

Distribution Agreement

In presenting this thesis as a partial fulfillment of the requirements for a degree from Emory University, I hereby grant to Emory University and its agents the non-exclusive license to archive, make accessible, and display my thesis in whole or in part in all forms of media, now or hereafter now, including display on the World Wide Web. I understand that I may select some access restrictions as part of the online submission of this thesis. I retain all ownership rights to the copyright of the thesis. I also retain the right to use in future works (such as articles or books) all or part of this thesis.

Christopher Rolling

April 15, 2015

The Phenomenology of Tourette Syndrome

by

Christopher Rolling

Dr. Susan Bredlau
Advisor

Department of Philosophy

Dr. Susan Bredlau
Adviser, Department of Philosophy

Dr. Shlomit Finkelstein
Committee Member, Department of Psychology

Dr. Thomas Flynn
Committee Member, Department of Philosophy

2015

The Phenomenology of Tourette Syndrome

by

Christopher Rolling

Dr. Susan Bredlau
Advisor

Department of Philosophy

An abstract of
a thesis submitted to the Faculty of Emory College of Arts and Sciences
of Emory University in partial fulfillment
of the requirements of the degree of
Bachelor of Arts with Honors

Department of Philosophy

2015

Abstract

The Phenomenology of Tourette Syndrome By Christopher Rolling

This thesis utilizes a phenomenological methodology to explore the experience of Tourette syndrome (TS). The motor and vocal tics that characterize TS challenge our everyday notions of autonomy. While the subject does not “choose” to tic, tics clearly express the sense of the subject’s world. This work draws heavily upon Merleau-Ponty’s notion of the lived body to investigate the ambiguity of our being in the world as subjects. This thesis argues that tics need to be understood as a habit which thwarts the subject’s idealized sense of being in the world with others.

This thesis is organized into four chapters. Chapter I includes a brief historical and factual account of TS that I refer to as the “traditional” conception of TS. Chapter II provides a brief introduction to phenomenology. Here I will consider what it means to have a body in a meaningful world with other people. Chapter III will investigate my lived experience of TS and consider some difficulties within the traditional account of TS. Finally, in Chapter IV I will explicate the significant structures of being in the world as an embodied TS subject.

The Phenomenology of Tourette Syndrome

by

Christopher Rolling

Dr. Susan Bredlau
Advisor

Department of Philosophy

A thesis submitted to the Faculty of Emory College of Arts and Sciences
of Emory University in partial fulfillment
of the requirements of the degree of
Bachelor of Arts with Honors

Department of Philosophy

2015

Acknowledgements

This thesis was only possible because of my two mentors. Susan Bredlau has taught me how to see our world very differently, or what it means to see anything at all. I have never concluded a meeting with Shlomit Finkelstein without a smile and a reenergized sense of purpose. Thank you both for this profound opportunity of self-discovery, truly aligned with the mission of a liberal arts education.

This thesis is dedicated to the memory of Scott Fredericksen. I would love to have heard your perspective on this work, Uncle Scott.

Table of Contents

Introduction.....	1
Chapter I: The traditional account of Tourette syndrome	
1.1 Introduction to Tourette syndrome.....	4
1.2 History of Tourette syndrome.....	6
1.3 Contemporary Tourette syndrome research.....	10
Chapter II: A theoretical account of phenomenological being in the world	
2.1 Perception.....	14
2.2 The body.....	17
2.3 The habit world.....	22
2.4 Being with others.....	24
Chapter III: The ticcing habit body	
3.1 Childhood.....	30
3.2 The diagnosis.....	34
3.3 Anxious tics.....	37
3.4 The premonitory urge.....	39
Chapter IV: A destructive being in the world	
4.1 The thwarting tic.....	43
4.2 Anxiously being with others.....	46
Works Cited.....	52

But I'm gonna try for the kingdom, if I can
'Cause it makes me feel like I'm a man
When I put a spike into my vein
And I'll tell ya, things aren't quite the same.

Oh, and I guess that I just don't know
Oh, and I guess that I just don't know.

-Lou Reed

The Phenomenology of Tourette Syndrome

Introduction

This thesis will explore the lived experience of Tourette syndrome (TS). Each one of us comes from a unique place and thus already has a unique experience of the world. But the complexity of talking about our experience does not end there. If I have learned anything about experience, it is that our prior experiences of the world provide the *sense* or context for our future experiences. Just as each of us is coming from a unique place, we are similarly positioned towards a unique place. I certainly believe that we can shape where we are going, but we should always recognize how our place - or *world* – really does shape us.

This thesis will investigate TS and thus must consider the multi-disciplinary nature of this disorder. Psychology, neurology, linguistics are only a few of the disciplines that have a stake within our conception of TS. Each one of these disciplines offer a unique set of tools and ideas that can help us explore TS. Indeed these disciplines have already explored and shaped our notion of TS. So just like each one of us, TS has already been shaped in a certain sense, and this sense generally provides the structure towards where it is going. I hope to critically influence this structure.

Philosophy is the love of wisdom, and in this sense we are all philosophers. I have written this thesis about TS in the spirit of the gadfly. I hope to reveal that we do not know what we think that we know about TS. I have not been formally trained within the disciplines that have shaped our knowledge of TS. I, too, must thus begin this thesis with a Socratic disavowal of knowledge.

Above all else, the founder of Western philosophy was annoying. Socrates delighted in exposing a great diversity of people's errors and uncertainties, and he demonstrated an incredible skill in doing so. While Socrates insisted that he loved knowledge, Socrates devoted his time with others by seemingly destroying knowledge. Socrates' insistence that he knew nothing only contributed to his annoying presence. But Socrates was apparently content with his status as an annoying gadfly, and he was killed for his troubles. I think Socrates should have had a day job, too. While I will criticize the traditional understanding of TS, I will propose a positive account of this disorder. This account will be reasonable but ultimately unverifiable in a scientific sense.

But while this thesis may be written within the spirit of the gadfly, I too will bring a unique set of tools and ideas which can help us explore TS. My first tool is my fledgling knowledge of phenomenology, which is the study of lived experience. Phenomenology is generally recognized as beginning with the 20th century mathematician and philosopher Edmund Husserl who was originally interested in understanding our consciousness' relationship with mathematics. But my own approach has been indelibly shaped by Maurice Merleau-Ponty, who emphasized that our consciousness is truly always an embodied consciousness. As embodied beings we are always *in the world*, or as Merleau-Ponty wonderfully insists – as embodied beings we are *of this world*.¹

My second tool for this exploration of TS is my own lived experience of TS. It has always felt strange for me to tell anyone that I “have” TS. This is partly because I identify TS as an important and personal aspect of my own subjectivity. But I have also always wondered what it even means to “have” TS. If this thesis is successful it will convince the reader that I certainly

¹ “I am not in space and time, nor do I think space and time; rather, I am of space and of time.” Maurice Merleau-Ponty, *Phenomenology of Perception* (New York: Routledge, 2012), 141.

do not “have” TS in the same sense I may “have” something such as a bicycle, a cat, or even the flu. If I “have” TS this is only in the same sense in which someone may “have” a sense of humor. I *live in a world* of TS. Whatever the reader’s background, experiences, and future directions may be, I hope that this thesis will provide some insight into what it may mean to live in a world. I particularly hope to provide some insight into what it may mean to live in a world of TS.

The reader would be wise to wonder what authority I, a mere undergraduate only identifiable as a TS subject by a very keen eye, have to speak about TS? Ultimately this question can only be satisfactorily answered by the reader. I am confident, however, that my own experience of TS and phenomenological training gives me a unique position from which to explicate the phenomenological structures of TS in the world.

I insist that the lived experience of TS is essential for any meaningful understanding of this disorder. It is to the great detriment of our understanding of TS that the history of TS has been built by empirical sciences. As we will see, these empirical sciences search everywhere but within lived experience for their knowledge about TS. Neurochemistry and genetics have an unquestionable value for helping us understand TS, but as I hope to demonstrate, these sciences cannot account for the actual lived experience of TS. We need to understand the experience of TS. We need a phenomenology of Tourette syndrome.

Chapter I: The traditional account of Tourette syndrome

[1.1 Introduction to Tourette syndrome]

The complexity of Tourette syndrome (TS) is hidden by the simplicity of its traditional definition. The *Diagnostic and Statistical Manual of Mental Disorders V (DSM V)* defines TS as the onset of a vocal tic and a motor tic for at least one year in a patient under 18 years of age.² A tic is a sudden, rapid, recurrent, nonrhythmic motor movement or vocalization.³ Tics are unusual bodily movements that seemingly occur without provocation. The traditional account of TS understands tics as signs of an underlying pathology, and throughout Tourette syndrome's brief history it has been debated whether one can discover the causes of TS in the genes or through psychoanalysis. Indeed the physiological account for TS has been dominant since the 1960s when Arthur Shapiro demonstrated haloperidol's potential for ameliorating tics.⁴ Both the psychoanalytical and organic narratives will be explored within this chapter to explicitly consider the complexities of this disorder. Let us first accomplish a more general understanding of TS and consider the ostensible nature of tics and their related behaviors.

The onset of tics is typically between the ages of 5 and 7. The child must manifest at least one type of motor and one type of vocal tic to be diagnosed with Tourette syndrome. Common examples of motor tics include eye blinking, shoulder shrugging, and abdominal contortions. Common vocal tics include grunting, squeaking, and sniffing. Subjects almost always experience their first motor tics in their face, and eventually also begin ticcing with other body parts.⁵ Tics

² *Diagnostic and Statistical Manual of Mental Disorders: DSM-5* (Washington D.C.:American Psychiatric Association, 2013), 81.

³ DSM V, 81.

⁴ Howard Kushner, *A Cursing Brain? The Histories of Tourette Syndrome* (Cambridge: Harvard University Press, 1999), 167.

⁵ Leckman, J. F., King, R. A., & Cohen, D. J. (1999). Tics and tic disorders. In J. F. Leckman & D. J. Cohen (Eds.), *Tourette's Syndrome -- Tics, Obsessions, Compulsions*. New York: John Wiley & Sons, Inc

wax, wane, or even disappear completely. Their frequency can change as do their styles. Motor tics can also vary in their intensity, and this “forcefulness” is an important indicator for the severity of one’s TS.⁶ Finally, tics can be categorized as “simple” or “compound,” depending on the tic’s duration. Simple tics only utilize one body part and are measured within milliseconds. Compound tics involve combination of simple tics, including simultaneous head turning and shoulder shrugging. Echolalia, or the repetition of other’s words, and echopraxia, the mimicry of other’s movements, are additional behaviors commonly identified with TS.

