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Toward an Obsessive-Compulsive Madtime

Vers une temporalité folle obsessionnelle compulsive

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Abstract

Acute experiences of obsessive-compulsive distress both speed up time in the frantic repetition of the obsession and compulsion, and cause delays and slowed progression through the necessary activities of daily life. Both inwardly fast and outwardly slow, experiences of obsessions and compulsions, medicalized as obsessive-compulsive disorder (OCD), present a paradoxical temporality marked by repetition in an ongoing present in deferral of a feared future. Through first-person lived experience and literary analysis, this article considers the specific ways that obsessive-compulsive madtime is lived and rhetorically constructed. I consider my recollection of a period of intense obsessive-compulsive distress as a way to story the experience of mad temporality from a personal, situated location. I then look to how the narrator in John Green's 2017 young adult novel *Turtles All the Way Down* rhetorically figures obsessive-compulsive madtime through sentence and paragraph structure in dialogue with her obsessive and compulsive thoughts. I argue that obsessive-compulsive madtime functions as a doubled perspective of self and logic, but also as a doubled perspective in temporality whereby repetition forestalls a future due to the inability to find a reassuring sense of memory and completion. Obsessive-compulsive madtime proves an informative place from which to think through the overlapping experience of madtime and normative, sane time, and being in anxious narrative tension with futurity in the present.

Résumé

Les expériences aigües de détresse obsessionnelle compulsive accélèrent le temps dans la répétition frénétique de l'obsession et de la compulsion, et provoquent des retards tout en ralentissant la progression dans les activités nécessaires de la vie quotidienne. À la fois rapides à l'intérieur et lentes à l'extérieur, les expériences d'obsessions et de compulsions, médicalisées sous le nom de trouble obsessionnel compulsif (TOC), présentent une temporalité paradoxale marquée par la répétition dans un présent en cours en report d'un avenir redouté. À travers une expérience vécue à la première personne et l'analyse littéraire, cet article examine les manières spécifiques dont la temporalité folle obsessionnelle compulsive est vécue et construite d'un point de vue rhétorique. Je considère mon souvenir d'une période de détresse obsessionnelle compulsive intense comme un moyen de raconter l'expérience d'une temporalité folle à partir d'un lieu personnel et situé. Je regarde ensuite comment le narrateur du roman *Tortues à l'infini*, un roman pour jeunes adultes de John Green publié en 2017, représente rhétoriquement la temporalité folle obsessionnelle compulsive à travers la structure des phrases et des paragraphes dans les dialogues avec ses pensées obsessionnelles et compulsives. Je soutiens que la temporalité folle obsessionnelle compulsive fonctionne comme une double perspective de soi et de la logique, mais aussi comme une double perspective de la temporalité dans laquelle la

répétition prévient un avenir en raison de l'incapacité à trouver un sens rassurant de la mémoire et de l'achèvement. La temporalité folle obsessionnelle compulsive s'avère un lieu d'information à partir duquel réfléchir à l'expérience qui se chevauche de la temporalité folle et de la temporalité normative et saine, et à l'idée de se trouver dans une tension narrative anxiogène entre le futur et le présent.

Keywords

Madness; Obsessive-Compulsive Disorder; Temporality; Literary Studies; Rhetoric

Introduction

One day in October, 2021 I prepared to leave my house to teach a seminar at Brock University in St. Catharines, Ontario. I was alone in the house – my partner was out of town working on a long-term project and I was staying home to take care of our two cats and our dog. Before leaving for the bus, I touched my bag, my laptop, the novel I would be teaching, my notebook, and my pen. I then repeated this process four times. Throughout, I tried to make my anxious mind focus on the object in front of me to note its presence. Then, I quickly rushed around the house in a frantic effort to make sure each of the pets was inside and safe. Upon finding them, I whispered their names eight times while maintaining eye contact. In a household of two cats and a dog, locating them wasn't a quick job. Our especially timid four-year-old rescue tabby, Hobbes, made me search under the bed and the couches for her. I verbally told myself all pets were definitely inside, not outside, not dead, not eviscerated on the street, not lost forever. Next, I went to the stove and touched each of the burners eight times, then I repeated this whole process four times. Assured they were off and cold, I stared at the oven light to the count of eight and tried to imprint its unlit status in my memory. I then went around the house again to make sure all the pets were still inside and accounted for, repeating the whispered name routine again. On my way to the door, I glanced at the oven again, took a picture of it, and stared hard for the count of eight to lodge it in my memory. After shouldering my bag and putting on my shoes, I

