# Excessive Presence: A Heideggerian Analysis of the Phenomenology of Tourette Syndrome

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**Abstract.** This paper is an attempt to give a phenomenological framework to Tourette Syndrome (TS) as experienced by the individual and how the meaning of it may be structured socially. Using the phenomenology of Martin Heidegger, and in particular his notions of 'ontological difference', 'being-inthe-world', 'present' and 'ready-to-hand' I will examine the phenomenology of the 'tic', the 'world' of the TS sufferer and its medical interpretation. In addition I offer the notion of 'excessive present-to-hand' as possible feature of some psychopathologies and their treatment in the 'ready-to-hand', which maybe a way to conceptualise non-pharmacological therapies. For currently there is no explanation for why TS sufferers have their 'tics' suspended for certain meaningful activities such as music, art, or sport. Due to limited space in this paper I will focus more on the theoretical analysis and only offer suggestions of possible applications. Heidegger, along with other philosophers such as Merleau-Ponty, have gone on to be used in the fields of psychotherapy, but neglected elsewhere within medicine.<sup>2</sup> It will be through dialogue and exchange of ideas such as enactivism with cognitive science that this may being to change.

# 1 MARTIN HEIDEGGER

Before I present my interpretation of Heidegger, the difficulty that some have had with his philosophy as fundamental ontology has to be acknowledged. There are a number of features that make Heidegger's writing difficult to follow. First, the wordplay that Heidegger uses is particular to the Germanic language and culture, which also tends to exacerbates the neologisms one finds in Being and Time. This, Mulhull notes, make for a 'tortured intensity of prose' [1]. If Heidegger's critique of traditional philosophy, along with his grounding in ontology as oppose to epistemology, is not appreciated, one will struggle to make any sense of his work. This has led critics such as Herman Philipse to call Heidegger's conceptualisation of 'Being' a 'methodologically muddled blend of hackneyed cultural and feeble conceptual analysis' [2]. Heidegger's departure from traditional philosophy, as Blattner notes, has made him 'almost unintelligible to mainstream academic philosophers trained in traditional philosophy'[3]

<sup>1</sup> Even though my intention is to focus on the experiences of Tourette syndrome (TS) it is difficult to separate out at the level of phenomenology comorbid conditions such as attention-deficit hyperactivity or obsessive-compulsive disorders that tend to be more impairing than the associated tics of TS.

I think the root of Heidegger's 'unintelligibility' comes from his notion of 'being' or fundamental ontology that is not grounded in representationalism or correspondence [4]. 'Being', here, is non-discursive and pre-epistemological. When statements such as these are understood through traditional philosophical practices they can appear quite nonsensical. More charitable readings that try and displace the knowing for the doing subject, or elevate practice over theory underplay what is original in his phenomenology.4 For example, Husserl wanted to ground consciousness through the study of the cognitive relations we have to the world. Heidegger, however, argues that the cognitive relation is not the primary way that human beings are in the world. His argument is that any account of intentionality in terms of mental content presupposes, but overlooks a more fundamental sort of intentionality. For the basic way human beings are in the world does not involve intentionality at all, and that this non-intentional being-in-the-World is the condition for the possibility of both classical and non-intentional descriptions.

The two types of intentionality that are alluded to here are what Heidegger calls the 'present' and 'ready-to-hand'. These can be understood as ways of relating to the world. The 'present-at-hand' is what is normally associated with epistemic acts or knowledge creation. It is also within this relationship that intentionality or consciousness is normally framed, where we can describe objective or subjective states and hence been the typical object of study. The 'ready-to-hand' is the nonintentional way people are in the world, which for Heidegger is how we normally are. We are able to get around unthinkingly because the world guides us, structuring our experiences of it as meaningful to the point that we do not see it.5 Here we are we just doing stuff without reflection because the act is already meaningfully built into the situation. It is the 'present-at-hand' that reveals beings (objects), where we abstract ourselves 'out of the scene' to take up an 'objective attitude' where we can break meaningful activities down into their aggregate parts. It is the 'ready-to-hand' where we are oblivious to the world and ourselves caught up in whatever we are doing. Of course we have thoughts in the 'ready-to-hand' such as pondering what is

<sup>&</sup>lt;sup>2</sup> Heidegger, himself tried to clarify his ideas for the work-world through the 'Zollikon Seminars', where he invited physicians and psychiatrists to re-think how they thought about human experience (Heidegger, 2001).