Coprolalia is the most dramatic form of vocal tics and has undoubtedly contributed to the public’s interest in TS. Coprolalia is literally Greek for *kopros*, dung, and *lalia*, speech. Only around 20% of TS subjects are recognized to manifest coprolalia. TS subjects with coprolalia utter expletives that often invoke sexual, religious, or racial slurs and in general are socially inappropriate. While motor or vocal tics are often described as “involuntary,”⁷ the coprolalic subject’s outbursts demonstrate a keen sensitivity to others and to the surroundings. In fact, the coprolalic tic’s context specificity is what gives it its destructive power. It is thus hardly surprising that TS subjects with coprolalia are unable to live “normal” lives, for public life presents a number of challenges and even dangers. A smaller percentage than those with coprolalia demonstrate “copropraxia,” or inappropriate gestures that similarly violate social norms.⁸ One TS prevalence study estimates that 1-5% of the child and adolescent population have TS, and the DSM V’s estimate is just under 1%.⁹ Boys are far more likely to have Tourette syndrome than girls are, with estimated ratios ranging from 4:1 to 2:1.¹⁰

⁶ Gray book page 1

⁷ DSM V, 83.

⁸ Shlomit Finkelstein, *Adults with Tourette Syndrome* (Atlanta: Emory University, 2009), 1.

⁹ DSM V, 82.

¹⁰ C. M. Tanner, *Epidemiology of Tourette’s syndrome* (New York: Marcel Dekker, 2005), 3.

While tics are necessary for the diagnosis of Tourette syndrome, tics are not exclusive to what is presently understood as TS. In fact the DSM V categorizes Tourette syndrome under “Neurodevelopment Disorders: Tic Disorders” and TS shares this category with “chronic motor or tic disorder,” “provisional tic disorder,” and “unspecified tic disorders.”¹¹ Such conditions are differentiated by the duration of tic signs and symptoms, age of onset, and potential drug use. Such disorders associated with tics should not be confused with abnormal or stereotypic movement disorders. Motor stereotypic disorders are defined as “rhythmic, repetitive, predictable movements that appear purposeful but serve no obvious adaptive functions or purpose and stop with distraction.”¹² The examples provided within the DSM V include repetitive hand waving, arm flapping, and finger wiggling. Motor stereotypies can be differentiated from tic disorders based on the former’s even earlier age onset and constant repetitive fixed form and location. The multitude of similar tic and movement disorders may lead one to conclude that TS has been neatly identified and categorized as a particular disorder. This has not at all been the case historically, and the ambiguity of TS persists despite great advances in psychology, neuropharmacology, and neuroscience.

[1.2 History of Tourette syndrome]

The following brief consideration of TS’s history will provide an important perspective into the ambiguous and indefinite nature of this syndrome. This summarized history draws heavily on Howard Kushner’s *A Cursing Brain? The Histories of Tourette Syndrome*. The recognized history of Tourette syndrome traditionally begins with a description of Marquise de Dampierre (1799-1884). Dampierre was a member of the French aristocracy and was notorious

¹¹ DSM V, 83.

¹² DSM V, 84.

for shouting “*merde and foutu cochon*” (shit and fucking pig) at social functions.¹³ Dampierre’s seemingly helpless antics were the subject of both gossip and intellectual curiosity. When the renowned physician Jean Itard investigated Dampierre’s condition, he was struck by the contrast between Dampierre’s distinguished manners and intellect from her obscene outbursts and insults. Itard noticed that the more Dampierre feared uttering a particular word or insult, “the more she is tormented by the fear that she will utter them, and this preoccupation is precisely what puts them at the tip of her tongue where she can no longer control it.”¹⁴

Marquise de Dampierre is therefore integral to the history of TS as the supposedly emblematic TS subject. Kushner writes that “The marquise’s story provides an extremely efficient and compelling vehicle to introduce readers to the history, symptoms, and course of Tourette syndrome.”¹⁵ But Kushner also warns us that despite Marquise de Dampierre’s well-documented condition by esteemed physicians in the 19th century, the supposed “facts” remain ambiguous and open to much interpretation. The young Parisian neurologist George Gilles de la Tourette cited Dampierre’s condition as the emblematic case for the *disease* that he called “maladie des tics” an entire sixty years after Itard’s original report. Kushner adds that, “Most who cite Itard’s 1825 article have actually obtained it from Gilles de la Tourette’s 1885 report, which is available in English only in an abridged translation.”¹⁶ Kushner thus emphasizes that, “almost all discussion of the often-cited and emblematic case of Gilles de la Tourette syndrome rests on an 1885 partial reproduction of an 1825 publication in a language inaccessible to many commentators who cite it.”¹⁷ So while it may be tempting to regard Dampierre as the exemplary

¹³ Kushner, *A Cursing Brain*, 11.

¹⁴ Kushner, *A Cursing Brain*, 11.

¹⁵ Kushner, *A Cursing Brain*, 12.

¹⁶ Kushner, *A Cursing Brain*, 12.

¹⁷ Kushner, *A Cursing Brain*, 12.

form of the person with TS, historically this is unwarranted. TS's fluid and dynamic character, even for a particular individual with TS, resists rigid demarcation.

George Gilles de la Tourette's description of "maladie des tics" was eventually adopted and named after him by late twentieth-century medicine as "Tourette syndrome." Initially referred to as "la maladie des tics de Gilles de la Tourette," Gilles de la Tourette's disorder was defined as progressive and hereditary.¹⁸ Gilles de la Tourette's particular definition was eventually received with confusion from physicians who viewed it as an unnecessary specification from similar disorders including chorea and hysteria. While physicians debated the differences between these neuropathological disorders, the psychoanalyst Sandor Ferenczi proposed in 1921a psychoanalytical account of tics.¹⁹ As an alternative to the current neuropathological account of tics, the psychoanalytical narrative is worthy of a brief elucidation.

Sandor Ferenczi's account of tics as presented in his paper "Psycho-Analytical Observation on Tic" would serve as the foundation for the psychoanalytical explanation of tics in the curious absence of a formal Freudian explication.²⁰ In the typical psychoanalytical fashion, Ferenczi wrote that particular ticcing organs are psychical representatives of a repressed sexual conflict opposed to original sites for physiological tic production.²¹ For Ferenczi tics were actually "stereotyped equivalents of masturbation," and that the explosive and typically sexual language of coprolalia was, "nothing else than the uttered expression of the same erotic emotion usually abreacted in symbolic movements."²² For Ferenczi, then, tics resulted from the satisfaction of masturbatory desires. Tics were understood as an over sensitivity to external

¹⁸ Kushner, *A Cursing Brain*, 23.

¹⁹ Kushner, *A Cursing Brain*, 49.

²⁰ Kushner, *A Cursing Brain*, 59.

²¹ Kushner, *A Cursing Brain*, 62.

²² Kushner, *A Cursing Brain*, 59.

stimuli, the release of the pent up libido, and a physical substitute for this sexual energy. Kushner neatly summarizes Ferenczi's account with, "Whatever else it did, Ferenczi's explanation transformed Gilles de la Tourette's classification into a psychoanalytic category in which motor tics and involuntary vocalizations were only one set of possible outcomes of a narcissistic, repressed childhood sexuality."²³

The psychoanalytical account of tics would continue well into the twentieth century and was particularly emboldened by the significant contributions of Ferenczi's student Margaret Mahler. A psychogenic account of tics, however, has been nearly completely discredited with the rise of psychopharmacology in the 1960s. The antipsychotic drug haloperidol was found to have a powerful ameliorating effect on ticcing subject, and Dr. Arthur and Dr. Elaine Shapiro were instrumental in bringing this treatment into the public awareness.²⁴ The Shapiros were convinced that "psychology practically played no role" in ticcing disorders, and insisted that haloperidol was the solution to tics.²⁵ The Shapiros utilized Gilles de la Tourette's 1885 report which espoused that tics were a physiological disorder and thus labeled "Tourette syndrome" as we know it today. The Shapiros were also key figures in founding the group, "Tourette Syndrome of America," to further establish TS as an organic disorder through research grants and public awareness campaigns. Kushner remarks that the biological conception of Tourette syndrome reflected the greater biological revolution taking place through psychiatry in the 1980s.²⁶

²³ Kushner, *A Cursing Brain*, 64.

²⁴ Kushner, *A Cursing Brain*, 168.

²⁵ Kushner, *A Cursing Brain*, 169.

²⁶ Kushner, *A Cursing Brain*, 193.

[1.3 Contemporary Tourette syndrome research]

Presently Tourette syndrome continues to be predominately understood in congenital biological terms.²⁷ The possibility that in some cases streptococcal infection triggers the tics is studied under the research named Pediatric Autoimmune Neuropsychiatric Disorders or “PANDAS.” Outside of this research, however, TS is understood as a *syndrome* and not as a disease which has a definite biological etiology. As a syndrome, TS is considered a “bio-psycho-social” phenomenon. The mainstream contemporary understanding of TS does not consider TS as a disease. The complexity of a syndrome allows a subject’s TS to be exasperated by certain conditions such as stress while still retaining its organic narrative.

Similar to many other psychiatric disorders, the search for a definitive gene or genes to explain TS has been met with only limited success. While a detailed analysis of the genetic account of TS escapes the expertise and concern of this present analysis, some favor the scientific hypothesis that a single major locus best explains the transmission of TS in the family.²⁸ By contrast, some scientists argue that more than one gene is involved. Others suggest that additive genetic effects occur through carriers whose phenotype carries no abnormality.²⁹ As Finkelstein rightly remarks, the particular diagnostic and etiological framing of TS will inevitably produce “answers” that correspond with such a framing.³⁰ The dynamic and typically indefinable nature of tics and TS lends a certain flexibility to the geneticists’ data and observable populations. Scientists such as David L. Pauls express a clear optimism for the identification of the genetic contribution to TS, writing that, “The localization of characterization of genes important for the expression of the TS phenotype will be a major advance in the understanding of

²⁷ Finkelstein, *Adults with Tourette Syndrome*, 28.

²⁸ D.E. Comings, *Tourette Syndrome and Human Behavior* (Duarte: Hope Press, 2001), 42.

²⁹ L.C. Barr, *Progress in gene localization* (New York: Marcel Dekker, 2005).

³⁰ Finkelstein, *Adults with Tourette Syndrome*, 29.

the pathogenesis of this disorder.”³¹ Scientists including Shapiro & Shapiro, however, argue that the study of monozygotic twins demonstrate that TS is has environmental components.³² An analysis of such an “environment” that could produce and sustain a ticcing subject will be the primary concern in the following chapters.

The comorbidities of TS with Obsessive compulsive disorder (OCD) and Attention deficit hyperactivity disorder (ADHD) further complicate our understanding of TS. The DSM V’s defines OCD as the presence of obsessions or compulsions. Here obsessions are defined as, “Recurrent and persistent thoughts, urges, or images that are experienced, at some time during the disturbance, as intrusive and unwanted,” and compulsions as, “Repetitive behaviors or mental acts that the individual feels driven to perform.”³³ ADHD is defined as, “A persistent pattern of inattention and/or hyperactivity-impulsivity that interferes with functioning or development.”³⁴ The statistical comorbidities of TS with OCD or ADHD fluctuates widely within the psychological literature. Robertson cites a range of ADHD comorbidity of 21 to 91% among TS subjects.³⁵ Zohar and his colleagues cite the TS/OCD comorbidity between 11 to 81%.³⁶ For Pauls these comorbidity rates indicate a clear genetic link underlying these anxious disorders and he writes that, “Given the co-morbidity that has been observed between TS and OCD a reasonable next step will be to determine if there are unique heritable components of symptoms and/or neuropsychologic functions that span these diagnostic classifications.”³⁷ Other

³¹ David Pauls, *Advances of Neurology: Tourette Syndrome* (Philadelphia: Williams & Williams, 2006), 131.