locked the house's side door and tested it eight times by turning the knob, pushing it in, and listening for the "clunk" of the lock in the frame. By this point I was sweaty, my pulse was noticeably increased, and I was berating myself for delays that would make me late for class. I imagined how this would entail loss of job and financial ruin. As I walked out the side driveway, I looked in the living room window and tried to locate each of the pets from this view while saying their names. This required shifting between windows until each could be viewed. Then I left to catch my bus.

My obsessive-compulsive distress on this day, though particularly acute, represents a daily ongoing experience I still contend with, which is medicalized as obsessive-compulsive disorder (OCD).¹ OCD is marked by intense, distressing thoughts that become obsessions and the compulsive actions, mental or physical, that one must take to soothe them. My identification with obsessive-compulsiveness relates to such frequent and prolonged obsessions with doubt, fear of causing harm, images of violence and death, and ruminations on imagined future misfortune. These obsessions lead to compulsive rituals of checking, counting, and tapping. This constellation of experiences is but one of many OCD experiences.² Experientially, obsessive fears of harm and compulsions to check and count, for me, occur as disruptive and time-consuming aspects of my life. Yet, I want to see them as also valuable in articulating a complex

¹ I utilize the conventional term "obsessive-compulsive disorder," and the abbreviated "OCD," as a recognizable designation of experience and identity. Although I contest the psychiatric designator of "disorder," I maintain the word's place in the term here to facilitate legibility of a medically and socially marginalized and disabled mad experience.

² Psychiatrically, OCD is broken down into subtypes to differentiate the typical focusses. Obsessions include "contamination," "harm," "aggression," and "sexual and paedophilic," among others (Mancini et. al. 25-27). Compulsions include "checking," "washing," "order and symmetry mental rituals," among others (ibid. 31). Although I describe my experiences which often, though not exclusively, fall under the obsession of harm and the compulsion of checking, I seek to describe a repetitive commonality at work in many experiences of obsessive-compulsive madtime. Nevertheless, I propose my description as only one of many possible lived obsessive-compulsive madtimes.

relationship between madness and temporality. I find, in experiences of obsessive-compulsiveness, a state which theorist Shayda Kafai describes as the “mad border body” (para. 10). Kafai writes that the mad border body inhabits both madness and sanity simultaneously, and represents an implicit critique of the binary logic of sanity and madness (ibid.). Both related to and dissociated from normative logic and temporality, I find myself in the flux of the border between madness and sanity, and, I argue, multiple simultaneous temporalities.

Experiences of obsessive-compulsive distress both speed up time in the frantic repetition of the obsession and compulsion, and cause delays and slowed progression through the necessary activities of daily life. Both inwardly fast and outwardly slow, experiences of obsessions and compulsions present a paradoxical temporality marked by repetition in an ongoing present in deferral of a feared future. Stuck in the repetition of my ritual compulsions of checking on my pets, the stove, and the locks, I repeated quickly while progressing slowly through the process of leaving the house. I argue that this functions as a specific and paradoxical mad-based temporality, which I discuss using La Marr Jurelle Bruce’s term “madtime” (32). Further, repetition delays a futurity of uncertainty driven by fears of failures of memory and functions as an ongoing and elaborated present that disrupts normative productivity.