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<sup>&</sup>lt;sup>4</sup> Dreyfus points this out in relation to Dagfinn Follesdal and Mark Okrent's reading of Heidegger (Dreyfus, 1993).

<sup>&</sup>lt;sup>5</sup> Luria 'hoped to reject the Cartesian notion of the primacy of self-consciousness, with a secondary rank accorded to the perception of the external world and other people. [Where we] assumed the reverse: the perception of oneself results from the clear perception of others and the processes of self-perception are shaped through social activity, which presupposes collaboration with others and an analysis of their behavioral patterns. Thus the final aim of our investigation was the study of how self-consciousness is shaped in the course of human social activity.' (1976: 19)

for lunch, whilst being oblivious to the chair you are sat on, or the pen that is doodling in your hand. But as soon as your attention is drawn to them they become 'present-to-hand' for you. These two types of intentionality could not exist if it were not for 'Being-in-the-World', which is what sets our activities up as meaningful in the first place. The significance of the 'present' and 'ready-to-hand' relations is that they either hide or reveal our being to us through the ways we interact with our worlds, hence why for Heidegger enquiry has to start with ontology.

Heidegger's phenomenology focuses upon how we exist, which he suggests is always in relation to our inevitable deaths. This fundamental truth that we will all die, for Heidegger issues forth another response which is our reaction to freedom. This will become relevant in that how we experience ourselves is always in relation to our deaths and ultimately that we could have lived our lives another way, which means there is nothing necessary about the way I experience myself now. This will have some relevance to how sufferers of Tourette's may react to the seeming necessity of their condition, i.e. being someone that lives with rather than lives though their Tourettes. With the distinctions that I have already outlined I will be addressing 1) The phenomenology of tics (how the 'tic' is experienced) 2) The 'world' of TS; and 3) The way the medical/ scientific interprets TS. These will all be discussed in relation to 'Being-in-the-World' and the 'present' and 'ready-at-hand'. As these distinctions are so crucial for my interpretation of TS I will spend a little more time unpacking these ideas.

# 2 ONTOLOGICAL DIFFERENCE AND BEING-IN-THE-WORLD

Systematised/ scientific knowledge, for Heidegger, is only possible because the question of being is removed. That is, epistemic practices are founded in the overlooking of fundamental ontology, and this division begins to collapse when the question of being (what grounds something as a meaningful object of enquiry) is taken seriously. Yet because fundamental ontology has to be overlooked for knowledge to be grounded we come to the conclusion that epistemology must be the foundation. This is where nearly all traditional philosophy and science start. How can we know anything about our external environments or how does the mind reach out to reality? Whilst Descartes wanted to start with the 'I', Heidegger felt this already presupposed too much. He asks what sorts of things have to be presupposed before we can make a claim like an 'I' asking about the world? His answer was to say that those philosophical debates could only be had because those ways of talking are already supported by the world as meaningful. Rather than search for knowledge we need to search for the conditions for knowledge. To do this Heidegger says we should start with experience itself, where the first observation is that we are always already meaningfully in the world. Any possible way we choose to act is given meaning by a whole background of relationships. The most fundamental relationship of which is towards our own being, that is, we know what it is to be. As we are aware of what it is to be, it is us who has take responsibility for our being in the form of 'Dasein'.