³² A. K. Shapiro & E. S. Shapiro, *Comprehensive psychiatry* (New York: Mount Sinai Medical Center, 1981), 222.

³³ *DSM V*, 237.

³⁴ *DSM V*, 59.

³⁵ Eapen V Robertson, *Pharmacologic controversy of CNS stimulants in Gilles de la Tourette’s syndrome* (New South Wales: UNSW, 1992), 408.

³⁶ A. H. Zohar, *An epidemiological study of obsessive-compulsive disorder and related disorders in Israeli adolescents* (Washington D.C.: American Academy of Child and Adolescent Psychiatry, 1992), 1057.

³⁷ Pauls, *Advances of Neurology*, 131.

researchers including Moore, Finkelstein, and Berrios instead conceptualize TS and its comorbid behaviors on a spectrum with varying severities and similarities.³⁸

Many TS subjects frequently experience an uncomfortable sensation that is relieved by an accompanying tic. This sensation – referred to as the “premonitory urge” - is a crucial aspect of TS. The DSM V briefly describes the premonitory urge as a “somatic sensation that precedes the tic.”³⁹ The accomplishment of the tic is understood to satiate the premonitory urge and otherwise reduce this feeling of tension. Adults and adolescents are far more likely than children to describe having the sensation of a premonitory urge before a tic.⁴⁰ This sensation has frequently been described as an itching or aching feeling that inevitably demands the TS subject’s full attention until satiation. Another common analogy likens the premonitory urge to a sneeze. The sneezing analogy captures the discomforting feeling before a sneeze and the subsequent relief following the sneeze. Continuing with this analogy, delaying or completely preventing a sneeze is an uncomfortable but possible resistance. Leckman, Bloch, King, and Scahill include a most intriguing paragraph about premonitory urges which deserves to be quoted in full:

“Speculations concerning the origins of these urges often begin with an acknowledgement that these pre-tic signals are likely to arise within the inner body space. In some form, everyone may be capable of experiencing something like premonitory urges, but those without TS may need to sit in a quiet room without distractions to notice them. They are normal signals from the body that are ordinarily screened out of conscious awareness. Viewed from this perspective, TS is a sensorimotor disorder characterized by a heightened, but selective, sensitivity to internal as well as external stimuli.”⁴¹

The premonitory urge raises many questions concerning the volition of the TS subject. The concept of “involuntary” is a common description for tics. Involuntary tics are generally

³⁸ Finkelstein, *Adults with Tourette Syndrome*, 60.

³⁹ *DSM V*, 83.

⁴⁰ James Leckman, *Phenomenology of Tics and Natural History of Tic Disorders* (Philadelphia: Williams & Williams, 2006), 3.

⁴¹ Leckman, *Phenomenology of Tics*, 5.

described as those tics which are not preceded by a premonitory urge. Conversely, involuntary does not seem appropriate to describe a tic that can be delayed or potentially even prevented outright.

The complex and controversial history of Tourette syndrome mirrors the complexity of this disorder. While there may exist a genetic predisposition to TS, a definitive etiology of TS is highly unlikely. TS's comorbidity with ADHD and OCD challenges researchers to discern between these anxious disorders, if a meaningful distinction can even be made at all. Tics themselves resist a simple definition and are accomplished in a range of styles and significance. The premonitory urge undoubtedly plays a significant role within TS, but even this sensation is not definitively understood. I propose that TS is generally lacking a consideration of the TS subject's experience of TS. I will offer such an account in Chapter III.

Chapter II: A theoretical account of phenomenological being in the world

[2.1 Perception]

We must investigate lived experience to understand the subject. While empirical sciences are so proficient at investigating the nature of objects, experience is a problem for biology, neuroscience, and traditional psychology. These empirical sciences begin by positing the existence of objects as definite or “objective.” “Subjective” experience of the world is therefore problematic for empirical sciences. While the subject may perceive objects, ultimately the sense of this subjective perception is neither verifiable nor even universal. This thesis will not contest the notion of a physical universe. But this chapter will at least attempt to demonstrate how the structure of our existence is accomplished by the perceiving subject. I sincerely hope that this reader does not discount this thesis as anti-scientific. While I will continuously be critical of empirical science’s methodologies for understanding perception and experience, this thesis will consistently appeal to *reason*.

The biggest problem empirical sciences face within their exploration of perceptual experience is their own methodology. Empiricism begins with what it knows about the perceived object and works backwards to discover how the subject can perceive and thus know the definite object. This is problematic because this is precisely the *opposite* of how we perceive the world. If we can agree that we are subjects who perceive an “objective world,” we agree that our subjective perceptual existence of the world is primary. Objective scientific analysis has undeniably enriched our subjective experience of the world; the theory of gravity is a very meaningful scientific explanation as to why things “fall down.” But even this notion of “falling down” and directionality altogether draws its significance from our subjective experience of the world.

If we begin with a notion of the world as preexisting before our perception of it, perception becomes the process by which a subject reconstructs this existing world. The psychologist Dan Simons' famous gorilla experiment is an excellent example of why the notion of a preexisting world that is reconstructed in our perceptual experience is so problematic. The reader can easily engage with this experiment on Youtube, but I will briefly describe the video here.⁴² The experiment tasks us with counting the total number of times a basketball is passed around by a group of kids. The kids are in constant motion and thus the observer must pay careful attention if she is to succeed in this task. When you are finished with this task you are informed that a person in a gorilla costume walked through the experiment while your perception was directed elsewhere. This is hilarious because while the gorilla was always present in some sense, it was not present *for you*. We will see how this nothing of perception as something existing *for you* is crucial to our experience of *our* world.

This idea of a personal world will be continuously drawn upon and developed throughout this thesis. As an important contrast to “the” world which suggests a definite and preexisting world, the notion of the “subject’s world” accomplishes what phenomenologists mean when we refer to the *significance* of our perceived world. For most people watching Simon’s experiment for the first time the gorilla *truly does not exist within their world*. Or perhaps you originally watched the video suspicious of the experiment and did not even bother to count the passing basketballs? Unlike those observers whose meaningful world involved counting the basketballs, you probably noticed the gorilla immediately. I would guess that you live in a more suspicious or even apathetic world. Or maybe you did count the basketballs and you also originally noticed the gorilla, congratulations! My point is not to compare particular ways of being in the world, but to

⁴² Alva Noë, *Out of Our Heads: Why You Are Not Your Brain, and Other Lessons from the Biology of Consciousness* (New York: Hill and Wang, 2009), 139.

emphasize the problem with privileging any notion of “the” world as primary. Did “the” video feature a gorilla? After replaying the video most people notice the gorilla and would agree that it did. But the gorilla – like the totality of our meaningful existence - *must be taken up* by the perceiving subject to have any significance whatsoever. Only after replaying the video and noticing the gorilla could we possibly declare the gorilla’s existence as an indubitable metaphysical fact. If the significance of our world truly needs to be taken up, how can we know anything certain at all? These concerns about solipsism will be addressed within the later section of being with others.

My argument about the perceptual existence of the “object” gorilla may appear trivial or even deceiving. I promise you that this discussion is neither. For now let us put aside this discussion of the gorilla – whose existential significance depended on our subjective perception – and consider the more ambiguous aspects of our being in the world. The significance of our subjectivity is truly found within our potential to *take up* or *perceive* a world. We are *free* to perceive certain Youtube videos as either funny or frustrating, we can either take up politics as meaningful or dismiss it completely, and we have the potential to love others. Such values can easily be dismissed as merely subjective preferences; after all, could anyone truly prove the inherent value of their preferred ice cream flavor over another? But dismissing these subjective preferences as the mere product of subjective whim fails to appreciate how we really do *perceive* certain things as funnier, tastier, and more valuable than other things. We hardly even need to “judge” or “analyze” the sense of our perceptions or values, for their significance is already present for us.

Moreover, the significance of objects have for us is dynamic. This chair appears as something to be sat on today, but tomorrow I may use it as a stool to reach the top of my

bookshelf. If there is a fire this wooden mass will not resemble a chair or a stool whatsoever, for if I even perceive this object it will appear as an obstruction thwarting my flight to safety. The objects within our world have a significance that is created in an original movement of subjective being; or “Consciousness is what consciousness is of.”⁴³ Our sense of the world does not factually preexist our perception of the world, but both love and gorillas need to be accomplished within our perception of the world.

Within our investigation of perception we noticed how we were responsible for accomplishing the sense of our world. Perception was revealed as the ground for our subjective experience within this world of meaningful objects. Our life world was defined as an intuitive world that made sense *for us*. The sense of this life world did not demand our explicit analysis or judgement like a mathematician might solve an equation of knowns and unknowns. We also noticed how in Simon’s gorilla experiment that the contents of our perception are not necessarily given. We appreciated how some people may “take up” the video differently and thus have a very different experience from this video. Even the sense of concrete objects was revealed to have a different dynamic depending on the subject’s lived relationship with that object. We therefore understood freedom as the perceiving subject’s agency to take up the significance of their life world.

[2.2 The body]

In the previous section we appreciated how the subject was responsible for creating the significance of his or her perceived world. The world the subject perceives has a meaningful structure. Consciousness is consciousness of a life world. The structure of the perceiving subject’s consciousness was revealed as a meaningful and intuitive life world. This

⁴³ Edmund Husserl, *Ideas Pertaining to a Pure Phenomenology and to a Phenomenological Philosophy* (The Hague: M. Nijhoff, 1980), 200.

phenomenological conception of consciousness should not be confused with the everyday notion of the “mind” as an abstract and ephemeral substance. One of Maurice Merleau-Ponty’s most profound contributions towards phenomenology was demonstrating how our consciousness is essentially an *embodied* consciousness. My body is my possibility for having a world. This does not mean that my body is merely a “vessel” for housing my spiritual or mental consciousness. Instead the structure of my life world reflects my embodied consciousness.

This thesis will insist that our bodies must not be understood as objects. Our bodies are undoubtedly composed of physical materials. But we would never mistake our bodies for a truly meaningless and mechanical object in the world. Our bodies are lived bodies; our bodies provide the very sense for the other objects in the world. Our life world “speaks to” our body: doorknobs are for turning with our hands, food is for eating, and chairs are for sitting. Meaningful objects within the world are thus perceived by our embodied consciousness as tools that enable our projects within the world.⁴⁴ While writing this thesis my laptop’s keyboard is not at all revealed as a mere object that I must make an explicit decision in order to begin typing.⁴⁵ Instead my keyboard is truly integrated within my meaningful world to the extent that I actually do not even have to think about my keyboard whatsoever. My embodied consciousness truly allows me to be at home within my life world and thus enables my subjectivity.

