closest to that of learned behaviour. This applies even if some of the behaviour was learned thousands of years ago—is now somewhat ‘out of date’—and simply lies dormant in the unconscious mind until triggered by certain stimuli.

According to de Silva and Rachman, “An individual may learn, through association with a painful or terrifying experience, to become anxious about certain things that are really harmless. He may also learn that certain behaviour reduces anxiety, and this then becomes strengthened; the person thus engages in this behaviour as an habitual way of reducing or preventing anxiety.” (De Silva and Rachman, 2004, p. 67) The authors point out that in animal studies, when animals are placed in aversive situations, they can engage in previously learned anxiety reducing behaviour, even though the behaviour does nothing to relieve their current situation. “This suggests that, in certain situations, previously useful anxiety-reducing behaviour may be rigidly resorted to even though it has no logical relationship to the present stress. The seemingly senseless ritualistic behaviour of some obsessive-compulsive patients may be seen as a similar phenomenon.” (p. 66) Rachman and de Silva go on to say that the learning view of OCD runs into difficulty explaining problems such as the rigidly adhered to rituals, specifically because many patients suffering with OCD have no recollection of any painful experience(s) as the starting point for their problems. (p. 66) Rachman and de Silva also see the learning model of OCD as failing to explain the origin of the obsessions themselves, “particularly those that are senseless—for example, order, patterns, symmetry, and so on—and those, though meaningful, that have relevance to the person’s history or present life.” (p.

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² ‘Obsessive-Compulsive Disorder’.

67). However, what if people learn their rituals from others? What if it is a shared/communal learning experience rather than strictly individual? This is certainly the case with omen observation/collection and protective rituals in ancient Mesopotamia.

Dr. Susan Mineka's study of how fears develop in rhesus monkeys seems to suggest a combination of endogenous and exogenous (communal/learned) causes. For example, all monkeys who grow up in the wild learn to fear snakes. Unsurprisingly this is not the case with those bred in captivity. However, upon seeing the monkeys videos of wild monkeys showing fear and fleeing from snakes, the captivity-bred monkeys also exhibited fear, although they had never themselves seen a snake. She tried the same thing with a flower: by splicing together scenes of monkeys showing fear with the object of their fear being a flower. The monkeys could not be taught to show fear of a flower as they had with a snake. What does this suggest?: 1) that there is both innate propensity toward fear of certain objects but not others; and importantly, 2) that those same objects in isolation with the subject monkey do not in and of themselves generate fear or anxiety. Rather, it is the communal learning experience that communicates the fear of snakes, etc. *The trigger is the anxiety/fear shown by other monkeys.* They *learned* to be afraid. How does this relate to human beings? In the early development of *homo sapiens*, the family or group was paramount for their survival; all knowledge was gained empirically and shared orally/visually within the group. Judith Rapoport writes that "the most common phobias concern mankind's most ancient dangers: closed spaces, heights, snakes, and spiders. People are rarely phobic about the really dangerous objects in modern life: automobiles, guns and knives. This ability to easily 'learn' a selected pattern of fears is also present, then, in ourselves." (Rapoport, 1990, 214) "Learn" is the operative word as far as this research is concerned.

For the Mesopotamians, there was a societal—that is *collective and institutional*—means for dealing with obsessive fears and rituals that was *external* to the individual. Certainly, as pointed out above (see part I, JMC 8, p. 34), Rachman and de Silva's concern with their so-called "senseless" rituals (order, patterns, symmetry), which seemingly have no relevance with the life of the person, are seen to be well integrated into the science of Mesopotamian omens and rituals. The professional practitioners of divination were there to show how rituals did indeed fit the life of the individual who presented him or herself to the scribe or priest. Thus the individual who observes an omen did not have to experience personally all the adverse outcomes of the omen that had been first recorded in the series. The omens and their outcomes were recorded precisely, so that subsequent individuals and generations did *not* have to experience the same bad fates as those recorded. It is by engaging in their society's obsessive concern with omens and the compulsive desire to carry out the prescribed protective rituals that the person found relief from anxiety and protection from a bad fate.³ Ancient Mesopotamian rituals presented anxiety in a different form from that of today's psychiatric taxonomy; their omens and rituals were a part of the *normal* 'order' and were never considered a 'disorder'. If this piece of comparative research does nothing else, it hopes to show that behaviour we think of as OCD has a long history—as does anxiety. The modern diagnosis of OCD is aimed at the *individual* wherein the obsessive fears and rituals are *internalised and private*. In modern Western society, the person suffering from OCD is considered to have a mental disorder and can either suffer in silence or consult a therapist, psychiatrist or counsellor to address the 'problem'. In any event, what would have been considered 'normal' in ancient Mesopotamian society (e.g. serious concern for ants having built a nest at the threshold of one's house, etc.) is now considered to be abnormal and 'obsessive'—particularly if it is followed by a compulsion to carry out a protective ritual such as the one cited at the beginning of this article. Thus, rather than there

³ "Divinatory practice functions in a culture according to a *structure and set of beliefs that is* [sic] *shared and public* [my italics] and at the same time it needs to convey a meaning that resonates with singular significance." (Guinan, 2002, p. 20)

being an institution which greets with understanding one's concern about the portentous quality of the ants' nest, the concerned individual is dealt with as having a discrete problem, fragmented from society as a whole.

Omens *Not* Universal in the Ancient Near East

It is well worth noting that in the myriad records we have from the opposite end of the ancient Near East's "fertile crescent", Egypt, we do not find the same interest in omens and divination that we find in Mesopotamia. In that regard ancient Egypt can serve, to a certain degree, as a 'control' in our hypothesis that there is some relationship between OCD and ancient Mesopotamian divination. Both cultures rose from their desert homelands at roughly the same time (late 4th millennium BC) and both began their systems of writing and record-keeping around 3100 BC. Writing of religious festivals in Egypt and Mesopotamia, Henri Frankfort makes the following important observation. Having stated that both societies marked the natural rhythm of the seasons in their religious calendars, Frankfort notes that the tenor of the celebrations in Egypt "differ profoundly from their Mesopotamian counterparts. In the Plain of the Two Rivers the festivals were never free from *anxiety* [my italics], and those which we know best show a change from deep gloom to exultation as the aim and result of the solemnities. In Egypt on the other hand, the festivals provided occasion to reaffirm that all was well. For Egypt viewed the universe as essentially static. It held that a cosmic order was once and for all established at the time of creation. This order might occasionally be disturbed, for the forces of chaos were merely subdued and not annihilated. Nevertheless, revolts against the established order were bound to remain mere ripples upon the surface. The feeling of insecurity, of human frailty, which pervades every manifestation of Mesopotamian culture, is absent in Egypt."⁴