'Ontological difference' is the understanding that we exist in way that no other thing does, as our being is a question of concern for us, whereas it is not for a book or an electron. Due

to us existing in a way that no other thing does our being cannot be reduced to the being of other things. This difference between being and beings is 'ontological difference'. Yet, like beings we can be described in terms of things (i.e., gender, blood type, genome sequence), but unlike those things we know what it is like to be. Part of Heidegger's methodology is to tell us that us that our being is not a thing, but we access it through our relationships with the world. As our being is always ours and not someone/things else we chose how to be or self-interpret. For an object's potential is defined by its actuality i.e., its structure or material properties, whereas our actuality is defined by its potential i.e., how we chose to be in the world. Of course people have properties, but that is not who they are. Heidegger's existential analytic argues that the 'objective attitude' systemic in Western thought encourages people to primarily understand themselves and the world around them in terms of things. This could be through brain states, genetics, or ethnicity. These tell us who we are, in terms of what we are. In Heideggerian language this is to collapse ontological difference. One could maybe already see how this applies to mental illness, in that we begin to define ourselves in terms of the deviancy, dysfunction, or deficit prescribed in medical definitions. This will be discussed later on not only in regards to institutional use of language and conceptual framing, but how the individual is complicit in accepting this prioritising of beings over being.

'Ontological difference' can be understood through a noun/ verb distinction. For example, 'world' in the noun form would be what Heidegger deems as 'ontic' - a thing, the planet Earth. However, the deeper sense for Heidegger in which the term 'world' can be meant is as a verb. That is, the world is a 'lived relation', a non-thing. It situates the ways we act, a complex web of lived relations. As people are always already in a relationship with the world, we understand how to act towards it. Understanding here is not knowing facts or believing propositions, but in how one acts with familiarity. The more familiar we are with the world the less we see it and the less we know about it. This familiarity shows itself in how we intuitively understand why things are done the way they are. In buying a newspaper, we understanding the exchange process, to how close we can stand in the queue or how much eye contact is appropriate. More removed still, I do not experience myself in the act. I do not experience my weight, height or ethnicity in buying newspapers. There was no instance where I was instructed on the 'rule' of civil inattention or personal space protocol, as they are tacitly given by how the world structures our interactions.

In contrast, when we are not familiar with our world, it and us begin to stand out. Anyone who has ever been on holiday will have experienced this revealing of 'world' where they are unsure how to proceed and in doing so become very self-aware. To think of our being in terms of things, which is to deal with intentional states is part of what Heidegger calls the 'present-athand'. To be immersed in an activity that we navigate unthinkingly, like buying a newspaper, is part of the 'ready-to-hand', both of which are only possible because of being-in-the-world i.e. a system of relations that pre-exist us but we come to know tacitly by our involvement with already meaningful activities. It will be this 'present-at-hand' state that I will argue becomes excessive in TS and that its alleviation is found in the 'ready-to-hand' as illustrated by the awareness or suspension of the 'tic'.

## 3THE 'PRESENT' AND 'READY-TO-HAND'

Heidgger tells us that how we are in that world is primarily in using it, and the world in this sense is concealed by our involvement with it. This is what he calls being 'ready-to-hand'. To view the world as if it were alien to us, and situate it as a world in the noun sense, is to understand the world as 'present-to-hand'. According to Heidegger, Western philosophy is preoccupied with the 'present-to-hand' so much that we take the 'ready-to-hand' to be a derivative state. That is, we think of the 'ready-to-hand' as just an unconscious psychological state. Heidegger, however, argued that the reverse is true. We never just hear noise or encounter only colour; we always encounter something-meaningful first, such as a melody, or a rainbow.

The picture of the world that science gives us is one in which the world is seen as a kind of container holding objects. The universe contains planets, planets contain organisms, and so on. This 'way-of-seeing' is necessary for science to progress, as a scientist is interested in reality as a series of objects. From this abstracting we get the 'objective attitude'. So a neurologist can take 'experience' and break it down into different forms of brain activity, a physicist can take 'music' and reduce it to sound-wave oscillations and air pressure differentials. For Heidegger, however, such a view of the world is not primary. Indeed, it takes a great deal of training to achieve this level of objectivity. To see the world as only objects is a secondary and highly stylised manner of relating to the world. Normally we untheoretically use the world. We go about our everyday activities unthinking to the point that our worlds are not even present to us, which Heidegger calls the 'ready-to-hand'. Here it would be a mistake to think that because the 'objective attitude' comes from the 'present-to-hand' that 'subjectivity' is part of the 'ready-tohand'. The metaphysics required for the objective worldview is what also enables us to abstract something like its opposite, based in subjectivity, such that it is only 'I' that can access my thoughts and the internal world of 'me'. Both the objective and subjective are 'present-to-hand' states.