If we regard the body as ultimately nothing more than a mechanical object we will never be able to appreciate how our bodies make our subjectivity possible. Merleau-Ponty argues that the two psychological traditions that conceive of the body as existing are roughly distinguished as intellectualism and empiricism.⁴⁶ The intellectual account of the object body privileges the mind

⁴⁴ Martin Heidegger, *Being and Time* (Albany: Excelsior, 2010), 66.

⁴⁵ Merleau-Ponty, *Phenomenology of Perception*, 145.

⁴⁶ Merleau-Ponty, *Phenomenology of Perception*, 28.

as having complete control over the individual's body. Descartes is considered the founder of this intellectual account in his *Meditations on First Philosophy*, and he understood man as a "thinking thing."⁴⁷ The sense of the subject's world is thus the responsibility of a mind that must make judgements about the form and structure of the subject's world. Bodily mistakes with other objects, such as my clumsy strumming of a guitar, are thus very difficult to account for within intellectualism. If my disembodied mind is truly the master of my body such mistakes ultimately appear as the intentions of my rational mind.

If "mind" was present everywhere within the world for intellectualism, in empiricism mind is nowhere at all. Like intellectualism, empiricism similarly regards the body as an object. But unlike intellectualism, the subject's consciousness or mind is not responsible for making judgements about the world. Instead, objects' meaningful sense is understood to exist *within the objects themselves*. In this model, objects possess sensory data or stimuli that act upon our body's sensory receptors. Perception is thus a process of "decoding" or "interpreting" the preexisting sense of a definite world. Our subjective experience or consciousness of the world is thus difficult for empiricism to account for given its conception of a mechanical universe. The cognitive scientist Daniel Dennett summarizes this problem nicely when he remarks that, "You enter the brain through the eye, march up the optic nerve, round and round the cortex, looking behind every neuron, and then before you know it, you emerge into daylight on the spike of a motor nerve impulse, scratching your head and wondering where the self is."⁴⁸ Empiricism continues to struggle in vain to identify that place in the body – typically the brain – in which the mechanical body finally reproduces our subjective experience of the world.

⁴⁷ René Descartes, *Meditations on First Philosophy* (Indianapolis: Hackett Pub, 1993), 14.

⁴⁸ D. C. Dennet, *Elbow Room: The Varieties of Free Will worth Wanting* (Cambridge: MIT Press, 1984), 72.

If we truly understand the world as preexisting in an absolute sense it is difficult to account for the dynamic changes embodied subjects really can have with their world. Most of our bodily changes are so gradual that we hardly notice them. We might glimpse an old photograph and recall what it was like to live in a world in which we were younger or slimmer, a world in which we could run faster or catch a stranger's eye. But occasionally we really do undergo a dramatic bodily change. If our bodies really do provide the world with its sense and structure, it is reasonable that a dramatic bodily change would have a great significance upon our world. Merleau-Ponty provides such an example with his consideration of the "phantom limb." A person who has a limb amputated often experiences a "phantom limb," a sensation that the amputated limb has not actually been amputated. The phantom limb is perceived by the amputee when an emotion or situation beckons the amputee's nonexistent bodily limb.⁴⁹ An intellectual account of the phantom limb explains the sensation of the phantom limb as the product of the amputee's desires and memories of the limb. However, Merleau-Ponty reminds us that, "No psychological explanation can ignore the fact that the phantom limb disappears when the sensory conductors that run to the brain are severed."⁵⁰ Conversely, a strictly physiological explanation of the phantom limb is insufficient considering that the actual nerves of the limb are clearly missing.

The discussion of the phantom limb reveals that the body is not an object but, instead, our way of having a world. The refusal of this amputation or any bodily deficiency with the phenomenon of the phantom limb reveals a self that continues to tend towards its world despite its physical limitations.⁵¹ Insofar as the embodied subject refuses to live his bodily deficiency,

⁴⁹ Merleau-Ponty, *Phenomenology of Perception*, 79.

⁵⁰ Merleau-Ponty, *Phenomenology of Perception*, 79.

⁵¹ Merleau-Ponty, *Phenomenology of Perception*, 83.

objects will continue to appeal to his missing limb. Time understood in its own abstract sense will not heal the amputee's phantom limb. Instead the amputee must integrate his amputated body with the world. Stairs can no longer appear as effortless steps to be climbed for someone who no longer has two legs. The amputee must truly develop a new mode of being in the world, perhaps by integrating a new tool into his lived world such as a crutch. We cannot fully appreciate our own bodily powers without losing them because the structure of our world intuitively makes use of our body without demanding our explicit attention.

If we seek to understand a subject's experience of the world, we should therefore investigate *how* the subject as a lived body enacts his consciousness of the world. As we noticed in our discussion of perception, this world is revealed as existing *for us*. If the body is conceived as nothing more than an object factually present within a mechanical existence, the world is understood to exist *in itself*. I believe that these essentially contrasting notions of the world can be best appreciated by a brief consideration of intelligence. Science fiction authors often describe in horrifying detail the consequences of the Technological Singularity, or that point when robots and computers finally surpass our embodied human intelligence. While I certainly believe that our exponentially improving technology may threaten humanity's existence as we know it today, I disagree with the premise of this doomsday account. I believe that what is often described as "artificial intelligence" is no intelligence at all. Computer processors, facial recognition software, and even my iPhone's Siri do not have anything like perception, intentions, or intelligence of their own. Instead these devices merely reflect *our* intelligence and respond to *our* intentions when they are employed as the mechanical tools that they are. These technological objects can only interact with the physical world understood *in itself*. The miracle of our existence as

embodied subjects has an infinitely greater value *for us* than the interactions of ultimately meaningless things in themselves.

[2.3 The habit world]

In our investigation of perception we saw how the world intuitively appears for us. In our investigation of the body, we saw how the sense of the world is accomplished by the body. Now we are in the position to finally appreciate how the subject responds to his life world in *habit*. Habit is the foundation of the subject's meaningful response to his life world. If we consider our experience operating throughout the world our actions rarely require an explicit mental formulation as in intellectualism. But while our movements can hardly be said to require such thought, our bodily actions in the world do appear as something greater than automated reflexes. The notion of habit neatly accounts for this ambiguity of our being in the world as embodied subjects.

Perception is the ground for our being in the world. We tend to think of perception as something passive, and most empirical accounts of perception begin by describing how light hits our retina. But if we really consider our experience I think we will realize how perception truly demands effort. From the saccadic rhythms of our eyes to the positioning of our entire body, visual perception requires attentiveness to accomplish the perceived sense of our world. Perception is therefore a bodily habit, and a subject's habitual "style" of perception can reveal much about a subject's world. What was previously insignificant or seemingly imperceptible can easily capture our attention if we are excited or easily distracted. Alternatively, if we are deeply focused or concentrating on something we can easily appear as inconsiderate to others. As an undergraduate senior this campus I will soon depart is not at all the same campus I visited as a prospective student. As a freshman this campus was far more beautiful and intriguing for me, for

my lived relationship with this world demanded little more than for me to enjoy its beauty. This campus has since been enacted as my workshop. I move around my established path to the buildings that house my meaningful projects within this world. Regardless if I actually encounter awkward acquaintances or former loves while I am on campus, their existence haunts this place like a specter.⁵² My habitual mode of being in the world implicitly accounts for these experiences and further engenders my being in the world.

We rightly marvel at talented athlete's seemingly incomprehensible skill. Most people will never live in a world in which a 95 mile per hour fastball appears as even remotely hittable. Instead this fastball will appear as something that which we should flee from! The talented athlete does not (and typically cannot) even think about their athletic projects; their bodies habitually respond to their world's rich significance that meaningfully unfolds for them. Here we might utilize a strange notion like "muscle memory" to account for the athlete's immense skill, but I believe such a term neatly captures the significance of the habit body. I am certain that a skilled athlete's neural activity would greatly contrast from my own given the worrisome "stimuli" of an approaching fastball. But I am free to up the significance of my world as I please.

We do have a brain, and as a crucial part of my body, my brain must be understood as enacting a significant world. My brain's amygdala allows me to have something like fear within my world, and I imagine that this bodily thing would enact the sense of my new found courage. While I have continuously been critical of conceiving of the body as primarily a mechanical thing, it is unquestionable that factually correct scientific analyses can be made of the body. A

⁵² Merleau-Ponty, *Phenomenology of Perception*, 462.

fastball would have no existence for a being without eyes or vulnerable skin. So long as I remain inexperienced batter I will continue to perceive and respond to my sense of the fastball with fear.

If hitting a fastball was truly a bodily reflex to the approaching fall ball understood in itself, it is basically inexplicable how the pitch could remain hittable for the athlete if it veered left as a curveball. Empiricism can nevertheless account for the curve ball by demonstrating how the slightest mechanical differences in the ball's trajectory alters the light entering the athlete's retina, which eventually repositions the athlete's entire body for the precise swing of his bat. Such a mechanical description of the athlete would be factually correct and on this level empiricism is irrefutable. Merleau-Ponty writes that, "Since [empiricism] refuses the evidence of reflection and since it engenders, by bringing together external impression, the structures that we are aware of understanding by going from the whole to the parts, there is no phenomenon that could be held up as definitive proof against empiricism."⁵³ I could never enjoy watching a baseball game with an empiricist. While his descriptions of the athlete may be technically valid, this account cannot appreciate the athlete's truly beautiful achievement accomplished out of the ambiguity of his lived experience. The embodied subject's style of perception and response is revealed through their being in the world as habit.

[2.4 Being with others]

So far our investigation of being in the world has been seemingly limited to the subject described as an isolated individual. We have even spoken of the "subject's world" as if the subject existed within an ultimately solipsistic universe of his own making. But it is readily apparent that we do not live in our world alone. Only within a bizarre episode of our imagination can we even entertain the notion that others do not experience the world as subjects like us.

⁵³ Merleau-Ponty, *Phenomenology of Perception*, 24.

Other people can and do take up the sense of the world differently from us. But just as we would never confuse our own bodies as merely an object, others are similarly understood as subjects to us. As we will see within Heidegger's discussion of *being with* others, the other's subjectivity has an enormous significance for my own subjectivity.⁵⁴

In our discussion of perception we have seen how the world appears for us. The meaningful structure of the world appealed to our projects within this world: doorknobs were for turning and particular paths became for meeting or avoiding certain people on campus. But if I am to successfully meet or avoid particular people on campus clearly I can no longer perceive this place as "for me" in an isolated individualistic sense. Rather my meaningful world must account for the other's subjectivity and being in the world. This mode of *being with* others and accounting for the other's subjectivity, Heidegger insists, remarkably develops our own subjectivity far beyond a mere physical presence with others. Heidegger provides an example of a mysterious boat we may perceive in a harbor. While we may not have a meaningful relationship personally, nevertheless this boat still appears "for me" within the sense of its ambiguity. I do not need to know who owns this boat to implicitly realize that this boat is important for someone else: for instance, I would never confuse this boat with a natural object.