To theorize the specific temporality of obsessions and compulsions, I rely on the category of OCD in order to describe one form of mad experience. Drawing on mad studies, I employ the term “madness” as a non-medicalized description of non-normative experience that becomes socially and medically marginalized due to attributions of diminishment to reasoning and neurology. In the language of madness, I see both its resistant potential as a social category, as well as the strain and distress states deemed mad often entail. Madness studies has, typically, eschewed medicalized language for good reason, as such terminology is often deployed to justify

coercion and harm (Burstow 82-84). I maintain the specificity of the conventional medicalized grouping of experience covered by the term OCD not to validate pathologization and medical authority, but to acknowledge a grouping of mad experience legible under contemporary psychiatric logic and designations of experience. Although the term obsessive-compulsive encompasses a heterogenous group of actions and thoughts, the experience of intense anxiety and the resultant compulsive repetitions meant to alleviate this distress operates as an identifiable and relevant grouping under contemporary social conditions. The grouping of OCD functions as a socially marginalized site of medicalized madness with informative relations to normativity, sanity, and temporality.

In describing the specific madtime of OCD, I choose to story the theoretical from my own experience. The internal temporal state of obsessive-compulsive madtime differs sharply from the behaviors observed from an external, clinical, and social perspective. From within, obsessive-compulsive madtime is frantic. It is the time of raised heart rate, darting eyes, and quick motions. It is fast, repetitive, and purposive, while externally it appears slow and illogical. Thus, storying obsessive-compulsive madtime requires narrativization from within so as not to fall into an external comparative and clinical sane time analysis. In my approach to madtime storying, I follow theoreticians who speak from the place of lived experience in madness and disability studies. Notably, I am indebted to Shayda Kafai who writes: "If I am going to explore and theorize madness, I must do so in the first person" (para. 1). To be true to its purpose, mad theory must be conducted in the first person, as the field speaks from positions of lived experience, against the externalized social and medical marginalization and rhetorical silencing. I also follow M. Remi Yergeau, who writes in *Authoring Autism: On Rhetorical and Neurological Queerness*, that "Narrative methodologies have long been held suspect within academe, often

viewed as a kind of nonresearch and/or rhetorical self-absorption,” but that due to the rhetorical invalidation experienced by mentally disabled people, narrativizing from these positions is necessary to resist disabling and pathologizing social discourses (26). Further, as theorist G. Thomas Couser argues, narratives written in the first person by disabled people function as “a political as well as mimetic act” through implicit critique of prominent and exploitative representations of disability (605). Articulating research and creative work in relation to lived experience operates as what madness scholar PhebeAnne Wolframe describes as a “maddening,” a practice whereby “mad communities highlight and redefine the ways in which bodies deemed mad are used discursively and materially” (36). Storying madtime in the first person serves as a necessary methodology that grounds theorization in experience and maddens dominant discourses and temporalities.

In my analysis, I read my own experience of obsessive-compulsive temporality, as well as the narrativization of this state, in John Green’s 2018 novel *Turtles All the Way Down*. Green, who himself identifies as experiencing OCD (Gross para. 15), relates the protagonist’s, Aza Holmes’, experience of heightened obsessive-compulsive distress using textual temporal markers of sentence length, punctuation, and paragraph length. Through a reading of subjective experiences of obsessive-compulsive madtime as storied narratives, I propose rhetorical and literary analysis as fundamental to theorizing the nature of obsessive-compulsive madtime. It is a simultaneously quick and repetitive state of a maddened and elongated present, as well as a slowed state of forward progression through actions and routines due to delayed completion and a deferral of futurity. The seemingly contradictory doubleness of obsessive-compulsive madtime offers insights into complex mad temporalities that illustrate the messy divisions of self and mental state, as well as relation between internal time and normative time. Crip theorist Alison

Kafer refers to the possibility that disability-informed criticism aids in “imagining more accessible futures,” as an “elsewhere” but also as “elsewhen” (3). The contemporary experience of obsessive-compulsive madtime necessarily relates to normative, sane time, but in the repetitive state of OCD temporal incongruity, I want to identify an opportunity to imagine an “elsewhen” of obsessive-compulsive madtime as a potentially generative site of mad theorization.