Perhaps the divergence between Egypt and Mesopotamia is best embodied in the person of the king. Fundamentally, the Pharaoh was considered to be of divine essence—a god incarnate—whereas in Mesopotamia the king, although charged with maintaining harmonious relations between human society and supernatural powers, was nevertheless a member of the human community. "The significance of this divergence is clear. In Egypt the community had freed itself from fear and uncertainty by considering its ruler a god. It sacrificed all liberty for the sake of a never changing integration of society and nature. In Mesopotamia the community retained considerable independence, since its ruler was but a man. It accepted as correlate the never ending anxiety that the will of the gods might be misunderstood and catastrophe disturb the labile harmony between the human and divine spheres." (Frankfort, 1978, p. 6).

The divergence between the optimism of the Egyptian culture and the anxiety of Mesopotamian culture is also borne out in their views of death. Egyptian self-assurance and optimism in life produced an energetic assertion of future life as over against the finality or doom of death as reflected in Mesopotamia. According to Egyptologist John Wilson, this constitutes one of the remarkable factors of the Egyptian belief system: its confidence in an immortality which repeated

⁴ This contrast in outlook is curiously in keeping with the physiographical difference between the two countries. The rich Nile Valley lies isolated and protected between the almost empty deserts on either side, while Mesopotamia lacks clear boundaries and was periodically robbed and disrupted by the mountaineers on its east or the nomads on its west. Egypt derives its prosperity from the annual inundation of the Nile, which never fails to rise, even if the floods differ greatly in effectiveness. But Mesopotamia is, for much of its grazing, dependent on an uncertain rainfall and possesses in the Tigris an unaccountable, turbulent, and most dangerous river. (Frankfort, 1978, pp. 4-5)

the best features of life in this world. (Wilson, 1951, pp. 63 and 78) Wilson goes on to point out that such hopeful expectation of the afterlife is represented in Egyptian tomb art. Rather than stressing burial and funerary services, scenes depicted in tombs reflect pleasure, play, hunting and harvest scenes, etc.—all representative of an abundant life which would continue after this life. We adduce but one literary example: an inscription from the tomb of Paheri (mid-second millennium BCE):

A good burial after revered old age,
After old age has come.
You take your place in the lord-of-life [metaphor for coffin],
You come to the earth in the tomb of the west.
To become indeed a living *ba* ('soul'),
It shall thrive on bread, water and air...

You come to life a second time,
Your *ba* is divine among the spirits...

You thrive on water, you breathe air,
You drink as your heart desires.
Your eyes are given you to see,
Your ears to hear what is spoken;
Your mouth speak, your feet walk,
Yours hands, your arms have motion.
Your flesh is firm, your muscles are smooth,
You delight in all your limbs;
You count your members: all there, sound,
There is no fault in what is yours...

You settle down in the netherworld, You stride about the city of Hapy [god of the Nile].
Your heart rejoices as you plow
In your plot in the Field of Reeds;
You are rewarded with what you have grown,
You gather a harvest rich in grain...

You waken gladly every day,
All afflictions are expelled.
You traverse eternity in joy... (Lichtheim, 1980, pp. 17-18)

N.B. Whilst agreeing with Wilson on the whole, Egyptologist Barbara Mertz, states that there are a few notable exceptions to this rosy picture of the afterlife to be found in certain Egyptian texts, e.g.:

Those who built tombs,
Their places are gone,
What has become of them?...
What of their places?
Their walls have crumbled,
Their places are gone,
As though they have never been!
None comes from there,
To tell of their state,

To tell of their needs,
To calm our hearts,
Until we go where they have gone! (Lichtheim, 1975, p. 196)

Still, the overwhelming majority of Egyptian depictions of the afterlife are positive: “The Egyptians enjoyed the pleasures of life as much as, if not more than, we do, and they were just as susceptible to a super-earthly heaven, well supplied with tasty haunches of beef, foaming jugs of beer, sweet northern breezes, and a nice little house with a garden...” The Egyptians were generally cheerful souls; their versions of the hereafter, divergent as they are in geography, generally agree on one thing. The Land of Eternity is ‘just and fair, without troubles.’ The dead are ‘transfigured spirits,’ whom their mourning relatives expect to join in everlasting bliss.’ (Mertz, 1978, pp. 293-294) ‘This was a people who embraced existence joyfully and confidently, assured that they were under the favored care of the gods, particularly of the one god who was their king.’ (Wilson, 1951, p. 79)

In contrast to this favourable view of the afterlife we have the following Mesopotamian depiction of death from *Ištar’s Descent to the Netherworld*:

To the Land-of-no-return, the area of Ereškigal,
Ištar the daughter of Sîn was determined to go:
The daughter of Sîn was determined to go,
To the dark house, the dwelling of Irkalla;
To the house which those who enter cannot leave;
On the road where travelling is one-way only;
To the house where those who arrive are deprived of light,
Where mould is their food, dust their bread,
They dwell in darkness, they never see light. (Bottéro, 1995, p. 277)

The preceding is, in fact, one of two general views of the Netherworld and after life. The above view is that of gloom and *ennui*, but the other view is one of hostility and terror: a belief that the dead—and the gods/demons from the Netherworld—can enter the land of the living and do great harm. (Bottéro, 1995, p. 285)

The preceding brief comparison of the cultures of Egypt and Mesopotamia should help make the case that the collection of omens and establishment of rituals to ward off their portended evil were not simply behaviours in which *all* ancient societies engaged themselves; rather, these were learned behaviours, specific to the context of individual cultures. Ancient Egyptians clearly did not have the same morbid anxiety as their contemporaries in Mesopotamia. Thus it would seem that societal instability and resulting personal anxieties have a large part to play in omen formation.