In our existence of being with others, now we can finally appreciate how this "for me" structure resembles a "for us" in our perception. Here Heidegger specifies that, "The others who are not "encountered" in the context of useful things in the surrounding world at hand are not somehow added on in thought to an initially merely objectively present thing, but these "things" are encountered from the world in which they are at hand for the others."⁵⁵ In other words, if we

⁵⁴ Heidegger, *Being and Time*, 112.

⁵⁵ Heidegger, *Being and Time*, 115.

understood perception as some analysis of an impartial object, the boat's sense of being for others would be a mere addition to our perception. Trees and boats alike would have to be initially perceived as lifeless objects before their natural or cultural sense could become present for us. So while the "for me" structure of the world does appeal to my worldly projects within it, our everyday conception of "me" needs to be reevaluated.

Just as we live *in* the world of others we are also *of* the world for others. We interact, with, are seen by, and are judged by other people. We certainly interact with, see, and judge other subjects. The mode of being with others is thus critical to our own being in the world. The sense of our world as being with others does need to be taken up and accomplished, however, and this can clearly be appreciated among children. Young children do not take up their world as being for others: the other vanishes in a game of peekaboo and their indifference to shame reveals their inability to live with others as other subjects. The everyday notion of "self-consciousness" demonstrates our being in the world for others. Consider a time when another person may have insulted an article of your clothing. This insult brings your ugly hat or shirt to the forefront of your being in the world with others. Maybe you tried to conceal the article of clothing or perhaps you merely endured the other's gaze and thus felt the clothing oppressively rest upon your skin. Our valuation of objects is incredibly susceptible to our being with others. Again we cannot confuse our being with others as simply other's physical presence or absence within our world. Our feeling of loneliness is particularly attuned to our being with others. I would even argue that, despite his best intentions to demonstrate the contrary, the social renegade notably operates within the mode of being with others. While the renegade may escape society and prefer to be physically alone within the wilderness, nevertheless his sustained solitude will require his active avoidance of other subjects if he will truly remain secluded. Our

“first person” perspective upon the world does not appear as merely for us, but inherently includes the other’s second and third person perspective upon our own lives.

Our being with others does not merely “influence” our sense of self as something definite and already given to us. Selfhood is only possibly because of others. This is a sharp criticism of our everyday notion of selfhood. This everyday notion of selfhood generally understands the individual as possessing some internal essence of their identity as subjects. This essence is thus revealed within their interactions with others. Today our bodies’ genetics are often regarded as this essence. This is certainly not to say that the structure of our bodies has no significance to our being with others. Physically attractive or tall people typically exude a distinct confidence that is not the interplay of amino acids. The move to reduce the subject to his genetics neatly aligns with the empirical project to understand the subject as an object. Our notion of selfhood and being in the world is neither left to our individual minds in themselves. Descartes famously regarded our minds as metaphysically primary when he famously wrote that, “*cogito ergo sum*” [I think, therefore I am].⁵⁶ Instead we take up our notions of selfhood within the world. If I seem to have a habitual sense of humor this is because others will soon begin to regard me as funny. Others will approach me with a suspecting smile and a wariness to take up what I say too seriously. On the contrary, if I take myself to be a social outcast others will similarly take my awkward glances and shy remarks up as definite proof of my strangeness. For Sartre, “existence precedes essence,” and our subjective existence truly needs to be created and taken up in experience.⁵⁷ We truly live the world as it appears to us in habit, and our habitual way of being in the world engenders our notion of ourselves.

⁵⁶ Descartes, *Meditations*, 19.

⁵⁷ Jean-Paul Sartre, *Existentialism Is a Humanism* (New Haven: Yale University Press, 2007), 45.

We can now finally appreciate the significance of language within the productive mode of being with others. We are embodied subjects within a world of other people. Language is our power to create and transform the sense of our being with others. Insofar as the other listens to us the other *takes up* our sense of the world in conversation. We have language as embodied subjects equipped with lungs and tongues. We employ various significant tones to express an original sense of our world. Our spoken words are physically made present for others in the world. Just like the sense of our meaningful life world is not initially perceived as a lifeless thing and later supplied with our personal significance, we do not have to process or unravel the sense of the other's language. Language is thus the means in which we can engender our meaningful world with others through expressive thought. We cannot ever completely translate a language because within a culture's language expresses their unique interpersonal dynamics and values. We cannot even totally translate such a simple English expression as "you are welcome" into Spanish. *De nada* is literally "of nothing" and, in a way, negates the recognition of the favor while in English we confirm the favor. As usual the significance of our language does not need to be grasped in explicit thought. Through the function of our own spoken language arises a cultural significance that can only be appreciated within our being with others.

Hopefully this chapter allowed the reader to appreciate the significance of our embodied being in the world with others. While I have continuously criticized the notion of understanding the body as an object, I hardly expect the staunch empiricist to abandon his project upon reading such a condensed phenomenological consideration of the lived body. It is worth reemphasizing that I do *not* think that because neuroscience, genetics and psychology traditionally understand the body as an object these disciplines cannot produce factual or helpful information. It would be inconceivable that we could have such an incredibly complex and significant existence without

an incredibly complex brain to enact our embodied being in the world. But I do believe that until we can truly appreciate the embodied subject's experience of the world, we will not be able to meaningfully understand the lived subject.

Chapter III: The ticcing habit body

[3.1 Childhood]

It is impossible for me to recount my first “tic.” This is because my original gesture – which only can *possibly* be described as a tic in retrospect - was not experienced as a tic. A tic is a problematic habitual gesture, and my original gestures were *not* problematic. In fact no “Tourette syndrome subject” has ever woke up one morning transformed like Gregor Samsa, inexplicably ticcing and forever earning his identity as a “Tourette syndrome subject.”⁵⁸ The ambiguity of my original habit will be characteristic of my account of TS, a disorder that I will argue should *essentially* be understood as ambiguous. This ambiguity does not mean we will “throw up our hands” in a gesture of intellectual surrender. On the contrary, truly understanding TS as the complex disorder it is demands profound intellectual rigor to account for TS’s complexities. I will insist that every habit tic, problematic or not, makes sense in the context of the TS subject’s life world.

My original gesture of squinting began as a bodily gesture which did *not* announce itself as a problem, but it made sense in the context of my life world. By every account I was a “normal” child born perfectly healthy. I found success within sports, school, and friendships. I enjoyed playing video games, and I had a particular fondness for playing with my handheld Gameboy device. My eye squinting gesture – which can *only* be understood as a tic in retrospect – was originally directed towards my Gameboy’s bright red light. This gradually dimming light is indicative of the Gameboy’s diminishing battery light. I suppose my squint was an innocent self-deception: I enjoyed playing my Gameboy and thus the diminishing battery light was

⁵⁸ “When Gregor Samsa woke one morning from troubled dreams, he found himself transformed right there in his bed into some sort of monstrous vermin!” Franz Kafka, *Metamorphosis* (New York: Vanguard Press, 1946), 1.

something that I dreaded. This squint, in a way, therefore alleviated this dread by making the light appear brighter than it normally appeared. Such behavior is completely unremarkable, and others have undoubtedly indulged in a similar gesture such as observing a car's depleting fuel gauge in a similar movement of "self-deception." Only after I began squinting at other lights, such as lamps or windows, could my squinting habit ever be considered a "tic." My squinting habit was an indeterminate gesture which could only be labeled as a tic in retrospect. History is never experienced with the definitiveness with which it is presented.

The narrative of my "first tic" is as unremarkable as any other TS subject's first tic. The TS subject's initial tic is consistently an ordinary movement which eventually engenders a problematic life of its own. Examples of such common tics include fidgeting with one's hair, nasal sniffing, or eye blinking. One TS subject interview, Chuck, described his first tic as humorous "froggy" noises which even earned him the positive attention of his peers at summer camp.⁵⁹ ⁶⁰ Tics, just like bad habits, originally begin as innocent or frivolous preferences.

I follow Plato when I suggest that no one acts insensibly or performs evil knowingly.⁶¹ I may later renounce my actions in regret, but at that moment the subject's world is necessarily coherent. The lived subject provides the contextual framing for actions within his world. This especially holds true for the innocent habits "TS" subjects originally manifest. My task will be to demonstrate how even the bizarre and abrasive coprolalic tics continue to *make sense* for the TS subject. But for the unremarkable habits that only later can be understood as "tics," this gesture's sense is coherent and particularly "normal." I did not enjoy my dimming battery light, so I squinted at this light. Danielle did not like her hair in her face, so she moved her hair. An

⁵⁹ Pseudonyms are employed to protect the identity of the interviewed TS subjects

⁶⁰ All TS subject interviews were conducted by Finkelstein, see *Adults with TS*

⁶¹ Plato, *Gorgias*

action's intentions can only be understood within the context of the subject's lived world. I squinted *towards* the light which appeared as too dim *for me*. While an outsider may become annoyed at someone's incessant nasal sniffing, one sniffs because his nose feels "stuffed up" *for him*. Within this discussion of sensible actions we can clearly appreciate how, for the subject within the world, habit is truly inseparable from perception. Habits reveal how we prefer to structure our world, and gestures work to accomplish this preference. Hair should not remain in our face; Gameboys should remain playable.

I will henceforth define a bodily gesture as a "tic" when the gesture could be described as problematic, generally because of its "obsessive" character. I believe that the ambiguity of what can be potentially understood as "problematic" demands such a loose definition. A problem is only a problem depending on one's perspective. I should remind the reader that it is extremely common for any child to develop and "grow out of" a number of different tics. We diagnose these children with TS when they manifest at least one motor and vocal tic, and even most TS subjects similarly "grow out" of their TS upon reaching maturity.

A habit begins to resemble an "obsession" when the repeated action begins to depart from some notion of normalcy. Again I must emphasize how any "obsession" is nevertheless reasonable for the lived subject, and this is precisely why obsessions are typically designated as such by others. I wash my hands because I feel that they are dirty, and I may only recognize this behavior as eccentric if I compare myself against others. Long before I understood my habit of squinting as eccentric I distinctly recall enjoying my eye squints. A luminous red battery light would produce beautiful red streaks across the periphery of my visual field. I also occasionally began to make throat clearing noises in response to what felt like something stuck within my throat. My behavior was indulgent and even comforting, and therefore it did make sense.

Eventually this habit developed a “life of its own” when I began to squint at others lights. Lights for the normal subject are usually on the periphery of his experience: for me bright lights captured my attention and seemingly demanded to be squinted at. My squinting habit should undoubtedly be considered as problematic and obsessive when I eventually longed to squint at the sun, whose dangerous luminosity seemingly taunted me. I lived in a compelling habit world that made sense, and only later did this habit world become problematic. But even then my habit gestures continued to make sense.