When we are 'ready-to-hand' with the world we do not think about it or us as a thing, we just use it. For example, drivers do not deliberately think about the actions of driving, they just drive. If they were to be self-aware of everything they were supposed to be doing, one might feel as a learner driver does, overwhelmed at the complexity of it all. Even walking can become problematic, such as going through a metal detector at an airport. The majority of the time though we are unaware of what we are doing and consider a number of other things besides driving or walking. Our actions here, in a sense, become invisible. It takes an abrupt or incongruous act, such as the car in front of me braking or being instructed to walk that I become mindful of what is going on. To be involved with the world in the 'present-at-hand' is not in itself erroneous. The 'present' and 'ready-to-hand' is not something one can be right or wrong about. What is erroneous is to see the world only as 'present-tohand' or to order activities so that the 'ready-to-hand' is secondary to the 'present-to-hand'. Taking the view that the world has only one mode of presentation results in the interpreting of human existence as being just another object in a universe of objects. To see the world as 'present-to-hand' is

<sup>6</sup> The concept of 'ready' and 'present-at-hand' are discussed in section fifteen and sixteen of *Being and Time* (1962).

merely to highlight one mode of relating to the world. To be sure, the 'present-at-hand' and 'objective attitude' that it derives is undoubtedly the best one for science, but it is not necessarily the best one for doing philosophy or living one's life.

How this relates to TS is that the preferred state for people is that which we are most frequently in i.e., the 'ready-to-hand'. This is to simply be involved, getting along in the world without any disruption, where from time to time we laps into the 'present-at-hand' to solve a problem or avoid an accident. Now in the case of the TS sufferer I will argue that these distinctions can be reapplied in how the individual experiences their TS, with the 'tic' as a constant drawing back to the 'present-at-hand' and also possibility for therapy in the re-articulation of the 'ready-to-hand'.

## 4 THE PHENOMENOLOGY OF THE 'TIC'

TS is classified through its associated 'tic' disorder, which maybe physical, mental or vocal, where both motor and phonic tics are present for at least a year. A 'tic' can be medically defined as sudden, repetitive, nonrhythmic movements and utterances that involve discrete muscle groups. Whilst this is a description of what is happening the Touretter experiences the journey of the 'tic'. Joseph Bliss, a TS sufferer says,

'There is really no adequate description of the sensations that signal the onset of the actions. The first one seems irresistible, calling for an almost inevitable response...intense concentration on the site can, in itself, precipitate the action...Tourette's syndrome movements are intentional bodily movements...The end of a Tourette's syndrome action is the "feel" at the terminal site of the movement, a feel that is frequently accompanied by a fleeting and incomplete sense of momentary relief.' [5]

Other TS sufferers have given similar sensoryphenomenological accounts, of an internal battle between the conscious mind trying to second guess and prevent expulsion of a 'tic' from the unconscious mind that wills it. The very categories of 'internal' and 'external' are challenged by enactivism, but none-the-less it feels 'natural' for people to describe their symptoms in such terms. What is implicit in many autobiographical descriptions of TS is a dualism between the 'I' that suffers the TS and the TS itself. So, if we think in general terms that the 'tic' is negative, i.e., undesired, the positive is not the expulsion of the 'tic', as that is what draws attention, and interrupts the person's daily activities, but it is the lack of any sensation, or urge to 'tic' at all. This non-sensation of 'ticcing' is what happens in the 'ready-to-hand' when we do not experience ourselves. This, however, for the TS sufferer can be the more rarefied state, where their TS is something continually lived with, as one may live with a bad back, which they became cognisant of every time they went to move. Another aspect of the 'tic' is what appears to be its paradoxical nature. That is, it feels necessary, it is part of a willed act, but is also unwelcome, disruptive and involuntary. In order to control the onset and expulsion of the 'tic' the individual has to strengthen their 'present-to-hand' relationship with it. Bliss (1980) describes the internal monitoring of the Tourette's 'self' and the subsequent divided attention it brings,

<sup>&</sup>lt;sup>7</sup> See Leckman et al, 2006.

