

Contextualising Compulsive Acts: The value of studying lived experiences in everyday spaces

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COMPULSIVE BODY SPACES



Background

In the neuropsychiatric and clinical psychological study of compulsivity in the diagnostic context of Tourette syndrome (TS), compulsive acts have been conceptualised as 'compulsions' (e.g. Robertson and Cavanna 2007; Shapiro and Shapiro 1992; Shapiro et al. 1988). 'obsessive/compulsive symptoms' (e.g. Cavanna et al. 2009, Eapen et al. 1994), 'repetitive behaviour' (e.g. Leckman et al. 1994, Miguel et al. 2000, Neal and Cavanna 2013), 'repetitive phenomena' (e.g. Cath et al. 2001), 'complex motor tics' (e.g. Verdellen et al. 2008) and 'compulsive-like tics' (e.g. Robertson et al. 2008). Whilst phenotype studies provide a good, but severely simplified idea of what urge-driven compulsions entail; for instance, touching, ordering, aligning, balancing, and counting (Worbe et al. 2014), virtually nothing is known about these phenomena.

This is mostly because:

- 1. Compulsive acts are not seen as categorically different from simple tics in neuropsychiatric work
- 2. TS studies take place in laboratory conditions and focus on upper torso, head, and face tics
- 3. They are discussed in medical and clinical spaces during treatment sessions.

The current study significantly expands our knowledge of what compulsive acts are performed under what circumstances, what their effects are, and what coping mechanisms may help to diminish a range of consequences.

Methodology

The study asked if the bodily environment was randomly interacted with or if looking at the interaction itself could help us understand why this compulsion is performed here and *now* without psychological interpretation.

Participants: 15 Dutch and Flemish adults (8 men, 7 women, all white) with Tourette syndrome and most of them had one or multiple co-morbidities.

<u>Methods</u>

Qualitative in-depth interviews to learn about social context, repetitions during the day or in certain situations, stress levels, etc.,

- Manual observations to learn about the immediate circumstances of individual compulsive acts during everyday activities (e.g. cleaning, grocery shopping, having meals, driving, going for a walk)
- **❖ Mobile eye-tracking sessions** (1, 2, or 3) to learn about the visual and auditory perception of the surroundings before, during and after compulsions during everyday activities that were chosen by participants for as long as they were comfortable with (5 to 45-minute range)

Research settings: All methods were conducted in everyday spaces e.g. their home, shops, cars, natural areas as proposed by the participants themselves. This allowed for a detailed analysis of the lived experience and socio-material circumstances of the compulsive act performance.

Analysis: Qualitative themed coding in NVIVO and deep description of the kind of act, body parts and objects involved, sensations, social circumstances, etc



Still from a mobile eye-tracking video. The red dot is the gaze indication



This Tobii mobile eyetracker 'Glasses 2' was used in the study. Source: Tobii.com

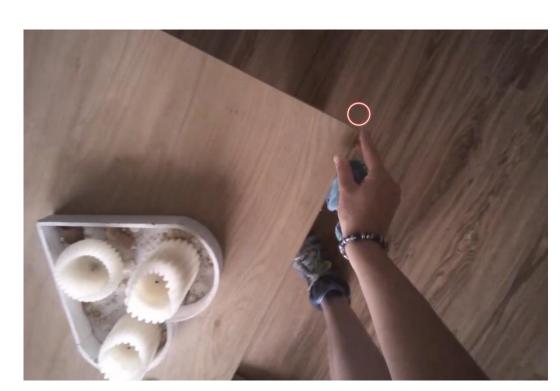
Results

The study confirms that the social and physical context are paramount in what compulsive acts are performed where and when. The organization of certain spaces, for instance items on the windowsill, colour combinations of furniture, or carpeted stairs, evoke certain kind of compulsions and with relative higher frequency.

Compulsive acts that involve variations of touch interactions 'punctuate' (see Bliss, 1981) material form of the body and objects (e.g. hard pointed edges or tips are pushed into soft flesh of the finger). Compulsive acts that

involve variations of ordering and balancing (re)produce and break spatial patterns (e.g. lines made by the edges of objects need to follow a certain staccato).

By changing the bodily environment, such as the set-up of a room, compulsions can be avoided. Based on their consequences, compulsive acts can therefore be regarded to preserve and improve one's situational wellbeing.



A participant presses her index finger tip in the tip of the table she has just cleaned during an eye-tracking session.

Conclusions

In addition to producing valuable new insights into this fringe phenomenon in Tourette's, the study demonstrates how the bodily environment co-constitutes compulsive acts and is used as a coping mechanism. Studying individual complex tics and their context can thus be very valuable for understanding Tourette's, and lived experience should be considered as invaluable source of knowledge. Furthermore, the home and other everyday places should be considered in theorisations of Tourette's and as fundamental part of formal clinical treatment design.



A: A participant feels the urge to reorganise these objects B: She estimates the distance between the egde of the plant pot and the figurine

C: She slides the figurine in the middle of the two plant pots D: She aligns the the head of the figurine to 'fit underneath' the bush behind it

E: She moves the figurine to the just-right position between the white wooden beam that holds the window and the windowsil edge.