To return to my story I related at the opening of this article, my distress did not end when I left my house and ventured to catch my bus. The obsessive pull to compulsively engage in an ongoing and repetitive present of reassurance-seeking increased my anxiety to the point where I had difficulty continuing my commute. Walking to the bus, doubts and panic began to creep back into my mind as I imagined the oven being left on or my pets getting out of the house and dying. I was wearing my noise-cancelling headphones, so I turned up the volume of a podcast in an attempt to block out my anxieties. Nevertheless, graphic images of pet death, and fears of the loss of everything and everyone I loved increasingly piled on. On the bus, I began to hyperventilate. My eyes darted around the passing scenery as I weighed getting off the bus, running home, and checking everything again, against the certainty that this would make me late for teaching, impact my employment, and lead to further anxieties. There was no safe choice for me. Both options boiled down to complete ruin and threats that my mind spun out into mortal danger. I panicked quietly, clenched and unclenched my fists, tapped my fingers on the seat in sets of eight, began to sweat and flush, and wrote a string of texts to my partner seeking reassurance. Inevitably, I returned home, checked everything again – eight times each – left again, and was late to teach my seminar on campus. Despite my checking, the fact that I’d made myself late, and that all rational assurances of safety had been reached multiple times, my ability

to continue on with my day resulted mostly from fatigued apathy towards what seemed like inevitable horrors and memory gaps, rather than an actual sense of safety.

In such moments of obsessive-compulsive distress, time dilates as thoughts race, and any attempt to move on from the process of checking comes with intense, debilitating, and anxious obsessions. These obsessions often lead to being dragged back into repetitive and compulsive routines. For me, checking routines become characterized by rapid counting, touching, and checking. Despite the constant repetition, the speed of this checking becomes counter-productive, since its rapidity leaves less trace in the mind as a reassurance, which necessitates further checking and counting. Despite their speed, my OCD rituals on this and many other days were a time-consuming activity, which delayed my departure and made me late for my job. In this way, obsessive-compulsive madtime is characterized both as a speeding up of time when one is in the experience, yet also by a slowing down as one lingers and progresses slowly through everyday actions and routines.

Obsessive-compulsive experience stands as a specific, and in some ways unique, expression of madness insofar as it often foregrounds a doubled perspective and an overapplication of logic. I perceive the counter-productivity and irrationality of repeated checks, counts, and taps even as I remain committed to completing such routines. I am aware of two perspectives: one that must anxiously complete the routine or continue to obsess over distressing thoughts, and the other that recognizes that these are distinct from my sense of self and my typical state of mind outside of an obsessive-compulsive response. Clinically, this sense of doubleness is labelled “ego-dystonic.” Medical sociologist Dana Fennell writes that “Ego-dystonicity is often a hallmark of OCD, where people reflect and perceive what they are experiencing as outside their sense of self” (55). The division of self and other within the

obsessive-compulsive experience creates a split subjectivity in a state of internal conflict. This ego-dystonicity greatly increases states of distress and panic as one completes compulsions and ruminates on obsessions that a part of the self knows to be an irrational overapplication of a rational logic. Double-checking the stove when I'm not sure if I've turned it off is a logical precaution, but my obsessions insist that I can never be entirely sure, and so must tap it repeatedly in multiples of eight. Similarly, obsessive-compulsive madtime involves a doubled and alienated temporal perspective – an incongruous experience of the conflicting relation between simultaneous madtime and normative, sane time. Obsessive-compulsive madtime, as I and the novel I discuss figure it, exists as a state of repetition due to an inability to find reassurance or completion. To lose the satisfactory completion of an intended action proves extremely distressing and scary for the person experiencing this, but it might also provide a site from which to imagine alternative, less distressing states of temporal being from within the breakdown of progression through activities. As doubled perspective forms a central aspect of obsessive-compulsive experience, it proves an informative place from which to think through overlapping experiences of madtime and normative, sane time.