A Modern Example of Omen Formation

We have a modern example of trauma-related omen formation in the Chowchilla, California school-bus kidnapping which occurred on 15 July 1976. Twenty-six school children aged between 5 and 14 years were on a bus that was hijacked by three masked and armed men. The children were transferred to blackened, boarded-over vans in which they were transported for about 11 hours. Following this journey the children were entombed in a truck trailer which the kidnappers then covered with earth. The children were buried in the “hole” for 16 hours until two older boys dug their way to safety. Of the 26 originally kidnapped, 23 became involved in a study, conducted by Lenore Terr, MD, of the posttraumatic psychological effects from 5 to 13 months following the

event. There was also a follow-up study of 25 of the children four years later.⁵ The study of the Chowchilla victims provides a rare opportunity to investigate the effects of sudden trauma which involves neither death nor physical harm, and in which none of the victims witnesses harm being done to another. Regardless of age, the children experienced very similar posttraumatic symptoms, among them: omen formation, predictive dreams and temporal distortions. Of particular interest to our study is the phenomenon of omen formation.

In her insightful study of divinatory interpretation (which introduced me to the Chowchilla studies), Ann Guinan writes: “Aspects of Terr’s study are of interest to omen formation, but Mesopotamian omens are not posttraumatic symptoms. In addition, the omen formations described in her study are not only far from a fully delineated system but, because they are so idiosyncratic, perhaps they shouldn’t even be considered a form of divination. *It should be noted, however, that Terr documents the contiguous spread of these omens to non-traumatized individuals* [my italics].” (Guinan, 2002, p. 26). Guinan’s statements warrant several comments: First, given the relative instability of ancient Mesopotamia in relation to Egypt—which might well be evidenced by the lack of omens in Egypt—it could be the case that it was precisely the many traumatic social upheavals suffered by successive Mesopotamian civilisations that led to canonical status of omens. Although this is not the place to go into great detail, in brief it can be stated that for the 1500 years beginning roughly in the middle of the 3rd millennium BC and lasting until the end of the 2nd millennium BC, in general, Egypt experienced only two major periods of disruption, whilst Mesopotamia experienced numerous such periods. Egypt: 1) The anarchy and social upheaval at the collapse of the Old Kingdom (ca. 2040 BC). Although records show that there may have been some pressure from Asiatic groups, the deterioration of the Memphite state came largely from within. 2) The Hyksos invasion/incursion and eventual assumption of the throne. (ca. 1674-1558 BC). During the same period, Mesopotamia suffered numerous regime changes: the Akkadian kingdom established by Sargon, followed by the rise and fall of the third dynasty of Ur, then the rise of Assyria and its eclipse by Babylonia (something that was to be repeated twice more over the next 1400 years. Alongside the ebb and flow of these various kingdoms, Mesopotamia suffered from both internal pressures (assassinations, battles between the city-states, etc.) and external pressures: the Amorites from the west, the Elamites from the east, Hurrians and others from the north. Second, it is not unimaginable that Mesopotamian omens/divination began with precisely such “idiosyncratic” omens. (Divination had to begin *somewhere*). Finally, Terr’s observation that the phenomenon of omen formation spread to those not directly traumatised by the kidnapping makes the case for contagion. Indeed, in their study of children’s thinking in the aftermath of the space shuttle *Challenger* disaster, Terr et al conclude: “There was good news and bad news about the thinking of children after the *Challenger* disaster. The good news is that within a year, most *Challenger*-related thinking diminished. The bad news was that within that same year, certain *Challenger*-connected attitudes steadied or even gained momentum. This effect could account for commonalities of thought across hundreds of thousands of children of similar ages and with similar exposures. By analogy, it could also account for other common attitudes across other generations of children.” (Lenore Terr et al., 1997, p. 744-751). Could this not account for a way in which belief in omens spread in ancient Mesopotamia? Writing with reference to the Chowchilla victims, Ann Guinan says: “In the formulations of the children an omen is a single cognitive construct which refers back to the event containing it; at the same time it looks forward to the future in order to serve as a warning. This

⁵ Lenore Terr, “Children of Chowchilla: A Study of Psychic Trauma” *Psychoanalytic Study of the Child*, 34 (1979): 552-623; “Psychic Trauma in Children: Observations Following the Chowchilla School-bus Kidnapping” *American Journal of Psychiatry* 138/1 (1981): 14-19. “Chowchilla Revisited: The Effects of Psychic Trauma Four Years After a School-bus Kidnapping” *AJP* 140/12 (1983): 1543-1550.)

initial cognitive process establishes the sign as an omen and endows it with ongoing power to signify... The unconscious process that formulates an omen overlaps with the conscious process that reads an external observation as a sign from a suprasensory source. On a conscious level, observing an omen involves a partnership with forces beyond intellectual control. The source of an omen in Mesopotamia is a deity—a volitional agent who produces a sign in order to communicate something particular about the future. However, it is the human mind alone which interprets the sign and applies its meaning.” (Guinan, 2002, p. 27)

From this author’s point of view it does not seem unreasonable that the very same process of omen formulation was at work both in the mind of an ancient Mesopotamian and in the children of Chowchilla. Again, the phenomenon of omen recognition had to begin somewhere. It did not simply arise out of a vacuum. Lenore Terr’s years of working with young trauma victims has convinced her that they develop singular ideas in relation to those traumas—omens being one of the most significant examples. It is also worth noting that for the children involved in the *Challenger* study, negative attitudes about life, government, technology, etc. increased with time. As the “horror subsided, the children increasingly developed negative attitudes.” (Terr et al., 1997, p. 750) Thus, be it an omen dealing with the destruction of the ancient kingdom of Agade or the abduction of 26 school children, temporal distance from the event *does not lessen* the psychic effect of those events.

According to Terr, omen formation in relation to psychic trauma constitutes a “sequencing disorder”:

“Omens are formed in retrospect by the victim, who looks back for a way he or she could have anticipated or controlled the unexpected disaster. In the 4-year follow-up interviews, 19 of the 26 children, including one who left the bus just before its takeover, described the sense that they had been given a sign or experienced a turning point before the kidnapping. The signs included events (Mary, 9: ‘That day I stepped in a bad luck square...’) and fantasies (Billy, 13: ‘I was 8 years old when I was kidnapped... That day there was a treasure hunt and candy in a box, and everybody was trying to find it. I didn’t find any. I was thinking, “nothing ever happens to *me*.” Then I got kidnapped’). Five children blamed their parents for failing to recognize ‘signs’. Ten believed or wondered whether they could predict the future in nonkidnap situations.