My “abnormal” childhood habits were not perceived as a problem for me; as Merleau-Ponty writes, the intersubjective world is only a problem for adults.⁶² The child does not analyze his thoughts because he does not suspect that all of us, including himself, are limited to a certain perspective upon the world.⁶³ The child lives in a world he understands as ready-made for him, and he believes this world to be accessible to everyone around him.⁶⁴ Traditional TS researchers are so distracted by tics’ bizarre style that they cannot understand how the tics sensibly respond to the subject’s world. Tics are disregarded as nonsense when researchers unquestionably accept a cultural standard of normalcy. As soon as researchers discount the tic’s purpose for the TS subject and do not question their own standards of normalcy, they discount the subject’s experience altogether. Ignoring actual lived experience, the empiricist must then consider the body as a mechanism *in itself* to possibly understand TS. The mechanical body is thus ultimately held responsible for a tic’s “indubitable” lack of sense. So long as we cannot sympathize with their warped but sensible world, tics, addiction, depression, suicides and even school shootings will remain inexplicable to those of “normal” sensibilities. If we can agree that tics are not the

⁶² Merleau-Ponty, *Phenomenology of Perception*, 371.

⁶³ Merleau-Ponty, *Phenomenology of Perception*, 359.

⁶⁴ Simone de Beauvoir, *Ethics of Ambiguity* (Secaucus: Citadel Press, 1972), 35.

result of the TS subject's explicit deliberation, but something more than uncontrollable muscle spasms, we are left somewhere between these two traditional accounts of behavior. We must therefore investigate the structure of the embodied TS subject's experience if we can hope to understand the ambiguity of TS.

[3.2 The diagnosis]

I did not experience my first "tic" as a tic; my habit was not yet a problem for me. But for my parents, who firmly believed that their child was not a moth and thus should not find lights so attractive, my squinting habits were understood as a problem. When I was eight years old my parents and I visited a neurologist, and this was the beginning of my lived history as a "Tourette syndrome subject." I was initially unconvinced by this strange sounding diagnosis. I enjoyed squinting, and I only cleared my throat when I believed it to be necessary. This "Tourette syndrome," I believed, was unlike any "actual" sickness I had ever experienced. I certainly did not believe that my tics were indicative of any sickness or mental disorder. I was never teased for my eye squinting and throat clearing habits, as these mild and unremarkable tics were imperceptible to my peers. The first time I had ever felt conflicted or scared about my tics was when I eventually underwent an EEG scan. I distinctly recall my terror that the EEG's electrodes could read my mind and reveal to the world, once and for all, *that I was really* squinting and squeaking just to intentionally upset everyone! My entire TS diagnosis process thus initiated the problematic sense I began to identify with my body. I felt naughty, ashamed, and eventually even powerless against the very world that my bodily tics made sense of. I had no difficulty with the myriad of other bodily habits children are responsible for adhering to: I kept my elbows off of the dinner table and covered my sneezes. Why should my recently diagnosed "tics" be any different? What neither the neurologist nor I could appreciate was the compelling power of my

habit world. No mysterious external power, either then or now, has ever invaded my consciousness and forced me to “tic” uncontrollably or insensibly.

My feeling of uncertainty and disbelief about my TS diagnosis is not consistent with that of all other TS subjects. Several of the TS subject interviews I observed actually described their official diagnosis as an enormous relief. Chuck’s “froggy” noises were no longer funny when they disturbed his life in school. For Chuck his TS diagnosis demonstrated that he was “not actually crazy,” and that his strange compulsions finally “had a name.” For the TS subjects who had long endured ridicule and social ostracization for their tics, their TS diagnosis was a relief. As someone whose tics were imperceptible *for others*, I essentially qualified as a “normal” subject until my diagnosis.

I am proposing that my TS diagnosis process was ultimately a negative experience because, until then, I had not lived within the “world” of Tourette syndrome. As we will see this world of Tourette syndrome is a very contradictory, frustrating, and even hurtful existence. For the TS subjects with obvious tics their diagnosis was finally an opportunity to distance their “true self” from their problematic habit. But for the ticcing subject who is sensibly responding to his world, such a disavowal of his subjectivity could be understood as a form of Sartre’s “bad faith.”⁶⁵ Even Chuck admitted that, despite the diagnosis, ultimately he did feel responsible for his tics. My diagnosis of TS was an objectifying condemnation. Chuck’s diagnosis allowed him to distance his tics from his sense of selfhood. My diagnosis corrupted my tics and thus my originally innocent preferences for the world. Just like the adolescent whose masturbatory pleasures eventually conflict with his realization that others consider his habit as dirty or

⁶⁵ Jean-Paul Sartre, *Being and Nothingness* (New York: Washington Square Press, 1984), 86.

harmful, my ticcing habit body became a problem for me. My now forbidden tics would acquire a destructive significance that will be further explored in Chapter IV.

As proposed within the beginning of this chapter, my sense of personal history with TS has been profoundly dynamic. Merleau-Ponty describes our dynamic understanding of our history when we writes that:

“Theoretical and practical decisions in my personal life can certainly grasp my past and my future from a distance; they can give me past, along with all of its accidents, a definite sense by following it up with a certain future of which, *après coup*, this past will be said to have been the preparation; and they can introduce a historicity into my life. But there is always something artificial to this order.”⁶⁶

Simply stated, my personal history is *not* a mere collection of significant “memories” which exist in any definitive sense. I am unable to recollect my first eye squint because this action had no significance to me while I lived this experience.⁶⁷ Even Chuck, whose “froggy” vocal tics made his childhood distinctly difficult, had a dynamic reformation of his own personal history. While Chuck has apparent motor and vocal tics as an adult, Chuck never believed he had motor tics as a child until he noticed his “obvious” motor tics while watching video recorded footage of his childhood.

It is also worth noting how my sense of my own history was transformed following the neurologist’s revelation of Tourette syndrome’s “comorbidity” with ADHD and OCD. The former disorder was scarcely considered given my relatively mild temperament, but what about my meticulously organized desk or my inability to tolerate the squeaking sound Styrofoam makes while rustled? Was my seemingly obsessive perceptual desire for blurred lights evident of

⁶⁶ Merleau-Ponty, *Phenomenology of Perception*, 361.

⁶⁷ Our related inability to remember our infancy and inter-uterine life is not simply the result of our “undeveloped” brain’s inability to “process” the sense of our world, but because the world has no sense for the infant. Children (and particularly infants) conceive the world as given and thus have no standard from which they could possibly develop a meaningful and memorable experience. The profound significance of opposites for our experience will be an important theme within Chapter IV.

TS or OCD? Neatly categorizing any particular behavior as evidence of a particular disorder is problematic for reasons which will be more fully explored within Chapter IV.

[3.3 Anxious tics]

Tourette syndrome and its comorbid disorders are categorized as anxious disorders within the traditional account of TS.⁶⁸ I believe that this is an apt description, aligning with my own experience of TS and with the several TS subjects I have observed.⁶⁹ Tics' proliferation during periods of stress has been well established. Anxiety is an emotion that we experience. But as we have seen within Chapter II, consciousness always takes the form of the world consciousness is *of*.⁷⁰ In other words, anxiety is always experienced within the world. We are never anxious in a purely abstract sense; instead we are anxious about or towards worldly things. This is not to suggest that we always have explicit knowledge of the source of our anxiety. It is characteristic of our emotions to "color" the sense of our world. When I am happy I find myself laughing harder at jokes, I have more patience with inconveniences, and I generally find the entire structure of my world aligned with my being within it. In this section I will demonstrate how tics are bodily habits which sensibly respond to the TS subject's anxious world.

To be anxious is to experience the opposite of that which we experience when we are happy. During periods of stress even an otherwise insignificant annoyance will likely "set me off" and thus perpetuate my anxious being in the world. But here when I write that something annoying "will likely set me off" I am precisely *not* speaking in terms of probability. Instead we must *take up* the annoying thing and perceive it as such. I will "likely" find my neighbor's music

⁶⁸ *DSM V*, 81.

⁶⁹ In this discussion "anxiety" refers to the traditional psychological sense of the word. Here Heidegger's existential notion of anxiety has very little relevance, the psychological sense of anxiety can roughly be equated to "fear" about worldly things.

⁷⁰ Husserl, *Ideas I*, 200.

annoying insofar as I take up his actions as insensitive, or I “might” even understand his negligence as seemingly conspiring against me. Emotions are the manner in which we make *sense* of our world. As embodied beings within the world, our emotions are embodied. When I am angry my muscles tense, my eyebrow is furled, and my heart rate is increased. These bodily phenomena do not merely “represent” my anger, but in a sense these bodily modes of being in the world *are* my anger: these bodily styles of being enact my anger against the world. Meditation is relaxing insofar as it resituates my body within a different world in which I can “potentially” have compassion for my neighbor’s musical preferences. The reader should refer to Chapter II if he is unclear how the lived body experiences the world *for itself* and cannot be reduced to a machine which can only “experience” the world *in itself*. Of course, music could not be annoying for the subject missing eardrums or a brain, and annoying music without mechanical vibrations is absurd. My particular being in the world is not possible without a particular body. Nonetheless, this body is not merely an object. This body enacts my world as either happy or annoying. My contentment depends on my potential to achieve my worldly preferences through habit. Obstructed habits can therefore exasperate my sense of worldly anxiety. Following my TS diagnosis I began to notice my habits as ties within the mode of being with others. I no longer enjoyed the beautiful dancing lights, for such squinting now carried the weight of my “Tourette syndrome” diagnosis. This was an anxious problem for me.

Within my childhood account of TS, I attempted to reveal what the habit world of TS looks like. I argued that the TS subject’s world, despite its obvious departure from “normalcy,” has a peculiar structure and the tic makes sense in the TS subject’s world. The sense of the TS subject’s world – through the inseparable interplay of habit and perception – compelled the tics like the automobile driver’s intuitive “decision” to slam on the brakes upon sensing danger. Our

bodies similarly spring into action upon seeing our fragile phone teeter on the edge of our desk, as our habit bodies are truly situated for our meaningful life world. If we are prevented from accomplishing our worldly preferences in habit, this obstruction only adds to our discontent or anxiety. Upon the successful acquisition of a habit for our worldly preferences, then, our habit world develops a *momentum*. The momentum of my TS world eventually clashed with my parent's disapproval of my tics. The significance of TS subject's being *with others* for the TS will be demonstrated within Chapter IV.

As an embodied subject, the TS subject realizes his bodily tics are apparent for others. Others exasperate the TS subject's sense of anxiety by obstructing his ticcing habit within their meaningful presence. As tics were revealed as the TS subject's bodily response to anxiety, the TS subject soon finds himself entrapped within a vicious circle. The TS subject can indeed "delay" his sensible bodily tics in response his anxious world. The automobile driver can similarly exasperate his own anxiety by refusing to brake while speeding towards certain death. My TS diagnosis may have prevented me from "growing out" out of my ticcing habits. I wish to conclude this section by making it clear, however, that I certainly do not harbor any resentment for my parents' loving concern.

[3.4 The premonitory urge]

The premonitory urge is truly the battleground from which a victorious account of Tourette syndrome will emerge. As discussed in Chapter I, the premonitory urge is recognized as the somatic sensation that "precedes" a tic and is sequentially released by the tic. This sensation is popularly compared to an itch or an ache. TS subjects, and especially children, testify that they do not always perceive a premonitory urge before they tic. So perhaps premonitory urges occasionally "precede" tics, but what exactly is this relation between them? The TS subject's

ticcing response to a premonitory urge is traditionally conceived as either the effect of a mechanical causality, which is incompatible with consciousness, or as an explicit decision abstracted from the subject's present world. Neither alternative is sufficient.