In the book *How to Go Mad Without Losing Your Mind*, La Marr Jurelle Bruce proposes “madtime” to describe specific temporal experiences of madness in contrast to normative temporality. Bruce enfolds multiple mad temporalities within this umbrella, including the “quick time of mania; the slow time of depression; the infinite, exigent now of schizophrenia; and the spiralling now-then-now-then-now of melancholia, among other polymorphous arrangements” (32). Bruce articulates madtime in conversation with other marginalized temporalities including queer time, crip time, and Black time. In Bruce’s description, madtime is not singular; it is a multiplicity of temporal experience marked against the normative time of capitalistic, colonial,

Western, white, cisheterosexist, sane, and abled productivity. Following Bruce, I propose obsessive-compulsive madtime as one aspect of elaborating madtime and its effects in relation to normative temporalities in conversation with other non-standard times.

Madtime, in my usage, owes significant debts to theorizations of crip time, which offer a temporality of resistant disability in contrast to normative speed and individualized productivity. Indeed, one might even consider madtime one of many specific experiences of crip time, and many insights in the theorization of crip time apply equally to madtime. Crip theorist Ellen Samuels writes that “Crip time is time travel,” and disability experience can “extract us from linear, progressive time with its normative life stages and cast us into a wormhole of backward and forward acceleration, jerky stops and starts, tedious intervals and abrupt endings” (para. 4). Elsewhere, Samuels, writing with Elizabeth Freeman, argues that “crip time [is] paradoxically both liberating and confining,” due to the opportunity to extract oneself from normative time, but also that this extraction is forced through the involuntary nature of illness and disability (249). Re-stating the double-sided nature of crip time, Samuels and Freeman state that “crip time is ... a time of survival and even of world making” (249). The simultaneous burden and opportunity of crip time marks an ambivalent and marginalized disability experience.

As with crip time, queer time proves informative for theorizing the marginality of madtime against normative sane and straight time. Queer theorist Jack Halberstam writes that queer time is “a theory of queerness as a way of being in the world and a critique of the careful social scripts that usher even the most queer among us through major markers of individual development and into normativity” (Dinshaw et. al., 182). Queer time rejects the social temporal scripts and the sequential nature of productive social being implied by reproduction and cisheterosexist life stages. To describe the normative, cis, straight time that queer time contrasts

with, Elizabeth Freeman coins the term "chrononormativity" (3). Freeman writes that "chronormativity" denotes "a mode of implantation, a technique by which institutional forces come to seem like somatic facts," as well as the ways that "people are bound to one another, engrouped, made to feel coherently collective, through particular orchestrations of time" (3). The organization of social experience through institutionalized temporality operates to govern both the somatic and social horizons of possible self-making and community-making. Halberstam notes that "queer time [is] ... the perverse turn away from the narrative coherence" (Dinshaw et al., 182). In this, Halberstam gestures toward the centrality of narrative and rhetoric in the queer contestation of normative temporality. Madtime, as with queer time, operates against temporal institutionalizations, which rely on the rhetorical coherence of sanity and rationality to justify ubiquitous and invisibilized chrononormativity.³

Defined against the productive rationality of temporal progression, a common description of OCD notes that those of us who experience intense obsessions and compulsions do not gain a sense of completion at the end of a task (Fadda et. al. 120; Fennell 50-51; Friedrich 16). This partially explains the repetitive nature of OCD, as one seeks a reassuring sense of completion that never comes, no matter how many times one tries to complete a task. In the story above, I returned to re-check the pets multiple times, as each previous routine of eight visual and verbal confirmations failed to reassure and provide a sense of completion. Completion marks an endpoint of an action in a linear and logical manner. Without an endpoint, the routine repeats and one remains stuck within a continuous present of the experience. In fear of the future disaster that awaited if I did not act on a compulsion, I repeated the preventive action even as the sense of