Omens are an impressive indication of how the youngster who is rendered completely helpless in an overwhelmingly frightening event tries to ‘solve’ the event in retrospect, even though in reality such an exercise is useless. Such distortions in sequences and causalities become part of the child’s developing personality. In a sense, the child chooses personal responsibility and even guilt over utter helplessness and randomness.” (Terr, 1983, p. 1547)

The question arises: Can omen formation develop similarly in larger groups, i.e. cultures or societies? In her original article on the Chowchilla kidnap victims, Terr avers that the same mechanism which gave rise to omen formation for both the victims—as well as friends/relations—of the Chowchilla kidnapping could well have been at work in the past: “In ancient societies, omens and portents were commonly held to be warnings of disaster. The mechanism for this may be the same as that observed in the Chowchilla victims. Homer in *The Iliad* and Coleridge in *The Rime of the Ancient Mariner* described the behavior of birds as warnings of disaster to come. Perhaps when societies were unexpectedly traumatized, they too, like the Chowchilla victims, tried to achieve mental control by searching for small incidents prior to the disaster which should have been warnings or motivations. When the flight of the bird was retrospectively linked to the trauma, the association of the ‘signal’ and the stress remained indelibly fixed. A warning, omen, or portent was thus assigned by looking backward.” (Terr, 1979, p. 619)

In her study of the rationale of Babylonian “prodigies” (omens of a strange or extraordinary nature), Ann Guinan cautions that if omen formation in modern children in response to psychic trauma stands at one extreme, “the literate scholarship of an ancient non-western culture stands at the farthest possible pole. One does not reduce into the other. Any comparison between these two sets of data that implies an equivalence will merge the psychological and the social and will further fail to distinguish the degree to which human experience is culturally specific.” (Guinan, 2002, p.27) Without throwing Guinan’s caution to the wind, this author believes that general humanity might well share common psychological and cognitive processes, both conscious and unconscious. (One need only point to Jung’s work on archetypes and the collective unconscious.) Anxiety is one such common psychological factor. It was clearly experienced by the ancients and is found across cultures today. It is also the case that this study is examining factors held in common between modern persons with OCD and the ‘obsessive’ Mesopotamian fascination with and ‘compulsive’ practice of recording omens and their prophylactic rituals.

In a paper dealing with childhood trauma in society, Lenore Terr suggests that instead of keeping bad news from children or giving them false assurances such as “I will always protect you” or “that sort of thing can never happen to you” children need to be reasonably sensitised to life’s traumas. “The central idea connected with the terrible nightmares in life is that they are so completely out of control, *nobody* can help it... Complete adult control is a myth.” Terr goes on to say that “The main thing would be to let children expose their emotions when a traumatic event strikes near to home—or strikes a group similar to the child’s own group. We need to mention the deaths of children at school—and even, from time to time, the death of somebody’s parent. We need to mention the general happenings in the world—but not the bloody specifics.” (Terr, 1990) Put into the Mesopotamian context, omens could be seen as catalogues of disaster or worst case scenarios. Exposure to real or imagined outcomes contained in the apodoses of omens sensitised people of that society to life’s uncertainties and dangers. Just as a vaccine exposes a person to the disease against which he or she is being inoculated, exposure to life’s harsh side reduces the vulnerability when bad things occur. Omens provide greater control over the threats of the unknown by providing them with a healing ‘context’. The fact that the *namburbi* might themselves be considered ‘false assurances’ is immaterial in their historical setting. The point is that *life’s ugly realities were faced*—quite the opposite of denial; and they were faced within a shared context (not completely dissimilar to group therapy today). The bottom line is that the *namburbi* reduced the anxiety of those affected by omens. It is this author’s position that divination, and the rationale we can deduce from it, offers us a glimpse into the world of OCD. This is perhaps a ‘one-way street,’ to categorise all Mesopotamian divination simply as a ‘disorder’ is to commit modern colonisation of the past and to misunderstand fundamentally the role of divination and protective rituals in their society. What this enquiry is seeking to do is to find the simple human commonalities that shed sympathetic light and hopefully greater understanding on both divination/protective rituals and OCD.

The reaction of the Chowchilla children to their helplessness is reflected in an article by anthropologist George Homans, writing with reference to “primitive” societies. He states that extreme anxiety produces the need “to perform actions which have no practical result and which we call a ritual. But he is not simply an individual. He is a member of a society with definite traditions, and among other things society determines the form of the ritual and expects him to perform the ritual on appropriate occasions. There is, however, evidence from our own society that *when ritual tradition is weak, men will invent ritual when they feel anxiety.*” (Homans, 1941, p. 171) This is in keeping with the difference noted above (see part I, *JMC* 8, p. 40) between the rituals performed in Mesopotamia and those of a modern person diagnosed with OCD: the former are collective and institutional, as well as external to the individual, whereas in the latter case, for

the modern sufferer of OCD—having no societal support for rituals—both the fears and the rituals are internal and private. Unlike the highly organised omen lists and their corresponding prophylactic rituals, OCD sufferers do not have systematic and *shared* rules for their rituals—although on first inspection it might look as though they have. Having no external, coherent rationale for their rituals, it follows that no two sufferers have the same ‘rules’ for their rituals. Further, it is often the case that OCD sufferers find each other’s rituals ridiculous—even while acknowledging the parallel with their own. Rather they have idiosyncratic and arbitrary rules, e.g. If one checks the taps in the kitchen, why not also check the taps in the bedroom hand basin? Answer: The thought never occurred. Nevertheless, even private and idiosyncratic rituals play the same *function* as those of ancient Mesopotamian society: reducing anxiety and introducing some sense of control over anxiety-producing events/fears.

In their book concerning OCD, Fugen Neziroglu and Jose Yaryura-Tobias write that from the beginning of human culture, the inability to explain or adequately deal with disease, sickness, death, natural disasters, etc. caused fear and uncertainty.

