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A Vitalist Ethics and Spatial Imagination of Compulsivity?

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Abstract to the 10 minute provocation

This provocation explores the idea of imagining compulsivity as both producer and product of an emergent relationship between the human body and its surroundings. Compulsivity can be understood as the performance of an act with an unknown origin: a response to an urge which is felt, and experienced as beyond rationality, purpose, meaning and even reflexivity; an act that feels as witnessed rather than as intended. What if we think compulsivity as the enactment of a vital force that does not only happen in the brain and the nervous system, but in a violent assemblage that also enlaces the remainder of the body and its constituencies. Can we analyse compulsivity on its own terms and as a sensibility in itself, outside the rigid categories of medical pathologies, and beyond immediately imposing an ethics of suffering? Can we instead adopt a vitalist ethics to trace the elements that drive this compulsive assemblage? Would it be helpful to shift the focus from the compulsive *human being* to the compulsive *act*, to render the bodily surroundings knowable anew and as emergent from the compulsive act assemblage? Herewith, this provocation hopes to incite new ways of understanding and alleviating the suffering purported by compulsivity.

title slide

I'm a human geographer, working on the intersection of cultural and disability geography, post-structural and post-phenomenological philosophy, the medical humanities, as well as the neuro- and clinical sciences concerned with the study of Tourette syndrome. For my doctoral research at the School of Geography and Planning at Cardiff University, a potential postdoc project, and this provocation I am rendering the phenomenon of compulsivity spatial and therein vital.

Pathologized with Tourette syndrome, compulsivity does not connote a response to fear – as is the case with Obsessive Compulsive Disorder, but rather an 'empty' tension. Mobilised as such here, compulsivity names the performance of an act with an unknown origin and future, apart from an unqualified urge until the sensation registers 'just-right'. In particular, I have looked at compulsive bodily interactions with the affective environment, as I've watched my sister – who has a Tourette's diagnosis – touch and order things in very particular ways my whole life. To this end, I have worked with 15 people with a Tourette's diagnosis through interviews, participant observations and mobile eye-tracking sessions.

In furthering our understanding of compulsivity, this provocation proposes to shift the ontological centre from the compulsive human to the compulsive act. First, I'll explain why such a shift is necessary. Then, I'll elaborate what this entails, and I'll conclude with some implications.

Proposition

To date, compulsivity has been studied almost exclusively through medical epistemologies, which have situated compulsivity as a problem of the brain and nervous system. This is reiterated in the diagnostic system, which striates compulsivity in terms of a diagnosis of behaviour. And this is located entirely with the human. Treatment, then, perpetuates this, with medication targeting the neural pathways and brain fluids, and behavioural therapy focusing on cognition in attempts to force the involved body parts into submission. In addition, the study and treatment of compulsivity take place almost exclusively in the laboratory conditions of doctor's offices, hospital spaces and therapy

rooms. As a result, agency in compulsivity is situated exclusively with the human, which, in turn constructs a decontextualized compulsive human.

This ontological centring of the human in the medical and clinical scientific research is problematic, because it imbues people who perform compulsive acts with responsibility over the condition and its unfolding. Nonetheless – perversely – at the same time, these medical scientific ways of centring compulsivity in the human disallows them a voice as the experience of compulsive embodiment is not understood as relevant knowledge.

Although this might not sound very out-of-the-ordinary to you, and in line with the study and treatment of related conditions, such as ADHD, ASD, and OCD, my research demonstrates that this should be reconsidered. This is not only unfair, given the detailed knowledge emerging from the experience of performing compulsive acts, it might also be wrong – at least on the part of compulsive engagement with affective environments.

Eye-tracking video's

Indeed, this does not do any justice to the apparently profoundly geographical phenomenon compulsivity is. Delanda (2006) would remind us that the brain plays an important role in having developed the capacities for compulsivity. Nonetheless, these eye-tracking recordings demonstrate that compulsivity only emerges in very particular ways in very particular places and under very particular circumstances. Time passing, and environments changing appearance can create the extracorporeal capacities for a new urge to arise. That makes compulsivity as associated with Tourette's a highly situated event.

