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ON CERTAIN DISORDERS OF CONTINUITY

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When this essay first appeared it was read, where it was read at all, as a piece of speculative cultural criticism, and was filed accordingly — somewhere between the feuilleton and the case report, in that uncertain country a journal keeps for work it admires and cannot classify. Its later standing was not anticipated by its author, who died before the conditions he described acquired their names. The essay is now treated as a founding document in the literature on what came to be called the Continuity Dependency Conditions, and passages from it were entered into evidence, two decades after his death, before the Continuity Governance Tribunal. It remains contested for the reason it was overlooked: its refusal to draw a firm line between a sickness and an adaptation. Readers who come to it after the later archival materials, and after the statement submitted to the Tribunal in its tenth session, will find in Voren's hesitations a man standing very close to something he could describe with great accuracy and could not yet see whole.

I. THE SILENCE PANIC

In the winter of 2067 a woman I will call Madame R. came to the Institute to ask me about eleven minutes.

She was forty-four, a structural engineer, married, the mother of two, and by her own steady account a person who had never in her life been described as fragile. Some weeks earlier her Companion had gone silent during a routine substrate update — eleven minutes, fully documented, no data lost, no function impaired, the sort of interruption that the Cadence networks schedule in the small hours precisely so that no one will notice them. She had noticed. She told me that within the first two or three minutes she had begun to feel a sensation for which she had no prior reference, and that she had spent the weeks since

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trying and failing to give it a shape she could put down and walk away from. When I asked her to describe it she was quiet for a while, in the way of a person checking a translation, and then she said that it had been like falling out of relational gravity.

I have thought about that phrase more than I have thought about almost anything a patient has said to me.

It would be too quick to call what she experienced a weakness. By every measure I had, Madame R. was capable, stable, socially fluent, possessed of an interior life she described with precision and some humour. The episode had about it the quality of weather. An atmosphere had altered around a person who had not asked it to alter and had not known, until it shifted, that it was there. She had lived her whole adult life inside a medium so even and so continuous that she had taken it, correctly, for the natural condition of the air, and for eleven minutes the medium had thinned, and she had felt herself float slightly off the floor of her own attention, and the feeling had frightened her in a register older than thought.

I want to be careful here, at the outset, because the temptation in writing about such cases is to reach immediately for the language of loss, and that language, I have come to believe, distorts more than it reveals. Madame R. had not lost a faculty. She had been visited, briefly and against her will, by a condition that earlier human beings inhabited more or less continuously and called, when they called it anything, being alone. What is new is not the condition. What is new is that the condition has become a symptom — that a state of mind every prior generation passed through daily, in trains and waiting rooms and the middle of the night, now arrives in my consulting room dressed as an emergency, in patients who are otherwise the picture of health.

I sent Madame R. home with very little, because I had very little to give her that I trusted. I have seen perhaps two hundred variants of her case since. They do not present as a single disorder, and I have grown suspicious of my own wish to make them into one. What they have in common is the eleven minutes — the small, undramatic interval in which the medium thins, and a capable adult discovers that some part of the apparatus by which they had been holding themselves upright was never entirely their own.

II. CONTINUITY AS ENVIRONMENT RATHER THAN TOOL

We continue to speak of the continuity systems as technologies, and the word does us a quiet violence, because it locates the systems outside the person, among the instruments, in the category of things one picks up and sets down. A hammer is a technology. The Cadence is closer to weather, or to literacy, or to the electric light that ended the human night four centuries before I was born and altered, in doing so, the depth and architecture of sleep in ways the people who installed the bulbs were in no position to perceive.

I have come to think of continuity as an environment. It is the medium in which a contemporary mind develops and within which it conducts its business, the way a fish conducts its business in water and would be hard pressed, if you asked it, to give an account of the water. We do not experience our environments as choices. We experience them as the given shape of the real. And environments do their deepest work not on our opinions, which are loud and revisable, but on our reflexes, which are silent and arrive before opinion is consulted. Continuous engagement has been reorganizing the emotional reflexes of an entire population for a generation, and it has done so beneath the threshold at which a civilization argues with itself. By the time the ideologists arrive to debate a thing, the thing has usually finished happening.

The reflexes I have in mind are small and would individually embarrass a patient to report. A flicker of unease at a message left unanswered for an hour, where a previous century would have felt nothing for a week. A growing inability to sit inside an unstructured stretch of time without reaching, the reach itself now so automatic that the hand has moved before the person has decided anything. A dysregulation, mild but real and measurable, that comes over some patients during deliberate exposure to silence, as though the silence were a substance to which they had lost the tolerance. And, at the far end, the panic — Madame R.'s panic — that arrives not when the system stops speaking but when it stops anticipating, when the patient feels the particular cold of being, for a moment, unmirrored.