To cope with the mysteries of nature, society developed a system to appease these unknown forces. This system included magical thinking, beliefs, myths, religiosity, superstitiousness, and ritualistic behavior. With the passage of time, acquisition of knowledge delineated new frontiers among science, magic, and religion, establishing new bonds. Consequently, *a common ground exists, and it can be seen in obsessive-compulsive disorder* [my italics]... The psychological aspects of OCD seem to have their roots in magic, superstition, religion, false beliefs, and magical thinking. In fact, a great percentage of patients are obsessed with thoughts of religious or superstitious content. In addition, patients have a tendency to abide rigidly by rules and prohibitions such as those found in religious laws. When one of these rules is broken, a ritual must be performed. As we understand it, a ritual—a highly detailed, complex act—is carried out in order to undo some obsessive thought or action that we consider inappropriate, sinful, or capable of causing damage to people or objects. (Neziroglu and Yaryure-Tobias, 1997, pp. 3-4)

Blurred Boundaries: Habits, Superstitions and OCD

Whenever I walk in a London street,
I’m ever so careful to watch my feet;
 And I keep in the squares,
 And the masses of bears,
Who wait at the corners all ready to eat
The sillies who tread on the lines of the street,
 Go back to their lairs,
 And I say to them, ‘Bears,
Just look how I’m walking in all the squares!’

(A.A. Milne: from ‘Lines and Squares’ in *When We Were Very Young*)

Those familiar with the airmen of the US Eighth Air Force during the Second World War will know what a superstitious lot they were. They obsessed about enemy fighters, flak, friendly fire and getting back to base. The root fear: death or dismemberment. The anxiety arising from this fear led pilots and crewmen alike to adopt a variety of charms and rituals to ensure their safety. The following is one example from among many: John Morris was from New York City and served as a waist gunner on a B-17. On the morning of his first mission, he was awakened by the duty noncom

at 3.00 am. Instead of rolling out of his bed he slept on. When awakened the third time, Morris got up.

I had about ten minutes to make briefing. I got dressed... in two minutes and discovered how dark it was. You couldn't see more than ten feet. The briefing hut which I could find easily in daytime became hidden. I took my bicycle by the handlebars and started to stumble down the squadron streets and eventually by a very circuitous route, came upon the briefing hut. It was empty. Next I tried for the mess hall; same result. By the time I found it, the chow line had closed down and everyone was heading for the flight line... Just before takeoff the adjutant buzzed up in a Jeep and gave each of us two candy bars and a pack of gum. And off we went into the wild blue yonder.

I survived the mission, but just barely. I was so impressed with my survival that I resolved to repeat the preparatory routine precisely in all future missions. And I did; up late, circuitous route, no briefing or breakfast, twenty-four more times. I lost a lot of weight—about fifty pounds—*but it worked*. [My italics] (Astor, 1977, p. 421.)

The preceding example is a classic case of *post hoc, ergo propter hoc* ('after this, therefore because of this.') It follows the false logic of superstition: that simply because one event follows another, the former must have caused the latter. Let one further example, this time from the RAF, suffice for this category of superstitious rituals. This comes from Flying Officer Ken Adam, 609 Squadron, Second Tactical Air Force:

I had a gold ring made up of the wedding rings of my mother and father. Before I went on an op I would turn this ring three times. On one particular occasion we had to attack a Gestapo headquarters in the middle of Dunkirk. As I started my engine I went to turn my ring, but it wasn't there. I must have dislodged it when I went to grab my parachute. So I said to myself, "Well, this is it." I started to look for any reason to abort the mission. But the plane was behaving perfectly. I took off, and it was a particularly nasty attack in which we lost the squadron commander and three other pilots. I was hit several times, but managed to get back. As I climbed out the fitters were walking towards me, great grins on their faces, holding my ring, which they had been turning for me. (Arthur, 2004, pp. 327-8)

In this pilot's mind, the fact that his fitters had been turning the ring determined his safe return from the operation.

As stated above in the discussion of "ABC," logically, the individual may know that all this behaviour is unnecessary, but at a gut level, he *believes* what he *behaves*. Are not the preceding cases of airmen in the Second World War simply cases of superstition? Superstition is defined as "a belief that some action or circumstance not logically related to a course of events influences its outcome." (The American Heritage Dictionary of the English Language, s.v. superstition, p. 1292). From throwing salt over one's shoulder to avoidance of walking under a ladder, people without an OCD diagnosis regularly believe what they behave. As shown in the two examples above, during the Second World War, thousands of modern, Western men, living in the wake of modern psychiatry/psychology, using modern technology, in modern aircraft, being fired upon by radar guided anti-aircraft guns and attacked by Germany's latest fighter aircraft resorted to such illogical belief systems. Dare we laugh at them unless we have been in similar dire circumstances day in and day out? Also, is it not probable that a society's tolerance threshold can change with circumstances; thus what might seem laughable under 'normal' circumstances—such as the above rituals before a combat mission—might, in the society of fighting men (facing a 30% casualty rate), seem quite plausible, even *logical*?

As with ancient Mesopotamian rituals, there is a superficial similarity between OCD and the above rituals of the airmen in the Second World War. We are not in a position to say for certain that the flyers suffered from OCD as we do not know from the two examples whether 1) their rituals continued after the war (but in relation to new anxieties) or 2) they developed new obsessions and rituals. Certainly in the first case, the airman expended considerable time on his ritual. It must also have caused some level of discomfort as he went into combat situations without having eaten. He even understood that his morning ritual caused him to lose a considerable amount of weight, but this did not deter him from carrying out the ritual. The case of the RAF pilot would seem more clearly 'simple superstition' inasmuch as the ritual was short-lived, such as touching wood. However, as wrong as it would be to imply that there is a one-to-one correlation between OCD and superstition, there are *no clear boundaries* between them. The diagnosis of OCD or not is a matter of subjective, clinical opinion. With regard to superstitions and OCD rituals, Psychiatrist Judith Rapoport writes that "What compulsions and superstitions do have in common is *magical thinking* (my italics). Words and gestures assume powers that common sense denies. They both deal also with protection from harm." She continues that "patients are not likely to have been particularly superstitious before they became ill." Rapoport goes on to say that even the few superstitions reported by her patients before they became ill were easily ignored and didn't *feel* the same as the rituals of OCD. Compared with OCD rituals, superstitions are "simple, brief gestures performed to avoid bad luck or bring on good. They have little force or urgency." (Rapoport, 1990, pp. 176-7)