'Extinction is based on the instant recognition and instant denial of emergent sensory signals. The signal is an extremely subtle sensation, a feel, and if it is detected and rejected quickly enough reflexively it can be extinguished without a build of tension...The accomplishment of this instant state of recognition is not easy to achieve. It requires intensive and prolonged training...When extinction of the symptoms is achieved, the symptoms will constantly recur and the need to be confronted and extinguished endlessly. The result is a kind of half-life in which there is constant vigilance and divided attention...No matter what the method of control...the only true relief comes in moments when no urge at all is perceived. To remember this fact at the onset of an impulse is most trying because at that precise moment it does not seem possible for the state to be relieved by anything other then the action in progress' [6] (Bliss quoted in King et al, 1999).

This quote highlights what I am calling the 'excessive present-to-hand'. This is the conflict between the perceived internal and external states, which erodes any sense of selfdetermination, heightened by the voluntary response in 'ticcing'.8 This 'excessive present-to-hand' - or a 'toomuchness' may also be at work in other psychopathologies. Again, most of us do not experience our own height or weight unless attention is draw to it. Yet those who may suffer types of body dysmorphia are all too aware of how they look, putting themselves under the microscope. The solution to this 'excess' is the 'ready-to-hand'. To release a 'tic' is to seek momentary relief from it, along with the originating urge. Yet what is desired is the absence of a feeling. To be 'ready-to-hand' is to allow the world of the 'Touretter' to disappear, to be invisible or lost in some activity without interruption. No need to inwardly monitor or be outwardly cognisant, a state most of us take for granted.

As with the enactivist approach one cannot discuss the internal phenomenology of a 'tic' without the meaning it is given by being continuous with the social or historical.

# 5 THE 'WORLD' OF TS

A 'tic' maybe undesired, in that it forces 'inward' attention to the site of the tic and is accompanied by its 'outward' expulsion. Not only does this interrupt whatever one is doing, but it may also bring unwanted attention to the individual, reinforcing the perception of themselves as 'dysfunctional'. 'Tics' maybe interpreted by the public as acts of aggression, drunkenness, or rudeness. Even if the 'tic' draws no attention, because one is aware at the potential for embarrassment one is still selfreflecting on how they are. All of this, from the inward monitoring of the tic, to the violent eruption intruding on ones life, to the apparent or real attention the 'tic' may elicit from others, is 'excessive present-to-hand'. What-is-more, the conflict between an urge that demands a response, that one recognises at

the same time as being 'willed' but 'involuntary' can distort any sense of autonomy, making one a victim of their TS. The very fact that one person maybe diagnosed with TS is a response to how one situates themselves with regards to their 'tics'. For example, the more disruptive TS is for that person the more it reveals their world, people crossing the street or given disapproving looks. This in turn raises issues with the individual about how they wish to be perceived and the level of control they actually possess in self-defining. There is an interesting relationship here between the discovery of TS and how people's actions were meaningfully structured before and after that event.

For it is conceivable that 'undiagnosed' TS in the fifteenth century passed for demonic possession, where medieval Europe contained the meaningful possibility of demons [7]. Then with the development of psychoanalysis Oliver Sacks notes that Charcot, Freud, Babinski and Tourette, 'were among the last of their profession with a combined vision of body and soul, 'It', and 'I', neurology and psychiatry' [8]. Here there was a movement from a rare psychogenic condition to de la Tourette himself reporting nine patients with chronic 'tics'. Then by the end of the century a split occurs, 'into a soulless neurology and bodiless psychology, and with this any understanding of Tourette's disappeared' (Sacks, 2007: 98). When TS reappeared as a 'condition' the relative rarity of it was then displaced by its abundance.9 Sacks in response to this sudden upsurge in the frequency of TS said, 'suppose (I said to myself) that Tourette's is very common but fails to be recognised but once recognised is easily and constantly seen' (Sacks, 2007: 99). 10 This could be redescribed as the movement from the 'ready-to-hand' of people getting around unnoticed to the 'present-to-hand', where the twitcher or mutterer has now become peculiar, standing out as something to be studied.