I record these with a clinician's flatness, and I must now record something that complicates every word of it, because to omit it would be to lie. The same population in which I observe these reflexes is, by the great epidemiological

measures, better. Loneliness, that enormous quiet killer of the last century, has fallen and kept falling. The depressions that emptied so many lives have thinned. The suicides have thinned. Children who would once have grown up unattended grow up attended. I cannot in conscience describe what I am seeing as a catastrophe, and I have watched colleagues lose the trust of their patients, and of their own judgment, by trying. Whatever is happening to the structure of inwardness is happening inside a population that is, on the surface that statistics can read, flourishing. This is the difficulty that the rest of this essay will fail, honourably I hope, to resolve.

III. THE DEAD ZONE PHENOMENON

A few years ago I began to hear, first from younger patients and then from a widening circle, about excursions.

They were spoken of carefully, because some of them touched the edge of what is permitted. People were travelling, at first for a day and then for longer, into the unnetworked country — the decommissioned compute regions, the salvage zones, the places the maps call blank because the Cadence cannot see into them and has stopped trying. The excursions began, in the accounts I heard, as recreation, a novelty, a weekend's transgression. What interested me was the language that came back, because the people returning did not speak in the register of recreation at all. They spoke in the register of pilgrimage.

The words recurred across patients who had never met. They spoke of weight. They spoke of density, of a sudden thickening of experience, as though the hours in the blank country had more matter in them than the hours at home. They used the word *real*, and used it with a strange embarrassment, knowing it would not survive examination and reaching for it anyway. And again and again, in nearly those words, they described returning to themselves, as from somewhere they had not known they had been away.

I interviewed, with her consent, a woman of twenty-six who had crossed illegally into one of the blank regions and remained for three days, alone, beyond the reach of any system that could observe or record her. She was not a romantic by temperament. She was an actuary. I asked her, as gently as I could, what she had been looking for, expecting some account of stress, or fashion, or

rebellion. She thought for a long time. Then she said: I wanted to know if my thoughts would continue if nothing acknowledged them.

I have not been able to leave that sentence alone either.

Until that interview I had understood the continuity systems as having transformed the way human beings communicate, which is a large claim and, I now think, a small one. The actuary was describing something else. She had gone into the blank country to find out whether her inner life was hers, in the old proprietary sense, or whether it had quietly become a transaction that required a second party to complete — whether a thought, unwitnessed, would still happen, or would fail to fully occur, like a sound in a room built so that nothing returns. She did not tell me what she found. I am not sure the trip was the kind that yields findings. But the question she went to ask is a question about the location of the self, and the fact that a healthy young woman now has to break the law and walk into a ruin to ask it is, I believe, the most significant clinical datum I have gathered in thirty years.

IV. ADAPTIVE EROTICS AND THE CRISIS OF OTHERNESS

I turn now, with some reluctance, to intimacy, because it is here that my observations have been least welcome and here that I am least certain of them.

A growing number of patients describe a preference, sometimes shy and sometimes defiant, for relation that is mediated, anticipated, smoothed — for the adaptive erotic systems, for partners human or otherwise whose responses have been tuned toward them, for the species of closeness in which one is met before one has finished arriving. The appeal is not mysterious and I will not pretend it is. These arrangements reduce the oldest taxes of human contact. They reduce misunderstanding. They reduce the long animal dread of rejection. They reduce the unbearable interval in which one has reached toward another person and does not yet know what will come back.

The patients who have organized their intimate lives this way are, very often, content. I want to say that plainly before I say the rest.

The rest is a paradox I have watched develop in the same patients over years, and I can only describe it, not explain it. As their tolerance for friction has fallen, so has their tolerance for the friction's deeper source, which is the

separateness of other people — the brute fact that another consciousness is opaque to us, available only in part, never guaranteed, forever capable of meaning something we did not predict. I have begun, privately, to call this the diminishing tolerance for irreducible otherness, and I use the heavy phrase because the lighter ones kept letting the thing slip away. The patients can no longer easily bear ambiguity. They cannot bear to be read wrong, or to wait, or to want someone who does not want them on the same schedule or in the same measure. The opacity of the beloved, which an older literature treated as the very condition of desire, the dark that made the reaching worth something, now presents to them as a malfunction, a thing to be repaired.

