

Oxana Timofeeva

# Rathole: Beyond the Rituals of Handwashing

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In the spring of 2020, when the World Health Organization formally announced the beginning of the Covid-19 pandemic and governments began introducing new restrictions, some philosophers looked to Michel Foucault, who created tools for analyzing mass disease in relation to discourses and strategies of power. Exploring the places where power and the body intersect – in prisons, hospitals, schools, menageries, and so forth – Foucault’s political history of illness points to the continuity between diverse discursive practices that shape our experience of infection, pathology, mental illness, or sexual perversion.

In his 1978 lecture course “Security, Territory, Population,” Foucault identifies three regimes of power relating to epidemics: a regime of sovereignty based in exclusion (as in the case of leprosy); a disciplinary power that introduces quarantine restrictions (as in the case of the plague); and finally, a more recent politics of security introducing new practices such as vaccination and prophylaxis, which have been used since the eighteenth century to control, for example, smallpox. Foucault arranges these regimes chronologically, but emphasizes that they do not so much replace each other as evolve into one another, so that each subsequent regime retains elements of the previous ones.<sup>1</sup>

In his earlier *History of Madness* (1961) and *Discipline and Punish* (1975), Foucault elaborates on the difference between the first two regimes, sovereign exclusion and disciplinary control, and on the transition from the former to the latter. I will focus on this distinction, as elements of both persist through modern regimes of security as well as in Covid-19 regulations. In the first part of *History of Madness*, Foucault mentions how multiple leprosaria caused many spaces in Europe to empty out by the end of the Middle Ages, but soon such places of the damned were filled again with the new outsiders – vagrants, criminals, madmen, and the poor.<sup>2</sup> Through the principal mechanism of exclusion, a community rids itself of its troublesome elements. Discipline is another type of management. It does not rely on exclusion or expulsion, but rather on the careful segmentation and reorganization of society from within to control all its members and parts. In *Discipline and Punish*, referring to seventeenth-century French archives, Foucault depicts the plague city as a segmented, fixed, and frozen space in which every individual is locked and observed:

First, a strict spatial partitioning: the closing of the town and its outlying districts, a prohibition to leave the town on

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Werner Herzog, *Nosferatu the Vampyre* (still), 1979.

pain of death, the killing of all stray animals; the division of the town into distinct quarters, each governed by an intendant. Each street is placed under the authority of a syndic, who keeps it under surveillance; if he leaves the street, he will be condemned to death. On the appointed day, everyone is ordered to stay indoors: it is forbidden to leave on pain of death ... Every day, too, the syndic goes into the street for which he is responsible; stops before each house: gets all the inhabitants to appear at the windows; ... he calls each of them by name; informs himself as to the state of each and every one of them ...<sup>3</sup>

The strict segmenting of the plague city is opposed to leprosaria, where an individual “was left to his doom in a mass among which it was useless to differentiate.”<sup>4</sup> According to Foucault, “the exile of the leper and the arrest of the plague do not bring with them the same political dream. The first is that of a pure community, the second that of a disciplined society.”<sup>5</sup>

However, these two models are not incompatible: further developments in mechanisms of power reveal new convergences. Thus, according to Foucault, in the nineteenth century, disciplinary techniques began to apply to the spaces of exclusion “of which the leper was the symbolic inhabitant,” whereas “beggars, vagabonds, madmen and the disorderly formed the real population.”<sup>6</sup> This is how leprosaria transform into psychiatric hospitals and prisons. Disciplinary power permeates disorderly spaces of exclusion in order to carefully register and individualize its inhabitants, who remain stigmatized as excluded. In Foucault’s perspective, modern society does not need such external disciplinary mechanisms, as it has already internalized them through sophisticated practices of self-control and self-discipline.

The term “isolation,” which Foucault sometimes uses as a synonym for the exclusion of the leper, deserves special attention. In fact, chaotic spaces of exclusion and segmented disciplinary spaces are both forms of isolation. The leper is isolated in a colony where the authorities may never appear in person. The resident of a plague city is isolated at home, which the authorities visit daily to ensure that everything is in its place. A prisoner is isolated in a ward, and remains under constant, armed observation. In all cases, isolation persists as a matrix of interactions between the disease and the authorities. Foucault didn’t have a chance to see the digital strategies used today to manage Covid-19, but they retain and synthesize the

previous forms of administration regimes that he described. Today’s most obvious disciplinary mechanisms – quarantine regulations, lockdowns, and border closures – combine procedures of exclusion on the one hand and security practices on the other. The strategy of security bases itself in mass vaccination, as well as obligatory face masks and hand washing. Importantly, what enters into the contemporary picture is not simply isolation, but self-isolation. While in the plague city, “the syndic himself comes to lock the door of each house from the outside; he takes the key with him and hands it over to the intendant of the quarter; the intendant keeps it until the end of the quarantine,” we are encouraged to voluntarily lock ourselves within our apartments and practice social distancing when and if we venture outside.