³ Although madtime and crip time theorizations are conversational, and often complimentary, with descriptions of queer time, important distinctions remain. Alison Kafer, in *Feminist Crip Queer*, critiques the way that theorizations of queer time by Jack Halberstam and Lee Edelman instrumentalize illness and disability in order to define queer time's turn away from cisheteronormative futurity.

completion and avoidance of the future harm remained elusive. In this, I read a tension in obsessive-compulsive madtime between a present and future existence. The ongoing engagement with the present, represented by the compulsive behaviour propelled by obsessive thoughts, defers a future of danger and uncertainty. Through an unwillingness to move forward into a distressing future, one stays within the preventative behaviour. It matters little whether or not this preventative behaviour is logical, or even prevents the feared outcome; what matters, I argue, is its temporal position. In the present one may take action, may check and re-check, may find a temporary relief in a repeated behaviour. As I recheck, I frantically resist the temporal experience of uncertain futurity represented by a progression of tasks. I repeat to maintain a position in an actionable present.

The uncertainty of futurity feels, to me, connected to a distrust of my memory. Clinical investigations into OCD have significantly considered the links between obsessive-compulsive experience and diminished memory. One hypothesis that appears to be experimentally supported proposes that checking compulsions reduce memory through an increase in familiarity with an object of fixation (Fadda et. al. 115). This hypothesis asserts that as one checks repeatedly, one takes less note of the object due to its diminished novelty, and thus it leaves a weaker mental impression. OCD-based actions paradoxically reduce memory and counteract their intended purpose. Familiar objects cease to stick vividly in the mind, and therefore I trust my mental images less. My checking rituals begin through my intense distrust of my own memory, and fear that I will unknowingly cause harm. I am deeply troubled by the intensity of being taken by surprise by something I've forgotten. In a sense, forgetting is impossible to know, since knowing I've forgotten is only achieved when I remember or am otherwise confronted with the consequence of forgetting. As a logical and cognitive experience, obsessive-compulsive anxiety

compels me to seek out and nullify uncertainty. Nevertheless, I cannot seek out that which I've forgotten, and thus my response focusses on prevention. I logically seek to strengthen my experience of confirming a state of affairs to prevent forgetting. Counterproductive, though, is the intensity with which I confirm my experience. These are moments of intense fear and uncertainty, and thus my perception becomes noticeably limited. As I check the stove, or check that my pets are still alive, I feel the haunting presence of a potential future where I've forgotten to check, and am thus confronted with the imagined awful consequence of my lapse. Further, I doubt my hazy memories of checking, since they are inflected with the intensity of worry, and thus are more prone to error or oversight.

We can align the loss of certainty resulting from prolonged focus with the linguistic situation of "semantic satiation" (Fadda et. al. 121). Semantic satiation occurs when, as in childhood games, one repeats a word to such a degree that the word becomes a strange phonological element dissociated from semantic meaning. As people who experience obsessive-compulsiveness focus upon a ritual or object, we become alienated from it through our perceptive satiation (Fadda et. al. 117). Thus, the meaning of staring or checking the object dissociates from it and we cannot gain the desired surety from our attempt at reassurance. In becoming dissociated from the object of our intense and anxious focus, we become alienated from our own perceptive ability and cognitive processing. In the story above, I became stuck in the loop of checking because the intended effect never arrived. When, out of necessity, I leave and do not check further, this lack of effect becomes apparent. As I left to catch a bus, panic rose due to my inability to reassure myself with routine compulsions, having lost the certainty that I had intended to find with my previous checking.