According to Rapoport, there is an "obsessionality of everyday life." We only need consider how much newsprint and air time on the radio and television are given over to predicting the weather or outcome of sporting events! (Try finding a magazine or newspaper that does not have a horoscope!) Over the years, several research studies have demonstrated that many people (about four-fifths), selected randomly from the population, admit to having obsessions. The following are some obsessions described by the general population:

- the thought of an accident occurring to a loved one
- the thought of harm befalling one's children, especially accidents
- the thought that one might commit suicide
- thoughts of 'unnatural' sex acts
- the impulse to jump off a platform in front of an approaching train
- the impulse to do something to disrupt peace at a gathering
- the impulse to harm innocent people (e.g. children, elderly people, etc.)
- the impulse to shout obscenities (de Silva and Rachman, 2004, p. 11)

It can be seen that this list is not dissimilar to those obsessions listed on pages 34-35 (part I, JMC 8) above. Rachman and de Silva note that the difference between the obsession of patients and non-patients is quantitative: "the non-patients tend to have obsessions less frequently, their distress as a result of them is less severe, and so on." (de Silva and Rachman, 2004, p. 11).

Compulsions are also common amongst a large proportion of normal people in society. Various forms of checking—gas off?, doors locked?—are very common. Minor compulsive rituals such as arrangement of furniture, putting left or right shoe on first, etc. are not uncommon in the general population. Judith Rapoport writes, "The more I learn about OCD, the less sure I am about where true disorder ends and the spectrum of 'compulsive' styles, habits, and predilections begins." (Rapoport, 1990, p. 170) She believes that everyday habits are very much like OCD rituals in that both are very hard to change.

Within the OCD literature, one of the most quoted examples of an otherwise ‘normal’ person’s compulsion is that of Samuel Johnson and comes from the pen of James Boswell.

This was his anxious care to go out or in at a door or passage by certain number of steps from a certain point, or at least so as that either his right or his left foot, (I am not certain which,) should constantly make the first actual movement when he came close to the door or passage. Thus I conjecture: for I have, upon innumerable occasions, observed him suddenly stop, and then seem to count his steps with a deep earnestness; and when he had neglected or gone wrong in this sort of magical movement, I have seen him go back again, put himself in a proper posture to begin the ceremony and, having gone through it, break from his abstraction, walk briskly on, and join his companion. (Boswell, 1986, pp. 127-8)

It is beyond the scope of this paper to examine any and every parallel—modern or otherwise—with divination and prophylactic rituals from ancient Mesopotamia. However, as we consider the blurred boundaries between ‘everyday obsessions’ and OCD we need to make at least a brief reference to certain examples of religious behaviour; after all, even DSM IV⁶ lists “praying” under its headings of possible compulsions. Could it not be the case that one person’s religious observance (the Muslim call to prayer five times daily or strict adherence to Jewish *kashrut*) could be seen by others as obsessive-compulsive behaviour? Thus the Christian concept of scrupulosity is worth a brief mention. Although on the wane in the 21st century, scrupulosity has held a place in moral theology (particularly Roman Catholic) since the Middle Ages. It consists of habitual doubt and anxiety in connection with moral judgements—and usually with the small details as opposed to large issues. (Nolan, 1990, p. 1120) The term scruple comes to us from the Latin *scrupulus*: a sharp, small pebble such as would get caught in a person’s sandal—an annoyance not easily ignored. It is related to *scrupulum*: the smallest division of weight. Despite its minute size, it is good to remember the proverbial straw that broke the camel’s back; a finely balanced scale doesn’t need a great weight to tip it. “People who suffer from scruples are never at peace and are constantly worried over the slightest detail of their behaviour, convinced that they have sinned and will be punished by God. The sacrament of reconciliation (penance) becomes a means of ritual purification for them. They are compulsive in confessing minutiae, terrified of forgetting a sin and never convinced that they have made a ‘good confession.’ They are momentarily relieved by absolution but will inevitably be back to confession in a few days or a few hours.” (Nolan, 1990, 1120) “The scrupulous individual sees sin where there is no sin; he is seized by a subtle, futile and constant fear lest he sin. He is characterized by an extreme condition of concern about scarcely possible or impossible circumstances...” (Grangeris, 1962, p. 1104).⁷

The 16th century reformer, Martin Luther, is a well-known sufferer of scrupulosity. He went to confession often, sometimes daily—and even up to six hours at a time! In making his confession, and in order to make certain he had not overlooked anything, he would review his entire life until provoking the anger of his confessor. Luther’s spiritual guide, Johann von Staupitz, saw his compulsive confessions as “scruples of a sick soul.” (Bainton, 1950, p. 41) Von Staupitz’s response to Luther’s over-scrupulous conscience was “if you expect Christ to forgive you, come in with something to forgive—parricide, blasphemy, adultery—instead of all these little peccadilloes.” (Bainton, 1950, p. 41) But here we see the hell peculiar to OCD: Luther was not concerned with the *magnitude* of his sins, but whether or not they had been *confessed*—and of this, he could not be certain. Like so many sufferers of *la folie du doute*, Luther found himself in the epistemological

⁶ *Diagnostic and Statistical Manual of Mental Disorders* (DSM IV)

⁷ It is interesting to note that current theological trends see scrupulosity as a form of OCD and thus belonging in the domain of psychiatry or clinical psychology.

maze of unknowing along with the anxiety it produced.

The Heart of the Matter?: Anxiety

Given our exploration so far, and given that we have at the very least established superficial similarities between them, there would seem to be four basic correlational possibilities between OCD and ancient divinatory practices. Not surprisingly, they have to do with form and function:

1. They look the same; they *are* the same; they serve the *same* function.
2. They look the same; they *are* the same; but they serve a *different* function.
3. They look the same; they are *not* the same; they serve *different* functions.
4. They look the same; they are *not* the same; but they serve the *same* function.