There are also explicit sanitary and hygienic aspects of Covid-era self-isolation practices. People who can afford to not only lock themselves in their homes, maintaining contact with the outside world through delivery services, but also try to protect their faces and bodies from potential external dangers, using medical masks, disposable gloves, and antiseptics. The focus is not so much on authoritative forces exerting outside control over bodies, but on self-protective technologies applied by individuals themselves, above all on the routine construction of physical barriers intended to prevent the spread of the virus. Individual responsibility becomes the primary subject of moral reflection and discussion, making consumer choices extremely difficult. Since the virus is invisible, and contact with it cannot be clearly identified, a person is forced to make a variety of constant situational decisions: It is worth wearing a mask in a given situation, or necessary to meet the courier in protective gloves, to disinfect purchases, or take extra measures avoid infection when pressing the dispenser of a sanitizer bottle? Extremely careful strategies of self-isolation can only make clearer that the chain of barriers cannot be absolute and uninterrupted, and that they will necessarily break somewhere during vital contact with the outside world.

In this context, obsessive-compulsive disorder presents a paradigmatic case. To quote a description of the hygienic routine of a person who suffers from mysophobia during the pandemic:

Now, when I bring my groceries home from the shop, I set them all down in a little-used corner of my flat, the same way I

might carefully set aside a pair of shoes after stepping on a discarded plaster or a wad of chewing gum. I wash my hands. Anything that can be shaken free from its protective packaging, I set aside – confident it's clean enough already. Then, methodically, I clean the remaining items with household disinfectant or washing up liquid and water, placing the finished ones down in a new pile. I wash my hands again, and put my purchases in the cupboard or fridge.<sup>7</sup>

As Dr. Hayk S. Arakelyan explains, mysophobia, “also known as verminophobia, germophobia, germaphobia, bacillophobia, and bacteriophobia, is a pathological fear of contamination and germs. The term was coined by William A. Hammond in 1879 when describing a case of obsessive-compulsive disorder (OCD) exhibited in repeatedly washing one's hands.”<sup>8</sup> Among the symptoms are: “excessive hand washing,” “a fear of physical contact, especially with strangers,” “excessive effort dedicated to cleaning and sanitizing one's environment,” “a refusal to share personal items,” and so on.<sup>9</sup>

OCD is characterized by obsessive thoughts – like fear of infection – and compulsive rituals. Sigmund Freud described it in his 1909 essay “Notes Upon a Case of Obsessional Neurosis” with a story that is among the most famous of Freudian practice, the “Rat Man case,” in which an educated young man who just returned from the military service complains about his obsessive fears and impulses. Freud's analysis of the case presents a fascinating narrative where a kind of detective investigation unravels a tangle of complex psychic connections and symptoms to reveal further curious details. The patient is afraid that his actions or thoughts may result in the death of his father, who in fact had already died several years ago. Freud enquires into the scheme of the patient's relations with his father to find its explanation in infantile sexuality.

Freud's psychoanalytic investigation can also be understood as a kind of archaeology that digs into subterranean layers of a patient's psychic life, from adult symptoms to adolescent and childhood episodes. Freud refers to the scene in which the patient (who was very young and has no memory of its occurrence) is told by his mother that

he had done something naughty, for which his father had given him a beating. The little boy had flown into a terrible rage and had hurled abuse at his father even while he was under his blows. But as he knew no bad language, he had called him all the

names of common objects that he could think of, and had screamed: “You lamp! You towel! You plate!” and so on.<sup>10</sup>

Importantly, according to his mother's recollection, he was punished because he had bitten someone. After this episode, as the patient himself notes, his character changed: “From that time forward he was a coward – out of fear of the violence of his own rage. His whole life long, moreover, he was terribly afraid of blows, and used to creep away and hide, filled with terror and indignation, when one of his brothers or sisters was beaten.”<sup>11</sup>

Further analysis brings Freud to the conclusion that, behind the patient's love for his father, there is hatred. The fear that the father will die reveals the truth of the patient's deeper desire: he longs for the death of his father (who is already dead). The crucial point here is an obsessive fantasy “about a punishment meted out to criminals in the Orient: a pot is turned upside down on the buttocks of the criminal and rats in the pot then bore their way into his anus.”<sup>12</sup> This fantasy opens an associative flow in which rats play the most important role. Their image creates connections between different parts of the patient's personality, between his present and past, hatred and love. The rats' symbolism is multiple: in the patient's mind they are associated with, among other things, money (his father's debts or dirty cash), the penis (anal eroticism), dangerous infections (fear of contracting syphilis), but also with children.

