

“IT FEELS GOOD TO BE MEASURED”

*clinical role-play, Walker Percy,
and the tingles*

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ABSTRACT A large online community has recently formed around autonomous sensory meridian response (ASMR), a pleasant and poorly understood somatic reaction to specific interpersonal triggers. Its web-based manifestations include a variety of amateur videos designed to elicit the reaction, many of which feature protracted imitations of a clinician’s physical exam. This analysis considers through a literary lens the proximity of this phenomenon to clinical diagnostics, focusing in particular on characterizations of spiritual isolation elaborated in *Love in the Ruins* (1971), the third novel by physician-writer Walker Percy (1916–1990). Within this speculative framework, the tendency to derive pleasure from clinical milieus, real or constructed, may be interpreted as a quality particular to the postmodern psyche. Viewing web-based clinical role-play in light of Percy’s writing also underscores the possibility that routine diagnostic assessments may have independent therapeutic implications.

THE WOMAN LOOKS directly into the camera, speaking softly, smiling shyly. She is conducting a cranial nerve assessment. She raises her fingers to eye level, explaining each maneuver in exquisite detail along with the reasons behind it. There is a charming nervousness to her technique—an abiding ama-

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tearfulness, an eagerness to please. She inquires cautiously but frequently into your comfort and well-being (she can't see you, of course, you could be anyone), and with palpable relief offers reassurance that you are doing great, that your results are splendidly normal (TheWaterwhispers 2012).

Web videos like this one have proliferated rapidly over the last few years. They are tagged explicitly for seekers of autonomous sensory meridian response (ASMR), a peculiar physical phenomenon around which an online community has recently coalesced. Enthusiasts describe the feeling as a reliable low-grade euphoria in response to specific interpersonal triggers, accompanied by a distinct sensation of “tingling” in the head and spine (akin to a mild electrical current, some say, or the carbonated bubbles in a glass of champagne).

About five years ago, members of online forums began posting halting accounts of this unusual experience and the patterned circumstances of deliberate attention under which it arose (Cheadle 2012). They wondered at the extent to which the experience might be shared. In relatively short order, the substance of this exchange matured into media clips tailor-made to participants' reported triggers. Videos featuring targeted, one-sided role-plays have since adopted a wide variety of conceits—personal grooming, art lessons, customer service—though with impressive frequency, laypersons are taking to the internet to perform various parts of the clinical exam.

I count myself among the ranks of the captivated, albeit from a particular vantage point. I am a third-year resident in internal medicine, a little more than halfway through the densest portion of my training, and my days are replete with real-life patient encounters. With the initiation phase of internship behind me, the goals of my education have evolved to include quicker pattern recognition, deeper clinical intuition, and an overall streamlining of routine. I perform memorized scripts with a perfectly reproducible lilt—“Can-I-listen-to-your-heart-and-lungs? Some-deep-breaths-in-and-out”—and my hands have begun to move mostly on their own.

How fascinating, then, to see the basic tools of my professional life picked up and parodied by an untrained audience, transformed into fetish objects for general consumption. The presumed trajectory for contemporary patient-doctor relationships is often headlong toward disenchantment, increasingly burdened as it is by financial, technological, and litigious concerns. Yet here we are on the internet, idling in the cursory motions of care-giving.

What are “the tingles,” and how do they relate, if at all, to clinical practice? These videos are strange new artifacts for the culture of medicine, ones with potentially deep implications for how we understand this work.

AUTONOMOUS SENSORY MERIDIAN RESPONSE

For the uninitiated, the reality of ASMR may be hard to believe, or else difficult to distinguish from passing fad or mass delusion. Despite the attention paid to its recent web-based incarnations, however, the phenomenon likely isn't new. Accounts of current enthusiasts tend to stretch back and dovetail in time, providing each other's independent corroboration (Cheadle 2012). Those who claim awareness of ASMR usually describe a sensory pattern that has persisted since childhood, a familiar set of stimuli leading to a reliable physical response.

Many of the aforementioned videos accumulate hundreds of thousands of views in just a few months, a rough metric for the size of this self-identified population. The suite of external triggers tends to be shared among them and, according to the self-billed "research and support site for ASMR," typically includes "exposure to slow, accented, or unique speech patterns"; "watching another person complete a task, often in a diligent, attentive manner"; "close, personal attention from another person"; and "haircuts, or other touch from another on head or back" (ASMR Research.org 2012).