According to cognitive behaviourists, most people do not engage in any ritual or any repetitive action without a *reason*—however illogical the reason might seem to others. Of the above possibilities, this author rejects numbers 1 and 3. Regarding number 1, it is felt that the practice of collecting omens and specifying rituals to combat the evil or bad fate portended by the omens is, as has been pointed out above, a ‘scientific’ system, undergirded by the scholarship and learning of its day. The rituals that go with the omens are *prescribed* by learned practitioners and are not merely devised by their ‘patients.’ Number 3 is not found to be helpful in exploring the relationship between the two phenomena because, apart from the superficial resemblance, there is wide divergence between OCD and practices involved in divination. Thus I regard possibilities 2 and 4 as the most logical and fruitful avenues of exploration. In all models I have begun with the premise that the ritual behaviour involved in OCD and divinatory practices looks very much the same—if only superficially. However, even if the behaviours both *look* the same and *are* the same, it might well be that they serve *different* primary functions. For example: one ritual might be to propitiate angry gods whilst the other is to ameliorate personal anxiety. That they might have a certain level of anxiety in common does not mean that they share the function of propitiating the gods.

The areas of closest correlation between OCD and ancient divinatory practices, then, would seem to be 2 and 4: They look the same; they *are* the same; but they serve a *different* function, or, they look the same; they are *not* the same; but they serve the *same* function. In possibility 2, we begin with the superficial similarity, note that the behaviours are, in fact, the same—but find that they serve *different* functions. In model 4, although we begin with a superficial similarity in the way the behaviours *appear*, but find that the behaviours are *not* the same. For instance, within schools of thought about the causes of OCD there are those who believe there is a neurobiological origin, those who see it stemming from psychological/emotional trauma, as well as those who see OCD as ‘vestigial behaviour’ from humanity’s dim and distant past. (Berrios and Kan, 1994) Thus the reasons for ritualised behaviour could be based on factors as varied as neurobiological impulse, early evolutionary need, learned behaviour or theological reasons. Nevertheless, as in possibility 4 the *function* of the behaviours could well be the same, such as the reduction of anxiety or uncertainty. In this vein, Freud, writing of phobias and obsessions, stated that “Persons who doubt [obsessively] have many doubts at the same time or consecutively. In them it is the *emotional state* [my italics] which remains constant; the idea changes.” (Freud, 1949, p. 129)

This author believes that the correlation between OCD and ancient divinatory practices is best expressed in possibility number 4: they are in fact different phenomena, but they serve the same function: reduction of anxiety by giving the subject control over fear of danger or disaster.

Obsessive-Compulsive Disorder is classified as an ‘anxiety disorder’. Partly due to modern psychiatric taxonomy and partly due to the enduring arrogance of modernity—in every age— (which considers anything pre-modern as exempt from ‘today’s’ human psychology) anxiety is often thought to be an affliction which has arisen since the industrial age of Western culture. Although W.H. Auden dubbed the post-Second World War/early Cold War era as the “Age of Anxiety” (“The Age of Anxiety (1944-46)”, 1947), anxiety is nothing new in human society. Before the end of the 19th century, painter Edvard Munch had depicted the effects of modern industrial Europe in his disturbing painting, “Anxiety”. But again, this phenomenon is not unique to any society in any age. Throughout most of human history, people have had to cope with fear of crop failure, drought and famine, disease, warfare, pestilence, high infant mortality rates, the effects of mass migrations and more. “Anxiety” states Michael J. Clark, is “thus woven into the fabric of history and culture, and though their clinical ‘recognition’ and elevation into distinct psychiatric ‘illnesses’ or syndromes is itself historically significant, any historical survey whose terms of reference are limited to the classical ‘anxiety neuroses’ and ‘panic disorders’ is in danger of passing over much that is of interest and importance for the history of psychiatry in the broadest sense, as well as for the history of society and culture.” (Clark, 1995, p. 564) Much of ancient literature, including the biblical Psalms, reflects the anxieties of their times. The society that produced the omen series *Šumma ālu* is no exception. As British psychiatrist Sir Aubrey Lewis has stated, “It may well be that obsessional illness cannot be understood without understanding the very nature of man.” (Quoted in Osborn, 1998, p. 161)

“Beginning, however, in the eighteenth century, and coinciding with the rise of the so-called ‘nervous complaints,’ especially hypochondriasis and hysteria, acute and chronic anxiety began to play an increasingly prominent part in the burgeoning symptomatology of both ‘nervous’ and mental disorders, while individual anxieties, which had for so long been primarily the concern of confessors and pastoral theologians, increasingly came to be looked upon as forming part of the ‘psychological’ physicians’s responsibilities.” (Clark, 1995, p.564)

“In pre-modern and even early-modern times, anxiety, whether about crop failures and famine, epidemic disease, personal security, the threat of war or the end of the world, was a continual and well-nigh universal condition of existence for the mass of mankind, and panic was a frequent occurrence in societies continually at the mercy of war, pestilence and famine. Only in the modern industrial era, and especially during the past century, have anxiety (and, indeed, panic) become more exceptional, more *individualized* [my italics], and even then only for the populations of a few industrialized countries living under especially favourable circumstance for limited periods. Yet this very limited and highly contingent improvement in living standards and conditions for a *small minority* [my italics] of mankind, and the greatly enhanced expectations which accompanied them, have been crucial for the *recognition* [my italics] of anxiety and panic disorders as distinct clinical conditions. Morbid anxiety had long been regarded as one of the commonest features of melancholia, but not until society had grown accustomed to significant and lasting improvements in personal well-being, health and security could anxiety and panic be identified and treated as *illnesses*, as conditions which detracted from the maximum level of happiness attainable by individuals as a right. This is not to say that sensitive men and women in earlier times did not often experience intense, morbid anxiety in much the same way and for similar reasons as people during the last 150-200 years—only that, for anxiety and panic to be regarded as distinct clinical conditions or ‘syndromes’, the general level of ‘background’ anxiety has to be drastically reduced before such *individual* problems could take on any special clinical significance.” (Clark, 1995, p. 567-8)

Thus, according to Clark, anxiety—once so common and part of the accepted ‘order’ of things—has in large segments of Western society been reduced to a disorder. “Patients who are suffering from a variety of complaints loosely grouped under the heading of anxiety disorders make up a large part of the [overall] care load of the general practitioner.” (Montgomery, 1990, p. 23)

George Homans writes that even when a person has followed the “technical procedures” and performed the necessary rituals of his or her society, the person’s “primary anxiety remains latent.” In fact the rituals themselves can give rise to a secondary anxiety whenever the rituals themselves are not properly performed. (Homans, 1941, p. 171)

In the closing paragraphs of his volume on the history of medicine, Roy Porter offers this trenchant observation:

The irony is that the healthier western society becomes, the more medicine it craves—indeed, it regards maximum access as a right and duty. Especially in free market America, immense pressures are created—by the medical profession, by medi-business, the media, by the high-pressure advertising of pharmaceutical companies, and dutiful (or susceptible) individuals—to expand the diagnosis of treatable illnesses. Scares are created. People are bamboozled into lab tests, often of dubious reliability. Thanks to diagnostic, creep or leap, ever more disorders are revealed. Extensive and expensive treatments are then urged, and the physician who chooses not to treat may expose himself to malpractice accusations. Anxieties and interventions spiral upwards like a space-shot off course.