I have demonstrated how empiricism is unable to account for tics' meaning within the TS subject's world. Empiricism is thus left to explain the body as a mere mechanism within a determinate physical existence. The source of the behavior is sought within the complex dynamics of the brain, and it is hardly surprising that traditional TS searches for an explanation of tics within this bodily organ. The neurologist Michael Orth's latest research on TS presents the neurological account as the following: "Pathophysiologically, the origins of tics very likely involve abnormal processing in corticobasal ganglionic-thalamo-cortical circuits, in which information from many sources needs to be integrated with motor output. A *glitch* in this complex process may provide the driving force of a chain of events that culminates in unwanted behavior, such as tics, over which patients have incomplete control."⁷¹ Here we can notice the tired analogy of the brain as a computer. I seriously challenge the reader to consider whether he has ever experienced his brain glitching; I have never had such an experience, and indeed it sounds fatal. I also wonder how Orth's notion of "incomplete control" actually functions within our lived experience.

Tics cannot be simply explained away as the necessary expulsion of a premonitory urge because premonitory urges *do not* always precede tics. But if the TS subject does not notice his premonitory urge, we simply return to our original question: why does the TS subject tic? One particularly articulate TS subject, Steven, stated that he believes that the common understanding of premonitory urges is backwards. Instead of supposing that the premonitory urge simply

⁷¹ Michael Orth, *Electrophysiology in Tourette Syndrome* (NY: Oxford University Press, 2013), 221.

“motivates” our decision to tic, what if the TS subject’s resistance to ticcing provided the premonitory urge with its compelling force? I think that Steven is completely right. Things that are generally considered as obstacles to freedom are actually deployed by my freedom: a seemingly unsurmountable mountain only has this sense for someone who intends to climb it.⁷² TS subjects experience the most bothersome premonitory urges within the most uncomfortable circumstances including first dates or religious ceremonies. TS subjects clearly do not wish to tic within these places, and here we can finally appreciate tic’s thwarting sense that which will be explicated within Chapter IV.

Surely the reader has had a mosquito bite in which his good sense demanded that he ignore this itch, and yet this attention merely made his itch even more insatiable? Empiricism explains addiction as the mechanical body’s demand for the particular substance in question. The American soldiers who fought in Vietnam had a disturbingly high rate of heroin addiction. But when the researcher Lee Robins found that these addicted soldiers had an incredible remission rate of 5% upon returning to the United States, her scientific credibility was seriously challenged for many years.⁷³ Apparently no one could appreciate how the embodied subject has a symbiotic with his meaningful world. The consumption of heroin was no longer a sensible response for the vast majority of soldiers. One can only sympathize with the soldiers who continued their addiction, for apparently the horrors of war resembled their lives back home. One does not “choose” his decision to have a tic or an addiction, because in a certain world, they appear as already have been chosen for you.

⁷² Merleau-Ponty, *Phenomenology of Perception*, 460.

⁷³ Alix Spiegel, "What Vietnam Taught Us About Breaking Bad Habits," (NPR 2012).

I hope that this chapter provided the reader with an appreciation for the tic's sense within the TS subject's world. Habit was revealed as the TS subject's sensible bodily response to their world. What, then, might the TS subject's world resemble so that outrageous tics might appear as sensible responses to this world? We will find this answer exactly where a phenomenological investigation of TS began: within the tics themselves.

Chapter IV: A destructive being in the world

[4.1 The thwarting tic]

In Chapter III we considered how a simple preference for the world could become a habitual tic. It was emphasized that the perceptual structure and significance of the TS subject's world appeared very differently from the "normal" subject. The bodily tic was understood to enact the subject's anxious world and make sense for the ticcing subject. Tics were shown to be a problem for empiricism which could not appreciate the sense of subjectivity within the ticcing gesture. If empiricism did not conceive of the tic as an uncontrollable movement, it believed the tic simply satisfied the uncomfortable sensation of the premonitory urge whose origins were admittedly unclear. This chapter will explain how tics could continue to make sense for the TS subject, despite their societies' and even their own desire for normalcy. I will argue that such a desire for normalcy establishes a significance in their world and is *thwarted* by the tic.

The lived body enacts the subject's being in the world. I understand the "normal" subject as that subject whose body is not a problem for the subject's worldly projects. There are many examples of the normal subject I could provide, but here I will offer an example of a politician. The successful politician must *embody* his desired being in the world. The politician's firm hand shake, upright posture, and benevolent gaze manifest his worldly confidence. The successful politician makes his values clear in rousing speeches delivered in an assuring tone to his electorate. While our identified being in the world as a self is only possible with others, and for the politician this is especially the case. The successful politician must be poised for himself and for others, and his being in the world is enacted through his embodiment. Such being in the world does not have to be mentally formulated. In fact his explicit thoughts can actually spoil his

embodied persona; he may “overthink” his confident demeanor and actually appear clumsy or inauthentic.

The TS subject is often described as being in conflict with his ticcing body. The TS subject tics during the most inopportune situations. The TS subject often describes his tics as the “last thing” he wishes to do or say. Several of the interviewed TS subjects promise that are not racists or bigots – and I believe them – and yet the language of their coprolalic outbursts suggests otherwise. Baffled by this contradictory sense of subjectivity the traditional conception of TS thus searches everywhere but subjective experience to explain TS. Earlier I suggested that tics *thwart* the TS subject’s significant projects. Here projects should be understood as the subject’s general ambitions in the world, such as impressing a date or simply remaining silent at church. If tics really are the *opposite* gestures the TS subject intends to perform, let us consider what this word opposite supposes.

White and black are generally considered opposites from each other, but in which sense is this true? These colors are indeed on the opposite ends of the light spectrum. Nevertheless white and black are essentially share their underlying structure of color. To *mirror* any property involves taking up an essential structure for a meaningful opposite. Apples and oranges, cats and dogs, religious extremism and ardent atheism share an underlying structure which is made apparent in care.⁷⁴ Indifference annihilates - or at least does not take up – the essential structure that an opposite can be mirrored upon. While opposites can thus be destructive, we frequently make use of opposites for very productive purposes. We insult and ridicule our friends – seemingly antagonistic behavior - precisely to confirm our friendship. Bateson notices that

⁷⁴ “As a primordial structural totality, care lies “before” every factual “attitude” and “position” of Dasein, that is, it is always already *in* them as an existential *a priori*.” Heidegger, *Being and Time*, 187.

animals threateningly growl and expose their teeth, precisely the opposite of an attack, in an efficient attempt to defend themselves.⁷⁵ Temperamental teenagers do undergo bodily hormonal changes, but their rebellion against their familial milieu finally allows them to carve out their own sense of identity. If women are socially constrained in their mannerisms or wardrobe their subjectivity in such instances is oppressed. Even this thesis could not develop its own ideas without criticizing the empirical framework which it typically opposes.

As thwarting bodily gestures, I suggest that tics can only meaningfully thwart that which is understood as significant. A thing's opposite ironically reveals its essential similarity in care. My own ankle tic is a clear example of this phenomenon. I frequently experience a premonitory urge within my ankle while I am jogging for exercise. I take running very seriously; among other activities my being in the world is truly committed to running. My idealized commitment to running cannot allow me to stop and like any commitment, *entraps* me within my particular committed world. My ankle premonitory urge could easily be satiated by ceasing my run and ticing within my ankle accordingly, but as a committed runner this solution does not make sense. Instead I must tic my ankle while midstride. This solution is dangerous and requires precise coordination lest I mistime my ticing ankle and risk injury. Such danger only adds to the unsettling and anxious character of this tic. The tic can only meaningfully thwart that which is significant for the lived subject.

Like any bodily phenomenon, my ankle tic could be reduced to a purely mechanical explanation. My being in the world as a committed runner is hardly demonstrable. No one can force empiricism to appreciate the significance of the lived body, and indeed its unquantifiable and unscientific character makes this very easy to do. But so long as such mechanical

⁷⁵ Gregory Bateson, *Steps to an Ecology of Mind* (Chicago: University of Chicago Press, 2000), 48.

considerations are privileged we are blinded to the real thwarting significance of such a tic.

Merleau-Ponty writes that:

“For man, everything is constructed and everything is natural, in the sense that there is no single word or behavior that does not owe something to mere biological being... Behaviors create significations that are transcendent in relation to the anatomical structure and yet immanent to the behavior as such, since behavior can be taught and understood.”⁷⁶

My thwarting tic is only possible because I have a body. The significance of a body's behavior, however, can only be understood within the context of my lived subjectivity.

The interviewed TS subjects offer a number of examples describing their thwarting behavior. Henry describes an arm tic which painfully struck his stomach, eventually rupturing his appendix. Nearly all of the observed subjects report difficulties when reading. Reading is an activity which demands bodily stillness and is thus highly susceptible to a thwarting disruptive tic. Sammy describes his thwarting desire to smash his mother's glassware. These thwarting tics demonstrate how such bodily habits eventually become integrated into the TS subject's notion of their own selfhood. Compared to the normal subject whose body is not a problem for his being in the world, a thwarting habit body can be very defeating for TS subjects. The TS subject is very “likely” to integrate his habitual thwarting being in the world into his notion of his own selfhood. His thwarting habit is therefore not only detrimental to his present projects in the world, but in selfhood his future may be similarly thwarted from its onset.⁷⁷

[4.2 Anxiously being with others]

If we are to continue to understand the TS subject in the context of his lived world, we must consider the significance his *being with others* has for his tics. In our discussion of habit we appreciated that the lived body had an indeterminate perceptual significance. The significance of

⁷⁶ Merleau-Ponty, *Phenomenology of Perception*, 195.

⁷⁷ Sartre, *Being and Nothingness*, 65.

the lived body was not found to require the subject's explicit mental formulation, but neither was the body found to be a simple mechanical thing determined by physical laws. In fact the richness and beauty of our experience with others banks on this ambiguity. Much like a work of art, the lived body has a sense of that expresses its very being in the world.⁷⁸ But the lived body is not merely *in* the world; it is *of* this world; and thus is implicitly subject to the other's gaze. As a child I squinted independently from the gaze of others because I believed my worldly preference for blurred lights had no significance at all. The innocence of my habit was destroyed when I gradually began to realize the significance of this squinting, now understood as a "tic." This is a classic example of how being with others becomes institutionalized.

The other's subjectivity was demonstrated to provide great significance to our own being in the world. The coprolalic tic can thus significantly thwart TS subject's significant life world. The coprolalic subject can only utter such obscene and hurtful remarks against others because he is attuned to other's sensitivities and cultural taboos in the mode of being with. This attunement precisely explains why children typically do not have coprolalia. The child does not live within a racialized or sexual world that he can rail against. If the child repeats an inappropriate word the significance of his utterance is only made apparent for him upon witnessing other's concern, much like his "decision" to cry if he incurs something like an injury. If there is no world of significance there is nothing to thwart. The Japanese TS subject's thwarting tics can similarly utilize an offensive prosody only because this language is sensitive to the speaker's tone. The substance of the English speaking subject's language is less vulnerable to changes in tone and thus does not position the TS subject to thwart his being with others in such a way.