Correspondingly, these are predominant themes within videos tagged for this purpose. Though the name was coined only a few years ago, a deliberate online experience in ASMR now requires hardly any digging. A search for those four letters yields a long series of clips in which men and women, typically in their twenties and thirties, maneuver around the camera lens as if it were the viewer's head, providing a soft rambling monologue while reproducing sounds of gentle physical manipulation. Fragments of certain extant tutorials, like Bob Ross's *The Joy of Painting*, have also been scavenged and repurposed as highly effective ASMR substrate (Cheadle 2012). It is easy to see how clinical examinations—in particular those focused above the neck, testing the eyes, ears, and other cranial nerves—fit neatly within these criteria as well, residing as they do at a natural confluence point of jargon, scrutiny, and personal contact.

The ASMR community finds the sensation itself difficult to describe. It is sometimes analogized to sexual or drug-induced pleasure, for example, but more often carefully distinguished from it, as milder in intensity and more wholesome in intention. While most enthusiasts characterize their pursuit of ASMR as a mode of relaxation, some celebrate the ancillary benefits of these videos as remedies for chronic symptomatic complaints, like insomnia or headaches. As a group, viewers attest to feeling better in all sorts of ways.

Little is known about the science of the phenomenon, though calls for further inquiry are accumulating. At this early stage, in the absence of hard data, causal hypotheses freely proliferate, drawing on a range of existing explanatory frameworks. Those partial to the evolutionary lens, for example, refer to the social grooming habits of other animals as a potential lineage for our own thrills of caring (Collins 2012). Artists, by contrast, might suggest correlations with the gooseflesh that emerges during peaks of aesthetic experience (Maruskin, Thrash,

and Elliot 2012). Longstanding efforts in the clinical application of hypnosis, including as analgesia for chronic pain, provide yet another potential mode of understanding the appeal of the exercise (Jensen and Patterson 2006).

In terms of basic mechanics, the use of functional brain imaging has allowed social neuroscientists to begin explicitly defining the affective pathways accessed by various forms of physical contact (Morrison et al. 2010). Psychological research into sensory illusions (including a frequently reproduced experiment wherein the visualized stroking of real and artificial limbs results in a subject's perception of touch in a rubber hand) has already demonstrated the existence of elaborate neural networks prone to various kinds of cross wiring (Botvinick and Cohen 1998; Moseley, Gallace, and Spence 2011).

One aspect of the phenomenon that is not routinely emphasized is the physical disconnectedness of the individuals involved. ASMR in its virtual manifestations entails no actual touch; all participants are, in reality, alone. It would of course be presumptuous to label this community as categorically touch-starved, but we do know that time spent in front of the computer is generally time spent on one's own.

Isolation mediated by modernity is a relatively well-established idea, and one that remains ubiquitous in contemporary public discourse (Foer 2013; Marche 2012; Turkle 2012). Yet it provides the basis for another, somewhat radical, model for ASMR—that is, as a kind of hypersensitivity to touch in the setting of its relative deficiency. For a conjectural analogy, we might turn to the over-expression of certain receptors in basic negative feedback loops: cellular membranes becoming ever more populated with molecules meant to capture a progressively infrequent stimulus. It bears mentioning that under this hypothesis, the use of technology to relieve distress caused by a technological age contains within it a tidy, almost homeopathic, paradox.

WALKER PERCY'S DIAGNOSTICS

Such a theory is admittedly difficult to prove. As with the existence of ASMR in general, however, these ideas might be at least partially validated by grounding them in history and considering their resonance with older narratives. To that end, *Love in the Ruins* (1971), the third of six novels by physician and writer Walker Percy (1916–1990), yields curiously close parallels to ASMR as a by-product of the overlay between spiritual isolation and attentive touch. Percy accords particular attention to the act of diagnosis as a form of this touch, which might aid in understanding the prominent medical echoes within the contemporary output of the ASMR community.

Love in the Ruins follows Dr. Tom More, a psychiatrist (and erstwhile psychiatric inpatient) living in a dystopian future with a range of apocalyptic threats apparently looming. In the course of his work, he develops a device, the Ontological Lapsometer, which when passed across a person's scalp detects specific

imbalances in brain chemistry that correspond with a variety of psychic disturbances. The device eventually falls into the hands of Art Immelmann, a purported government representative and the novel's primary antagonist, who repurposes it with an explicitly therapeutic appendage, inciting chaos by haphazardly altering the behavioral impulses of everyone in town. More eventually takes shelter in an abandoned motel, with three women whose affections he is juggling, as the upheaval takes its course.