The root of the trouble is structural. It is endemic to a system in which an expanding medical establishment, faced with a healthier population, is driven to medicalizing normal events like menopause, converting risks into diseases, and treating trivial complaints with fancy procedures. Doctors and ‘consumers’ are becoming locked within a fantasy that *everyone* has *something* wrong with them, everyone and everything can be cured. (Porter, 1997, pp. 717-718)

Anxiety about disease and its consequences has led to scientific advances in medicine, but it would seem that anxiety about illness has risen in direct proportion to the advances made. “As living standards have become more comfortable and stable, and life expectancy has improved for the bulk of the population of the ‘developed’ world, so modern man has shown great ingenuity in discovering new, and apparently compelling, causes of anxiety to replace those which ‘Progress’ has largely or wholly eliminated.” (Clark, 1995, p.568)

Writing of omens and the related *namburbi*-rituals, Richard Caplice states, “What a gloomy world it must seem to us, in which one was interminably threatened; a world whose most carefully guarded knowledge is to be found in long lists of dangers and the signs which predict them.” (Caplice, 1974, p.13) On the one hand this is true: omens can reveal threatening information. However, this is only part of the story, for it is also the case that omens reveal propitious information—fates that one is happy to receive and which thus need no protective rituals. Yet for the ill omens that an individual does receive, would it not be a great comfort to know that there was someone who could prescribe a ritual which could dispel an ill fate? One could easily contrast this supposedly “gloomy” outlook in life with that of modern Western society. How often does an insurance salesman invoke the possibility of disaster to the family bread-winner?: “Have you ever thought about what would happen to your family if something happened to you?” The husband or wife is then left to contemplate myriad dire possibilities and/or death—as well as his or her responsibility towards the

surviving family members. The average person is left with option of hoping that nothing bad will occur and/or the option of purchasing life assurance against an unknown, possible ill fate. In any event, the life assurance exists to benefit an individual's *survivors*—not the individual him or herself! Conversely, divination existed specifically for the benefit of the affected individual—not just the survivors. As Caplice himself concedes, within the divination corpus of ancient Mesopotamia, “and in the philosophical and religious striving of the texts to come to grips with the world, *to control one’s destiny* [my italics], we find a purpose we can share, a striving that is common to man everywhere” (Caplice, 1974, p. 13)—and, this author would add, common to the person with OCD as well. Thus divination and its corollary—the apotropaic rituals/devices—could well have been regarded as a great comfort for the ancient Mesopotamians. As the English adage states: “Forewarned is fore-armed.” (Lawson, 1994, 93-94)

Conclusions

Similarities between OCD and Divination

- 1) Clearly, there is a similarity between OCD and divination in that the compulsive ritual and the *namburbi* bring a relief from anxiety (for however long or short a time) and that neither is done for pleasure or gratification.
- 2) The root anxieties in both OCD and divination are: death, injury, disaster.
- 3) The ritual provides the omen recipient or OCD sufferer with some semblance of control over fears and anxieties—irrational or otherwise.
- 4) The *namburbi* and the OCD ritual can both be carried out in either curt/simple or prolonged/complex fashion.
- 5) Both the person with OCD and the omen recipient carry a responsibility for counteracting the impending disaster.
- 6) The significance of the omen or intrusive thought is attributed by the individual.
- 7) With both OCD and divination new omens/fears/intrusive thoughts can arise thus leading to new rituals.
- 8) The preponderance of Mesopotamian omen lists was *unprovoked* omens, i.e. they appear unsought and undesired—as though by magic—much as the intrusive thought comes to the OCD sufferer.

Differences between OCD and Divination

- 1) The clearest divergence between OCD and divination is on the external, collective and institutional nature of Mesopotamian divination and the internal, individual and private nature of OCD rituals.
- 2) The *namburbi* freed the individual from the anxiety derived from a particular omen, thus there was generally a shorter ‘life’ to the ritual, whereas with OCD the ritual continues as long as the intrusive thought and the anxiety it raises persist. Also the anxiety reduction with the OCD ritual is relatively short-lived.
- 3) With OCD, events such as breaking a mirror or stepping on a crack, are viewed as *causal* (i.e. leading to subsequent negative consequences) whereas with divination, events are *ominous* (i.e. warnings). But *both* require a protective ritual.
- 4) Rituals are resisted by most OCD sufferers but readily embraced by omen recipients. The omen recipient seeks expert advice precisely to *receive* a ritual, whereas the OCD sufferer seeks expert

advice only when his or her life has become mired down in rituals (and even then the OCD patient is often referred by others).

Regardless of neurobiological influences on OCD, it is clear from our study of ancient Mesopotamian divination as well as from the Chowhilla case studies, that ‘culture’—be it familial or societal—serves both as a ‘carrier’ of behaviour that is considered permissible, as well as the authority on the appropriateness of behaviour—what is part of established ‘order’ and what is considered a disorder. Therefore, whatever the neuro-biological function in the brain and wherever ritualising behaviour links with brain activity, culture still has a great deal to say about the semantics and repertoire of human behaviour—and ritualising plays a large and ancient role within this repertoire. Context, then, plays a very important part in our understanding of behaviour patterns. We have seen from the culture of divination in ancient Mesopotamia that it is not simply the case of the brain having a biochemical mishap and sending a false danger signal; the danger signals within that society were established by their culture and even canonised by the educated elite of their day.

As we cannot remove ourselves from our culture and its influences in order to study human behaviour of any sort, we might—for the foreseeable future—have to content ourselves with the enduring conundrum of nature versus culture/nurture.

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