Dissociation from the meaning-making perceptual and cognitive processes reinforces a rhetorical and narrative understanding of obsessive-compulsive madtime. As meaning repeats without novel changes – as is the case in checking an object eight times – one loses a narrative sense of progression; one is stuck on an object of intense study. This non-progression in sequence produces effects of perceptual satiation and reduced memory, which reinforce the stuck positionality in temporal sequence. One who repeats a word until it seems silly and distant from intended meaning would have difficulty then seamlessly transitioning from repetition to a sentence or narrative. The repetition functions as a narrative interruption in rhetorical meaning making, and, in OCD, the narrative rupture of compulsive checking rituals undermines an elaborated meaning, which in turn endlessly defers the sense of narrative progression. From a clinical perspective, obsessive-compulsive thoughts and behaviours “can be explained by vicious circle mechanisms” that forestall perceived potential harm and responsibility (Fadda et. al. 117). Novelist John Green similarly discusses his perception of OCD in an NPR interview with Terry Gross. Green describes the intensity of obsessive-compulsive experience as a “thought spiral,” noting that “the thing about a spiral is that if you follow it inward, it just keeps going forever” (para. 16). Both clinical and first-person descriptions of OCD articulate a circular and repetitive function that traps one in an inward focus on the process of its ongoing narrative elaboration.

John Green’s 2017 young-adult novel *Turtles All the Way Down* draws the reader into an experience of obsessive-compulsive madtime through textual representations of a dualistic experience of time and a deferral of futurity. Aza Holmes, the novel’s narrator, navigates her experiences of OCD throughout much of the novel. In the climax of her struggles with obsessive-compulsive distress, Aza uses the opportunity of being unsupervised in a hospital to consume alcoholic hand sanitizer. Aza does so in order to assuage her fears of contracting C. diff.

Preceding this action, Aza descends into a confusing and internally fraught dialogue with her anxiety. The internal voice of obsession is indicated by Green through the use of italics within paragraphs of Aza's thoughts, mirroring the internally divisive, ego-dystonic experience of OCD. This textual and narrative device too becomes heightened as Aza's obsessive-compulsive panic intensifies. As Aza's conversation with her own desire to complete her compulsion to drink hand sanitizer intensifies, she seeks relief:

please fucking think about something else stand up I HATE BEING STUCK
INSIDE YOU *you are me* I am not *you are we* I am not *you want to feel better*
it'll just make me barf *you'll be clean you can be sure* I can never be sure *stand*
up not even a person just a deeply flawed line of reasoning (228)

Formatted as one continuous, unpunctuated block of text, this internal dialogue serves as a rapid and anxious exchange. The quick time of reading Aza's internal struggle for control of herself against the sway of compulsion implicates the reader in her pace. The paradoxical madtime of OCD, in which there are internal experiences of repetitive speed with external experiences of slowness and delay, becomes apparent in the lack of textual temporal markers. The reader must quickly shift between voiced subjectivities without the conventional paragraph breaks utilized to indicate shifting speakers in fiction. Rather, differentiation occurs through italics. With no comparative external temporal markers of this time, only the narrative textual strategies guide temporal experience. Based on the extended paragraph and the length of the conversation, I feel, as a reader of this text, the length of time Aza spends conflicted by the focus of obsession on contamination, and compulsive argumentation. Yet, I see too that the pace of the back-and-forth dialogue indicates a speed of thought and a quickness of anxiety in Aza's experience. Aware of the circumstances this exchange takes place within, I can imagine Aza unmoving and slow to

action or decision, while I can see her rapidity played out mentally. The divide between temporalities within obsessive-compulsive madtime heightens the experience of internal conflict in which Aza imagines a separate subjectivity for her obsessive-compulsive anxieties.