⁷⁸ Merleau-Ponty, *Phenomenology of Perception*, 152.

We should not regard the (roughly) 10% TS subjects identified with coprolalia as manifesting a unique version of TS. Instead we should explore TS as a *spectrum disorder* in which thwarting habits of perception are engendered. It is not a mere coincidence that coprolalic subjects also manifest the most severe “motor” tics. Verbal language as it is emphasized by Merleau-Ponty, is a *bodily* activity. Words are produced by, “the contraction of the throat, the sibilant emission of air between the tongue and the teeth, a certain manner of playing with our body suddenly allows itself to be invested with a *figurative sense* and signifies this eternally.”⁷⁹ The unnecessary distinction between “motor” and “vocal” tics obscures the body’s fundamentally expressive character which “sings” the sense of the subject’s world.⁸⁰ Nasal sniffs and throat squeaks reside within this gray zone between the “motor” and “vocal” tic. These tic’s accomplishment is only satisfied with a “just right” sensation of the visceral noise felt within the throat as a somatic relief. Regardless if a tic actually produces noise, the bodily tic is always accomplished within the world and thus potentially made present for others. While the tic’s expressive sense for others clearly varies, making a distinction between motor and vocal tics potentially diminishes our appreciation that tics are expressive and make sense for the TS subject.

What has early been categorized as simply “motor” tics similarly need to be understood as expressive in the mode of being with others. Danielle’s husband is not allowed to wrap his legs around her when they are relaxing on the couch, for his presence will “set off” her leg tics which revolt against his position. This expressive motor tic thus thwarts their potential to be with each other as any normal couple could do without a problem. My own motor tics are similarly instigated if I notice someone observing one of my limbs. Thinking or speaking about tics brings

⁷⁹ Merleau-Ponty, *Phenomenology of Perception*, 200.

⁸⁰ Merleau-Ponty, *Phenomenology of Perception*, 193.

the TS subject's anxious being in the world "to mind" because these activities represent potential modes of anxious being for the TS subject. As embodied subjects such "mind" is not abstract from our world, but becomes substantiated within the body just like erotic speech's capacity to arouse. I *live* the other's anxious gestures or language insofar as I take up the sense of their anxious world in the mode of being with.

If a stranger is unable to take up the sense of my tics as bodily movements this is not due to their deficiency in factual knowledge. This person is simply unable to *be with* me in my own particular anxious world. In my childhood I was merely physically present with a psychologist who specialized in TS. To my surprised relief I soon realized her inability to perceive my relatively mild tics during our therapy sessions. Simply observing the video recorded TS subject interviews I have been citing throughout this thesis has proven to be difficult and draining.⁸¹ My mentor Finkelstein was wise to originally caution me before I even began to investigate TS. The sense of my TS has been inalienably transformed by my research experience in the mode of *being with* others, similar to how a good friend forever shapes our sense of humor.

The TS subject never enjoys being perceived as strange among others. Society admires the cool and collected man of independence who has a firm grasp of his being in the world. The bizarre and seemingly uncontrollable nature of tics thwarts the TS subject's quest for normalcy. The TS subject's embarrassment merely perpetuates this vicious circle with more tics. For some purposes the premonitory urge can be meaningfully explained as the instantaneous compulsion to tic. But this consideration of the *moment*, taken in itself, ignores the lived process of our being in the world. Premonitory urges "appear" in their greatest frequency and strength when the TS

⁸¹ The reader is reminded that all interviews were conducted by Finkelstein and more can be read about them in *Adults with TS*

subject desires not to tic, which for most subjects is during significant situations among others. Conversely, the TS subject experiences less frequent and powerful premonitory urges while he is not within the physical presence of others. This is because tics are robbed of their very *stakes* within familiar and comforting places like home.

Earlier we have appreciated how others make our world significant. So far the TS subject's being with others has been typically described as destructive and hurtful. This is because thwarting coprolalic tics are precisely destructive and hurtful! It is both destructive and hurtful for TS subject to call a homosexual a "faggot cocksucker" or draw attention with his grotesque bodily gestures. In habit the coprolalic subject integrates this destructive habit within his own notion of selfhood. The coprolalic does not believe what he says, in fact it is almost always to the contrary. The TS subject's coprolalic outbursts precisely reveal what is present to the TS subject, and this is how these tics can be so devastatingly hurtful. He implicitly accounts for his thwarting coprolalic outbursts, and the momentum of this habit thus perpetuates itself. Several of the interviewed TS subjects described how they simply avoid particular situations and people that they already realize their own thwarting tics will compromise. Here we can clearly see how the anxious gesture becomes incorporated into the TS subject's world through habit. The coprolalic subject continuously reasserts himself within his world where coprolalia makes sense.

But while the TS subject's thwarting tics can be devastating for others, I do believe that others can help foster a productive being with the TS subject. Or, at the very least, I believe that compassionate others can help defuse the stakes of being with others and thus diminish a tic's potential to thwart the situation. Here Dylan provides us with a wonderful example when he describes his dynamic with his African American friend. Whenever Dylan, who is Caucasian,

seemingly insults his friend by calling him a “nigger,” his friend merely laughs and responds, “I am a nigger, and you are a nigger!” After this exchange both friends simply laugh and carry on. The sense of the expressive gesture as a subjective act is thus accomplished by its recognition. Such a humorous and good natured response further disarms the stakes of the situation. Ignoring the comment outright would invalidate the significance of Dylan’s subjectivity. But I would not dare to prescribe a “one size fits all” mode of being with others. Given the relative imperceptibility of my own motor tics, ideally I prefer that others would ignore my tics if they could even notice them at all. I generally operate within this understanding that my tics hardly exist for others. The other’s recognition of my tics would therefore structure my tics quite differently in such a situation. But both of these productive examples of being with TS subjects merely involve understanding and respect, things every subject deserves.

Tics are meaningful actions which make sense within the TS subject’s lived world. As a disorder among embodied subject TS undoubtedly has a biological component. I am adamant that TS can only be understood and managed appropriately if we engage with the TS subject’s subjectivity. Just like the normal subject, the TS subject does not experience his body as an object. Samuel Johnson, Tim Howard and perhaps even Beethoven are all believed to have had TS. These heroes embody the TS subject’s potential to even overcome his own thwarting habits. TS resists a simple explanation because our being in the world is not simple. If we can finally appreciate the ambiguity and complexity within TS, we can also appreciate the ambiguity and complexity within our own lives.

Works Cited

- Barr, L.C. Progress in gene localization. In R. Kurlan, *Handbook of Tourette's Syndrome and Related Tic and Behavioral Disorders*. New York, NY: Marcel Dekker, 2005.
- Bateson, Gregory. *Steps to an Ecology of Mind*. Chicago: University of Chicago Press, 2000.
- Beauvoir, Simone De. *The Ethics of Ambiguity*. Bernard Frechtman (trans). Secaucus, NJ: Citadel Press, 1972.
- Comings, D.E. *Tourette Syndrome and Human Behavior*. Duarte, CA: Hope Press, 2001.
- Dennett, D. C. *Elbow Room: The Varieties of Free Will worth Wanting*. Cambridge, MA: MIT Press, 1984.
- Descartes, René. *Meditations on First Philosophy*. Donald A. Cress (trans). Indianapolis: Hackett Pub., 1993.
- Diagnostic and Statistical Manual of Mental Disorders: DSM-5*. Washington, D.C.: American Psychiatric Association, 2013.
- Finkelstein, S. R. *Adults with Tourette Syndrome*. Atlanta, GA: Emory University, 2009.
- Heidegger, Martin. *Being and Time*. Joan Stambaugh, and Dennis J. Schmidt (trans). Albany, NY: Excelsior, 2010.
- Husserl, Edmund. *Ideas Pertaining to a Pure Phenomenology and to a Phenomenological Philosophy*. The Hague: M. Nijhoff, 1980.
- Kafka, Franz, and A. L. Lloyd. *Metamorphosis*. New York: Vanguard Press, 1946.

- Kushner, Howard I. *A Cursing Brain? the Histories of Tourette Syndrome*. Cambridge, MA: Harvard University Press, 1999.
- Leckman, James. Phenomenology of Tics and Natural History of Tic Disorders. In *Advances of Neurology: Tourette Syndrome*. Philadelphia, PA: Lippincott Williams & Williams, 2006.
- Merleau-Ponty, Maurice. *Phenomenology of Perception*. Donald Landes (trans). New York: Routledge, 2012.
- Noë, Alva. *Out of Our Heads: Why You Are Not Your Brain, and Other Lessons from the Biology of Consciousness*. New York: Hill and Wang, 2009.
- Pauls, David. A Genome-Wide Scan and Fine Mapping in Tourette Syndrome Families. In *Advances of Neurology: Tourette Syndrome*. Philadelphia, PA: Lippincott Williams & Williams, 2006.
- Plato. *Plato: Gorgias*. F. G. Plaistowe (trans). London, W.B. Clive: University Tutorial Press, 1932.
- Plato, Eric R. Dodds, and Plato. *Plato Gorgias*. Oxford: Clarendon Press, 1959.
- Orth, Michael. Electrophysiology in Tourette Syndrome. In *Tourette Syndrome*. New York, NY: Oxford University Press, 2013.
- Robertson, Eapen V. Pharmacologic controversy of CNS stimulants in Gilles de la Tourette's syndrome. In *Clinic Neuropharmacology*. Washington D.C.: American Academy of Child and Adolescent Psychiatry, 1992.

Sartre, Jean Paul. *Being and Nothingness*. Washington Square Press, 1984.

Sartre, Jean-Paul. *Existentialism Is a Humanism*. Carol Mascomber (trans). New Haven: Yale University Press, 2007.

Shapiro, A. K., & Shapiro, E. S. The treatment and etiology of tics and Tourette's syndrome. In *Comprehensive psychiatry*. New York, NY: Mount Sinai Medical Center, 1981.

Spiegel, Alix. "What Vietnam Taught Us About Breaking Bad Habits." NPR. January 2, 2012.

Accessed March 30, 2015.

<http://www.npr.org/blogs/health/2012/01/02/144431794/what-vietnam-taught-us-about-breaking-bad-habits>.

Tanner, C. M. Epidemiology of Tourette's syndrome. In R. Kurlan, *Handbook of Tourette's Syndrome and Related Tic and Behavioral Disorders*. New York, NY: Marcel Dekker, 2005.

Varela, Francisco J., Evan Thompson, and Eleanor Rosch. *The Embodied Mind: Cognitive Science and Human Experience*. Cambridge, MA: MIT Press, 1991.

Zohar, A. H. An epidemiological study of obsessive-compulsive disorder and related disorders in Israeli adolescents. Washington D.C.: American Academy of Child and Adolescent Psychiatry, 1992.