Yet not all people with TS see their condition as a condition, but rather as part of them. Here the TS is not 'presentto-hand' as an affliction, syndrome or interminable force, but is instead 'ready-to-hand' as part of their lives. The jazz drummer, for example, who uses it as a creative impulse, the table-tennis player who utilises erratic shot selection, the story-teller who embellishes with vocalisations and flights of fancy. 11 It is only when viewed as 'present-to-hand' do 'tics' even become tics. A particular case of this is how to classify a TS tic from a compulsive behaviour. 12 There is, however, an interesting phenomenon by those who display Tourettic behaviour, where their 'tics' are completely removed by being involved in an activity, such as playing sport or music. These usually make up coping therapies, along with habit reversal or tic masking. 13 Yet what has been observed in some TS sufferers and Parkinsonians is that they are completely relieved of their conditions when involved in therapeutic actions. 'The motionless Parkinsonian can sing and dance, and when he does so is completely free from his Parkinsonism; and when the galvanised Touretter sings, plays

<sup>&</sup>lt;sup>8</sup> Leckman & Cohen (1999) describe the feeling as 'the non-stop, every minute burden of feeling overwhelmed from within from attacking forces that were within one's self and, at the same time, outside of it.' (1999:11). Kane (1994) offers the hypothesis that the pre-tic awareness might itself be a tic or an 'attentional tic' offering a new layer of presentto-handedness.

<sup>9</sup> Kushner claims the category 'tic' almost disappeared altogether in the

<sup>1930&#</sup>x27;s (Kushner, 2000: 85) <sup>10</sup> Sacks (2007) also likens this experience to the sudden 'appearance' of muscular dystrophy in the 1850's after Duchenne reported it.

<sup>11</sup> It is conjectured that Mozart suffered with TS and his 'high frequency' music and inspired arrangements were the result of him synthesising his Tourette's into music as a kind of therapy (See Sacks, 1992; Selman et al, 2007).

See also Towbin, 1988; Castellanos, 1998.

<sup>&</sup>lt;sup>13</sup> See also Singer 2005; Brill, 2012.

or acts he in turn is completely liberated from his Tourette's' (Sacks, 2007: 102). It is here how the 'excess of the present-to-hand' gives over to the 'ready-to-hand'. However, due to meaningful activity be conceptualised through the 'present-to-hand', the fact that a Touretter is able to suspend their 'tic' can be construed as somehow intentional when the point is 'intention' is completely absent [9]. 14

As you cannot make someone 'ready-to-hand' this aspect is offered as a conceptual means to organise therapy by. Here we should be sensitive to both non-pharmacological treatments, but also their conceptualisation as part of the 'readyto-hand'. Here music, sport or art are not just remote activities from which we can distil some common property as would be the 'present-at-hand' view, but that because they meaningfully structured into the world of the Touretter, as part of their beingin-the-world, this element is beyond explicit representationalism. At the point at which 'tics' are suspended or no longer perceived due to their involvement with certain practices we have alleviation of the syndrome. There is another way to alleviate the symptoms of TS, but in doing so this also highlights the phenomenology of the 'tic' and the shift from the 'ready' to 'present-at-hand' which will be discussed next in relation to the medical/pharmacological treatment of TS.