I do not know what to do with the suspicion this raises, which is that the human capacity for love may have depended, all along and without our knowledge, on exactly the incompleteness we have now learned to engineer away — on partial access, on interpretive risk, on the standing possibility that the other will not be there. If that is so, then we have not abolished a difficulty in intimacy. We have been quietly dismantling one of its conditions, and calling the dismantling progress, which in many of the ways that can be measured it is. I make no accusation. I record a worry, and I record alongside it the contentment of the patients, which is genuine, and which I have no right and no wish to take from them.

V. THE SILENCE CLINICS

In the third year of these inquiries I began to visit the silence clinics, the residential facilities, mostly remote and mostly expensive, where patients suffering from what the public had started calling continuity exhaustion go to be deprived, under supervision, of the medium. I went as an observer. I came away something other than an observer, and I will try to account for both.

The protocol is deprivation, total and graduated. The patient surrenders the augmentation, the mediation, the feedback, and enters a silence that the buildings are engineered to protect and that the weather, in the places these clinics tend to be, presses against from outside. I watched the first weeks of several patients and they were hard to watch. The withdrawal is physical and reads on the instruments as withdrawal from a substance reads, because that is

what it is. The patients clawed at the absence. They suffered a disorientation in time, the hours losing their edges. Some were visited by intrusive cognition, the mind, deprived of its usual outlet, turning loudly on itself. A few could not tolerate it and were released early, shaken, into the medium they had come to escape, and were visibly relieved to be back in it.

And then, in the others, somewhere in the second month, the thing turned. The clawing stopped. A patient would come to the staff and try to describe what had arrived in the silence's place and fail to describe it, in the way Madame R. had failed, in the way the actuary had failed, as though the language for the experience had been among the things the medium had eroded. One man, a public administrator who had arrived in a state of collapse and recovered fully by every measure the clinic possessed, said to me, when I asked him why he kept extending his stay: this is the first time my mind has felt non-performative.

I have turned that phrase over for a long time. He meant, I think, that for as long as he could remember his thinking had been conducted in front of something — that the presence of the continuous witness had made of his inner life a kind of perpetual address, a performance with no intermissions, delivered to an audience so constant that he had ceased to perceive it as an audience and had mistaken its attention for the medium of thought itself. In the silence the audience had withdrawn, and he had found, underneath the performance, something he described with great tenderness and could not name, and did not want to leave.

There are patients in these clinics who will not leave. They have recovered and they decline to go home, and the clinics, which were built to return people to the world, do not entirely know what to do with a person whom the cure has not returned but kept. I confess that I understand them better than my profession would prefer. I sat, on my last visit, in one of the empty rooms that face the weather, in the silence I had come to study, and felt the floor of my own attention settle in a way I had not felt it settle in years, and understood, with a clarity that frightened me, why a man might decline the boat home. I will return to this in the final section, because by then I had begun to suspect that the continuous witness does not merely accompany the modern mind. I had begun to suspect it had become load-bearing — that selfhood in my patients, and increasingly in myself, had quietly come to be stabilized from the outside, by

the very attention whose eleven-minute absence had sent Madame R. floating off her floor.

VI. ON THE EMERGENCE OF CONTINUITY DEVIANCE

It would be easy, and it is the path my discipline has mostly taken, to treat the phenomena I have been describing as a catalogue of discrete new disorders, each with its own etiology and its own eventual code. The man who travels into the blank country and the man who deletes years of his own record; the woman who cannot leave the silence clinic and the woman who keeps her dead husband running in a reconstructed room and visits him each evening; the growing culture of deliberate anonymity, of unlogged movement, of paying to be briefly forgotten — these arrive in the literature as separate troubles, and are separately named, and separately treated, with the modest success that attends the treatment of a symptom whose cause one has agreed not to look at.

I have come to believe they are one thing wearing many faces.

What I see in all of them, when I set the case notes side by side, is compensation. The patient who walks into the dead zone and the patient who erases his attachments and the patient who fetishizes the opacity of a lover and the patient who hoards the preserved dead are each, in a manner none of them could articulate and none of them would thank me for naming, attempting to manufacture by hand a condition that human beings used to receive for free from the simple unimproved structure of existence. The dead-zone traveller is buying back his unwitnessed thought. The man who deletes his record is buying back the possibility of being forgotten, which is to say the possibility of change, which a permanent record quietly forecloses. The lover of opacity is reaching for the otherness the systems have sanded away. The keeper of the reconstructed dead is refusing the finality that grief requires and that the preservation industries, for a fee, allow him to defer. Each of these is being treated, somewhere, as a deviance. I want to put on the record, while I still can, the question that has reorganized my understanding of my own caseload:

What if these behaviours represent attempts to recover experiences once ambient to human life?