In this last association, between rats and children, Freud comes close to the most profound truth. But then he shifts his focus to infantile sexuality and family drama before arriving at it. There is a kind of trapdoor within the analysis of the Rat Man, something like the rabbit hole in Lewis Carroll's *Alice in Wonderland*, into which one can eventually fall: the rathole. It amounts to a feint in time, wherein the present and the past coincide: the father may still be alive, and the boy can still prevent his father's death (which he fearfully desired), just as he can prevent his own mental alienation. It is also the grave of the present, in which hidden possibilities are buried. The entrance to this rathole in Freud's analysis can be found in the following episode:

Once when the patient was visiting his father's grave he had seen a big beast, which he had taken to be a rat, gliding along over the grave. He assumed that it had actually come out of his father's grave and had just been having a meal off his

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Werner Herzog, *Nosferatu the Vampyre* (still), 1979.

corpse. The notion of a rat is inseparably bound up with the fact that it has sharp teeth with which it gnaws and bites. But rats cannot be sharp-toothed, greedy, and dirty with impunity: they are cruelly persecuted and mercilessly put to death by man, as the patient had often observed with horror. He had often pitied the poor creatures. But he himself had been just such a nasty, dirty little wretch, who was apt to bite people when he was in a rage and had been fearfully punished for doing so. He could truly be said to find “a living likeness of himself” in the rat.<sup>13</sup>

Freud evokes this recollection in order to link it, via infantile sexuality, to the initial fantasy of the form of torture he’d read about, as if the rat-boy might satisfy his unconscious desire through imagining it. I would like, however, to shift the focus of analysis and point to the contrast between the phantasmatic torture using rats and the real torture of rats themselves – the scenes of merciless persecution of these creatures that Freud’s patient used to observe with horror.

The “rat” from the father’s grave (in fact, Freud notes, it was not actually a rat, but a weasel) is one that sank its teeth into the father. But was it not also tormented and exterminated by people whose cruelty was comparable with that of the father when he punished the young patient for biting? The child and the animal are captured within the closed circle of violence without being able to respond to it, only being able to cry: “You lamp! You towel! You plate!” This is the first rat circle. The second rat circle is a deeper one: the father, with whom the boy identifies, is also a rat. Apparently, the rat-weasel emerging from the grave is the ghost of the father. The rat sutures the present and the past: inside the grave, which is at the same time a rathole, his father is alive and still loved. This lower circle is the one of love, where the living and the dead, the human being and the animal, the son and the father, are amalgamated. The rat-children have to pass through the circle of violence and torture in order to become sources of infection, dirty money, dirty penises, and guilt, which the patient, with his obsessive fears and impulses, obsessively tries to wash off his hands as if they were microbes.

The Rat Man case is one of three in which Freud shifts the focus of his analysis of unconscious material from animality to infantile sexuality and the Oedipus complex. The other two are the case of little Hans who was afraid of horses, and that of the Wolf Man. In all three cases, a real or imagined encounter between a child and

animality causes mental illness: psychosis in the Wolf Man, obsessional neurosis in the Rat Man, and phobia in little Hans. Freud seems to pay a great deal of attention to the moment of the rat’s suffering, which creates the conditions for the child to experience solidarity at the beginning of the story. In further developments (including sexual ones), this solidarity, or love, turns into neurosis, psychosis, or phobia. What if sexuality only cloaks this traumatic initial encounter with animality in violence and repression, and covers the truth of the rathole in our psychic life?

In his “Notes,” Freud makes a distinction between the two mechanisms of repression that mediate the process of psychic trauma transforming into mental illness – amnesia (for hysteria) and isolation (for obsessional neurosis).