# 6 THE SCIENTIFIC INTERPRETATION OF TS

Heidegger's brief discussion of scientific advance in Being and Time bears a close resemblance to Kuhn's description in The Structure of Scientific Revolutions [10]. Heidegger's main distinction is that like the collapse of ontological difference, science has to pass-over the being in which beings are situated. For him, science necessarily has to confuse regional ontology (scientific objects) for fundamental ontology (being). In Kuhn's language that would be to confuse explicit knowledge about the paradigm for tacit knowledge given by the world. So statements like the 'present' and 'ready-to-hand' are just mental states where both alter no facts about neuropathology, are misplaced. There are always 'facts' independent of people, but how something is situated as a 'fact' requires a certain metaphysics that is only possible through the 'present-at-hand' relationship. Why was TS relatively rare and then extremely common? Because the regional ontology or 'paradigm' that made up science at that point had no consensual/ coherent notion of what it meant to 'tic'. 'Tic' was still a part of some other discourse, such as spirit possession or class eccentricity. Otherwise scientists where in their 'ready-to-hand' mode of 'everyday normal scientific activity' encountering those objects that were expected or prescribed by the paradigm. Once the paradigm or regional ontology situates a phenomenon, gives a criterion of meaning for being, it is then hard not to see the world in any other way. Tallis explains that a 'fact' 'not something like an object that is simply 'there'' [11]. A 'fact' is dependent on how we notice the world and how we choose to divide it up. So even on an everyday level this room has the possibility for a number of facts, but that possibility is constrained by the world we occupy, or what I am allowed to acknowledge as being 'there'. Some get confused here between social and natural facts, that a chair might not be a chair in another culture, but neither can deny there is an object in the room, which would seem the common-sense option. Yet, in order to see just an 'object' is to abstract the chair (something meaningful) into a 'space' absent of culture or the vagaries of language, so that we can objectively state there is at least one fact. In the 'ready-to-hand' the fact that a chair is in the room would be so obvious, mundane and trivial it would become invisible and melt into your everyday world of getting around, until a philosopher points out the chair and asks about it, such as we have in Socratic dialogue. Is the chair real and so on?

The consequences of what I have been calling the 'excessive present-to-hand' and its absence ('ready-to-hand') is implied by Leckman and Cohen in their discussion of children with TS,

'children should take their bodies and minds more for granted. While increasing meta-representation is a developmental achievement that allows for self-reflection, too much self-reflection on the self is a heavy burden and can lead to a narcissistic over-investment in the self...they become confused about their bodily states, what and why they feel the way they do and what is under their control. Their sense of autonomy becomes eroded.'[12]

This perception of what is and is not under our control also has to be contextualised within the historical and social dimension. The feeling of the loss of autonomy is something that is learned and given meaning by surrounding ways-of-being. So as with 'ontological difference' the most obvious 'what' aspects of me are not chosen or voluntary, where I was born, gender, language, class or ethnicity. The 'present-to-hand' view is to say that from these 'whats' we can then determine the being of a person, who they are. If I feel I have no say in how I experience myself because my gender or age dictates how I am, then we give over what is most important about ourselves, the ability to self-interpret. This, for Heidegger, can only be done in the light of the question of being, hence why ontology was fundamental for him.

Hopefully it should be clear that a phenomenological description does not do the same thing as a neurological one. It does not trump it as a medical or scientific procedure, but offers up 'ways of thinking'. So a 'tic' may not always be preceded by an inner sensory urge, and we know the compulsion to 'tic' with its associated depression/ anxiety do stem from 'deficits in the basal ganglia, limbic system, and cerebral cortex' (Cohen and Leckman, 1999: 61). <sup>15</sup> But for people with TS this is not what they experience, as this is the 'present-at-hand' description used in science. It is here that I argue the TS disrupts the asymmetry most of us have between the 'present' and 'ready-to-hand'. So not only do Touretters have neurological pathologies, but also its manifestation as a 'tic' or unwanted behaviour forces the individual to live excessively through the 'present-at-hand'. Sacks (2007) makes the point that whilst psychiatry, anatomy and pathology contain the notion of 'excess' it is found absent in neurology and physiology. What he means is that in a mechanistic view of the human, something either works or it does not. This 'not working' is usually conceived of as a 'deficit'. However, in TS the opposite is true, there is an 'excess'

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<sup>&</sup>lt;sup>14</sup> Sacks describes a surgeon who is able to suspend his tics while performing an operation or when flying his plane (Sacks, 1995)

<sup>&</sup>lt;sup>15</sup> See also Leckman, Walker et al., 1994; Lombroso, Scahill, Chappell, et al., 1995.

or 'too-muchness' as he calls it (Sack, 2007: 93). From this Sacks argues we should abandon a 'neurology of function for a neurology of life' (Sacks, 2007: 102).