Aza's obsessive-compulsive madtime, as with mine above, illustrates that OCD temporalities are plural. They are fragmentary, repetitive and they exist in relation to normative, sane time. Further, obsessive-compulsive madtime functions as a refutation of singularity and autonomy in its very elaboration. Obsessive-compulsive madtime involves tense and overlapping relation between a normatively aware self and the self of obsession and compulsion. Rather than attributing this to a pathological division of self or the intrusive subjectivity of a faulty neurology, I would argue that these two subjectivities articulate a divided relationship to normative states of mind and of time. I would ask what wisdom the subjectivity associated with obsessive-compulsive madness and temporality offers, despite the very real pain and distress caused by its incursion into the day-to-day functioning of a normative subjectivity. From within the experience of repetitive iteration of a focal object elaborated over extended time, boundaries of a self weaken. Aza describes herself as "not even a person just a deeply flawed line of reasoning." In this experience, Aza loses even the singular pronoun as her internal obsessive voice intones that "*you are we.*" Obsessive-compulsive madtime multiplies, involves repetitions, counts, checks, and a maddened logic that undoes the constraints of normative time. Further, Aza's articulation of obsessive-compulsive pronominal transformation offers insight into the rhetorical and narrative nature of temporality, and, specifically, obsessive-compulsive madtime. "*You are we*" in the plurality of incongruent temporalities that divide and repeat. Neither Aza nor I can ever "be sure," and therefore we exist in a heightened and distressing experience of repetitive presents that quickly recur without completion. Without completion, that is, until

exhaustion or intervention. Yet, in repetition of a present, we articulate a mad narrative disruption to chrononormativity and the time of forward-progressing sanity.

In the term “obsessive-compulsive disorder” itself I observe a linguistic representation of the overlap and repetition of obsessive-compulsive madtime. “Obsessive-compulsive” invokes an adjectival doubling and a transtemporal simultaneity. As typically described, obsessions lead to compulsions, yet as a hyphenate term that enfolds a sequence into a singular description, it invokes a disruption of this normative narrative logic. In lived experience, obsession and compulsion rarely arrive as discrete and sequential entities, and instead form a confused state of distressed preoccupation. Although I tap the burners eight times as a compulsive ritual, I obsess on the meaning of this ritual, its illogic, and my own madness as I am in the process of the compulsion. The term “obsessive-compulsive” describes a singular experience of a tangled binary. Aza orients her sense of self as also constructed in such a way in her ego-dystonic dialogue. As Aza describes herself as “deeply flawed line of reasoning,” she labels an obsessive-compulsive error in typically linear logic. The move from cause to effect, from obsession to compulsion, becomes “flawed,” in the novel, in its intensity and failure to meet the norms of formatting and punctuation. The overlapping subjectivity in the two parties of the dialogue serves as an analogue for the inseparability of obsession and compulsion in the confused moment of madtime. Aza’s dialogue and need to respond operate as a compulsive attempt to assuage obsession as the anxiety she speaks to represents an obsessive fixation whose object is another compulsive act. Experiencing obsessive-compulsive distress, I cannot disentangle the “flawed line of reasoning” of sequential obsessive-compulsiveness. Rather, this kind of taxonomy takes place in retrospect, or from an outside clinical perspective. In the moment of obsessive-compulsive madtime, I, like Aza, experience a present of simultaneity and overlap. In obsession

and compulsion, and the self and the other of the ego-dystonic logic, I enfold a plural “we” of maddened temporal experience.

The repetitive and elaborated present of obsessive-compulsive madtime offers a place from which to theorize one form of what Shayda Kafai identifies as the “mad border body” (para. 10). The ego-dystonic nature of OCD experience, and obsessive-compulsive madtime’s simultaneous internal, rapid repetitiveness and external, laboured slowness represents a theoretically relevant mad border body from which to expand theorizations of madtime. As I’ve shown in both my own experience and the fictional one described by Aza Holmes in *Turtles All the Way Down*, obsessive-compulsive madtime extends an ongoing and repetitive narrative present in deferral of a feared and uncertain futurity. Obsessive-compulsive madtime represents a mad border body temporality that troubles binaries of self and other, present and future, madness and sanity, and gestures towards the generative potential of plurality and iteration.

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