Dylan quote

This geographical dimension of compulsivity is also very strongly pronounced in the experience of compulsivity. As 'Dylan' argues during the eye-tracking session whilst tidying his room, he sometimes feels overpowered by an object which he then has to interact with compulsively.

Sion cushions eyetracking

'Sion' wearing the eye-tracker is shown here reordering the cushions on his sofa 4 times within 20 minutes – "and this is not an exception" – he asserts. At the same time, he doesn't know why he has to do it. The only thing he does know is that it has to reposition these cushions now. The urge to do so is the only 'guidance' to the compulsive act Sion and others experience, and often they don't have a futuristic imagination about what it takes to get rid of this urge. My work suggest that this can involve very complex systems of lines and sensations that enlaces the corporeal with the extracorporeal. In fact, Sion, Dylan and others feel more like witnesses rather than intentional performers to their own compulsive engagement.

These are just two examples, but it is telling how little compulsivity has anything to do with intentionality, rationality, purposiveness, and a search for meaning, which are associated with cognition.

As such, elements of affective environments such as Dylan's chair and Sion's cushions violently enrol themselves in compulsive acts as they unfold. Indeed, these elements seem to be so powerful that they have the capacity to disrupt intentional acts. This therefore provides the grounds for respatialising compulsivity beyond the brain and body.

By rendering compulsivity vital through a spatial imagination, these other extracorporeal elements are allowed the power they seem to deserve. As such, the compulsive act becomes ontologically dispersed to be inclusive of objects, animals and other humans. In turn, compulsivity can then be understood as an assemblage of corporeal and extracorporeal materialities and sensibilities. This

then gives rise to the development of an ontological metaphysics of compulsivity that centres the act. Not the human.

Implications 1

This shift has a number of implications of which I can only touch on a few here.

Firstly, ontologically centring the compulsive act means that compulsivity is no longer an ontological constant, but rather an emerging and dissolving state, because the act emerges and dissolves.

Secondly, and in line with that, compulsivity cannot be understood as a dysfunctionality of the brain, as this does imply an epistemological constancy. In this act assemblage, the human in its bodily, cognitive and biological presence is then but one of the elements that constitute this state. Thus in studying compulsivity, the spatial circumstances of the act beyond the body would then also have to be accounted for.

Thirdly, it would take away the negative effects of identification processes with diagnoses – which already for the 15 people I worked with were significant, and plainly disturbing at times.

Fourthly, this shift has the potential to raise questions about ownership of the condition and moral responsibility over the act. Instead of situating all ownership with the person performing the act, it would take away any ground for stigma as this targets people, not acts. Indeed, any blame that is now casted onto the human, would then become diffused over the situation. And this acknowledges the powerlessness of the experience of having to perform compulsive acts that feel humiliating in any way, shape or form.

Implications 2

Fifthly, this would grant a much needed voice of the people experiencing compulsivity in how it is studied and treated. As such, experience could be a leading source of knowledge, not one for mere illustration of scientific or clinical knowledge.

Sixthly, in addition to research, treatment through behavioural therapies would have to target and incorporate resilience in particular situations. To accommodate for this, behavioural therapies would have to expand from the traditional treatment rooms to recurring and problematic places of everyday life.

Seventhly, 'following the act' instead of the human would help making what we understand as inherently 'human' conditions less anthropocentric. And this would streamline with current tendencies in human geography and broader social sciences to understand the human as intricately entangled with the nonhuman.

Finally, and in conclusion, rendering compulsivity spatial and vital by ontologically centring the compulsive act, opens up the possibilities to allow different knowledges and epistemologies to be combined. And with this, it opens up possibilities for interdisciplinary engagements... And I can't wait to explore this further.