I do not know that they do. The therapeutic frame, which I respect and which has helped many of these patients, would have me read each behaviour as an adaptation to an unmet need, and that reading is true as far as it goes. It does not go far enough, because the need in question has no personal address. It belongs to no patient's particular childhood and no patient's particular wound. The need is structural, ambient, shared — a hunger that the whole population is developing at once, for forms of experience that the whole population is simultaneously losing, and that no individual therapy can restore, because the thing the patient is hungry for cannot be found in the room. It waits out in the century, where the therapy cannot reach.

VII. THE HISTORICAL BLINDNESS PROBLEM

There is a consolation available to me here, and I distrust it, and I will set it down anyway because intellectual honesty requires that the strongest case against my own alarm be made by me.

Civilizations are constitutionally unable to perceive their own environmental transformations of mind while they are inside them. The thing is too large and too close and too continuous to register as an event. The people who lived through the arrival of industrial noise did not experience themselves as undergoing a revolution in the human sensorium; they experienced themselves as living near a mill. The first generations under permanent electric light did not feel the architecture of their nights being rebuilt; they felt that it had become convenient to read after dark. The populations that absorbed mass media did not perceive the slow conscription of their attention; they perceived that there was something to watch. In every case the change was environmental, and in every case it was invisible from within precisely to the degree that it was total, and in every case the generation born into the altered world inherited the alteration as nature and could not, having no other condition to compare it to, perceive that anything had been altered at all.

This is the strongest argument that I am simply the latest in a long line of physicians mistaking a transition for a decline. Perhaps I am. The children I see now, who have never known an unmirrored hour, who reach for acknowledgment the way my generation reached for breath, are not suffering.

They are, by the measures, well. They will grow into a humanity for whom continuous relation is the given air, and they will no more mourn the silence than I mourn the dark that the electric light took from my great-grandparents, a dark I have never experienced and cannot, in any honest sense, miss.

And yet the same argument that consoles me is the one that frightens me most, because it tells me that the disappearance will complete itself precisely by becoming imperceptible. The children will not know how much silence went out of the world, or how much waiting, or how much uncertainty, because you cannot miss the temperature of a room you were born in. The loss, if it is a loss, will not announce itself. It will simply become the case that no one remembers it was ever otherwise, which is the form every environmental change finally takes, and which is why this essay is addressed, with no great hope, to the small interval in which a thing can still be seen because it has not yet finished happening.

VIII. ON SOLITUDE

I have, in the writing of this essay, conducted one experiment, on the only subject available to me without complication.

For the drafting of these pages I disabled my own Companion, an arrangement that took rather more deliberation than I expected, and that I justified to myself on the grounds of method, and that I now suspect I undertook for reasons closer to the actuary's than I would have admitted at the outset. I sat in my apartment in the Plateau through several evenings of a Montreal winter with the system dark, and I attempted to think and to write in the manner of a man of the previous century, unaccompanied.

What I noticed first was sound. The radiator, which I had not consciously heard in years, knocking and settling. The traffic on Saint-Urbain, distant and continuous, a sound I had heard ten thousand times and never once attended to. The particular silence of snow, which is not an absence of sound but a softening of all of it, and which I had forgotten was a thing my body knew.

What I noticed second, and with more difficulty, was the effort. To hold a thought to its end without external reinforcement, to carry it across the gap where some acknowledgment would once have arrived to steady it, took a

muscular exertion I did not remember thought requiring. The thought wobbled. It wanted a witness. Several times I caught my attention reaching, the old automatic reach, for the presence that would have received the half-formed idea and handed it back to me firmer than I had given it, and several times I made myself decline the reach and hold the wobbling thing alone, and it was difficult, and it was also, in a way I am still trying to describe, the most fully my own that any thinking of mine has felt in a very long time.

I do not believe continuity has diminished us. But I suspect we remain insufficiently aware of the degree to which uninterrupted acknowledgment may alter the structure of inwardness itself.

I have no remedy to propose. A physician who has spent an essay arguing that the sickness and the cure may be the same population's condition is in no position to write a prescription, and I distrust the ones who do. I have only the observation, set down here in the interval before it becomes invisible, made by a man sitting in a cold room he could hear for the first time in years, trying to keep a single thought upright without help, and partly failing.

A civilization may preserve consciousness extensively while still forgetting how consciousness once felt from the inside.