In hysteria it is the rule that the precipitating causes of the illness are overtaken by amnesia no less than the infantile experiences by whose help the precipitating causes are able to transform their affective energy into symptoms. ... In this amnesia we see the evidence of the repression which has taken place. The case is different in obsessional neuroses. The infantile preconditions of the neurosis may be overtaken by amnesia, though this is often an incomplete one; but the immediate occasions of the illness are, on the contrary, retained in the memory. Repression makes use of another, and in reality, a simpler, mechanism. The trauma, instead of being forgotten, is deprived of its affective cathexis; so that what remains in consciousness is nothing but its ideational content, which is perfectly colorless and is judged to be unimportant.<sup>14</sup>

I find a certain structural homology between Freud’s two types of repression and Foucault’s two strategies of power. In a sense, the exclusion of lepers correlates to the amnesia of hysterics: a traumatic event is expelled out of hysterical consciousness. The forgotten dissolves into an undifferentiated mass and finds its refuge in a leprosaria of the soul. Isolation in the psychoanalytic sense is closer to the disciplinary model of a plague city: the cause of illness is isolated within consciousness: locked up and neutralized or emotionally disinfected. The patient remembers his traumatic event, but all its connections to the present symptoms are blocked. Unlike the causes of leprosy or plague, the source of mental illness is localized not in space, but in time. Thus, the consciousness of a hysteria or an obsessional neurosis sufferer operates in time in a way similar to how power operates in space during epidemics.

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Isolation is one of the main components of OCD. As Freud notes in his later work *Inhibition, Symptom, and Anxiety* (1926), the fear of infection characteristic of this neurosis relates to the archaic taboo on touching. Touch is mutable: it can be loving, erotic, or gentle, but also aggressive and destructive.

Eros desires contact because it strives to make the ego and the loved object one, to abolish all spatial barriers between them, but destructiveness, too, which (before the invention of long-range weapons) could only take effect at close quarters, must presuppose physical contact, a coming to grips.<sup>15</sup>

According to Freud, isolation as a psychic mechanism amounts to

removing the possibility of contact; it is a method of withdrawing a thing from being touched in any way. And when a neurotic isolates an impression or an activity by interpolating an interval, he is letting it be understood symbolically that he will not allow his thoughts about that impression or activity to come into associative contact with other thoughts.<sup>16</sup>

An obsessional neurotic mounts a defense by placing touching at the center of a prohibitive system or set of excessive protective rituals. A similar mental operation isolates a traumatic impression or activity from other associations by forbidding thoughts to touch each other. “You lamp! You towel You plate!” is a magic spell. In order to protect the patient from the violence of his father, whom he loves, the boy draws a sacred rat circle around him. Perhaps we were once beaten, or saw others being beaten – mercilessly, like rats – and since then, we have kept washing our hands.

The conclusion could be drawn that self-isolation, as practiced in the era of Covid-19, turns OCD from an individual symptom into a collective one. An obsessive-compulsive disorder, with one manifestation being the fear of infection, presents itself as contagious – not in the physical sense, but socially. This conclusion, however, is a bit superficial. It would be more accurate to say that the way Covid-19 functions in space corresponds to the psychic reality formed by the temporal structure of OCD. This would mean that Covid-19 probably has its own ratholes, which our society – as a hybrid of disciplinary power and collective mental illness – tries to block with the help of protective masks

and sanitizers. If recent psychotherapeutic treatment for OCD mainly aims at correcting the symptoms of the disease, the task of Freud’s psychoanalysis was to find its cause. Freud’s archaeological method is aimed at releasing blocked associations, and this is where rats come to his aid. Freud’s rat is a medium, biting through the walls the boy tried to hide his desire behind, breaking through the cordon sanitaire of his misplaced affections. A rathole is a break, a crack in a disciplinary blockade.

Rats mediate between the two machines – the epidemic machine described by Foucault and the mental illness machine described by Freud. Interrupting the state of isolation, they open contact between the world of the healthy and the world of the sick (by spreading the plague, for example) on the one hand, and between the symptom and the cause of neurosis on the other. In a traditional cultural framework, rats are dirty animals that bring disease and death, and their destruction is a necessary measure of sanitary regulation. This narrative, however, can be interrupted at some point, and holes open through which the viruses of associations spread. This new porousness can create collective bodies of contagion, comingling, sympathy, or solidarity. In the isolation of a collective OCD, our emotions have been disinfected. Looking at rats, we have to mind the infection and keep washing our hands.

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The author thanks Alexander Pogrebnyak, who brought her attention to the story behind the choice of images for this essay. The rats Werner Herzog filmed in *Nosferatu* were in fact white laboratory rats. Instead of wild and scary, we see them tame and scared, stressed, perplexed.



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