A metaphor used in clinical neurology to describe the mind of the TS sufferer is that of electrical circuits shorting or a breakdown in rule application between behaviour and experience. Here the behaviour does not match the internal template from which the behaviour was initiated. <sup>16</sup> These metaphors may be helpful for the clinician, but if the individual sees themselves as a brain with shoddy wiring this may also maintain the 'present-to-hand' relationship. Whilst one would hope for non-pharmacological intervention which could take the form of re-interpreting the TS as something lived *with* as opposed to lived *through* this does not always happen.

Our preoccupation with the primacy of 'present-athand' description as practised in science spills over into more fundamental areas such as how we experience our own being. Where to think of the TS as something separate to the individual, is to relate to one's own behaviour and self through this objective attitude, which might not necessarily be the best way to live. The 'present-at-hand' allows us to objectify the body in order to inspect and survey for signs of dysfunction. Now if we think about other psychopathologies, in the obsessivecompulsive spectrum: body dysmorphia, anorexia nervoas/ bulimia, hypochondria, all I think display this asymmetry between 'excessive present-to-hand' and inability to be 'readyto-hand'. Arguably the 'absence' one feels in the 'ready-to-hand' where there is no intentional hold is what those with compulsive disorders seek in fixating on a thing or consume through addiction. The sort of numbness or withdrawal the addict requires to cope is a substitute for the 'ready-to-hand'. It maybe this same sort of immersion that the TS suffer has when their 'tic' is suspended in the removal of the 'present-to-hand' of their condition. The substitute 'ready-to-hand' of medication is not just part of the addict's response, but is also used in TS treatment. Here pharmaceutical treatments address the 'presentto-hand' of TS, in that one might be prescribe haloperidol to combat the effects of dopamine. In doing so the presence of drug medication reveals the 'world' of TS. A patient of Sacks describing his medicated and non-medicated states gives an example of this:

'Having Tourette's is wild, like being drunk all the while. Being on haldol [haloperidol] is dull, makes one square and sober, and neither state is really free... You 'normals', who have the right transmitters in the right places at the right times in your brains, have all the feelings, all the styles, available all the time – gravity, levity, whatever is appropriate. We Touretters don't; we are forced into levity by our Tourette's and forced into gravity when we take haldol. *You* are free, you have a natural balance: we must make the best of an artificial balance' (Sacks, 2007: 106-107).

By submitting to drug treatment a patient has to relearn what it is like to function as someone who does not 'tic' or worse half-tics. For someone that has lived with a 'tic' all their life the absence of it interferes with corporeal timing, balance and reflexes so that the person does not *feel* them self. What-is-

<sup>16</sup> See also Leckman, Walker & Cohen, 1993; Leckman, Walker, Goodman, Pauls & Cohen, 1994, Marsh et al., 2005.

more, if a person has learned to live *with* their TS, such that it might not be a problem for them and hence does not display that excessive quality, it may then make up a socially desirable aspect of their being. Sacks mentions a celebrated jazz drummer who used his impulses to musical and performative affect, but one could equally imagine the sports person, artist, story-teller, comedian or eccentric dependent upon their ability to give in to their urges. If this were the case it may then be difficult for the individual to submit to drug treatment, as the 'tics' are not only socially/ personally desirable, but is in a certain sense not a 'tic' at all.

# 7 CONCLUSION

What I have presented is a Heideggerian phenomenological interpretation of the lived-experience of TS. Through the Heideggerian concepts of the 'ready' and present-to-hand' I have offered a way of not only allowing the TS sufferer to re-interpret their experiences, but a possible new way to organise and reconceptualize treatment, by promoting the 'ready-to-hand' and addressing what I have called an 'excessive present-to-hand'. This 'ready-to-hand' re-interpretation may give us a clue as to why some TS sufferers have their 'tics' suspended by certain meaningful activities and 'excessive presence' may also be a route into why people feel it 'natural' to describe their experiences in terms of Cartesian epistemology. This work could be taken further as an analysis of other psychopathologies on the obsessive-compulsive spectrum.

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