The novel is sprawling and often satirical, with significant commentary on politics and religion. It dwells throughout, however, on a particular strain of existential distress, characterized by More as a "chronic angelism-bestialism that rives soul from body and sets it orbiting the great world as the spirit of abstraction whence it takes the form of beasts, swans and bulls . . . or just poor lonesome ghost locked in its own machinery" (p. 113). Percy attributes this condition to a variety of symptoms and actions, but it bears strong qualitative similarities to other postmodern syndromes of personal detachment (such as, for instance, the malaise delineated in Jean-Paul Sartre's *Nausea* [1938]).

Spiritual alienation is a perennial concern in Percy's fiction. For example, in the 1961 novel *The Moviegoer*, perhaps Percy's best-known work, films function as catalysts for the protagonist's stagnant emotional life. In "Notes for a Novel About the End of the World," an essay initially published in 1971 and anthologized four years later, Percy discusses this distress at length, ascribing to it a specific etiology and context: "in the lay culture of a scientific society nothing is easier than to fall prey to a kind of seduction which sunders one's very self from itself into an all-transcending 'objective' consciousness and a consumer-self with a list of 'needs' to be satisfied" (p. 113). A disintegrated identity is thus framed as a natural consequence of contemporary society's hyper-rationalized character. Following "the triumphant and generally admirable democratic-technological transformation of society," Percy argues, one's experience of the world is at particular risk of fracture and dilution (p. 113).

From the start of *Love in the Ruins*, when More encounters patients thus afflicted, he displays an intuitive understanding of the diagnostic act as a form of therapy unto itself. In the case of Ted Tennis, for example, a young man with "massive free-floating terror, identity crisis, and sexual impotence," More observes that the mere application of his device, the Lapsometer, to Tennis's body results in the partial relief of his symptoms (p. 28). From this observation, the doctor extrapolates easily to broader ideas about physical and emotional isolation: "When I touched him . . . he already seemed better. Who of us now is not so strangely alone that it is the cool clinical touch of the stranger that serves best to treat his aloneness?" (p. 29)

This concept maps well to the ASMR community in its pursuit of comfort from unknown caretakers in a borrowed therapeutic milieu. Lacking in actual diagnostic objectives, their prerecorded assessments constitute clinical dead ends, whose value is thus purely performative. Viewers' favorable response to

these videos, both emotional and somatic, emerge under circumstances similar to those of More's patients, namely, the pretense of careful examination.

Additional descriptions of the Lapsometer's use yield still closer analogies to the typical parameters of ASMR-directed performance. When undergoing his own evaluation with the instrument, for instance, More reports: “It feels like barber's clippers” (p. 179). This comparison is elaborated with an explicitly positive valence: “Art [Immelmann] is at my head again, fiddling about, pressing bony protuberances, measuring salients of my skull with a cold metal centimeter scale. It feels good to be measured” (p. 180). As in the aforementioned web videos, the back of the head represents a particularly sensitive focus for tactile attention, and again it is a diagnostic process, this somewhat cartoonish phrenological routine, that Percy highlights as operative.

More's device begins to cause larger problems when it is augmented with interventional capabilities, but his language for its attenuated use retains a quality of holistic relaxation: “At the first flicker of morning terror I . . . give myself a light brain massage . . . Instantly exhilarated!” (p. 209). Intermittently the sensation is accorded an explicitly “tingling” quality: “The machine sings like a tuning fork. My head sings with it, the neurones of Layer IV dancing in tune” (p. 288). Descriptions such as these, of course, are quite similar to accounts of the ASMR experience. While such resonance may be the product of coincidence, it suggests at least the possibility that Percy and ASMR enthusiasts might be tapping into the same latent psychophysiologic reflex. Within Percy's theoretical framework of the fragmented modern spirit, then, the Lapsometer offers a metaphorical prototype for the present-day ASMR phenomenon: a device derived from the clinical domain used for identifying and at least partially bridging the gaps by which we become stranded from ourselves.

POSTMODERN HYPERSENSITIVITY

There are in fact multiple circumstances in *Love in the Ruins* under which the narrator attests to his head tingling. More is predisposed to allergic reactions, particularly to the egg whites contained within drinks prepared for him by Lola, one of his rotating lovers. The physical details of these reactions clearly overlap with the Lapsometer's effects: “The gin fizz is good. Already the little albumen molecules are singing in my brain. My neck is swelling. I take a pill to prevent hives” (p. 294). More often describes his scalp as “airy and quilted”—descriptors that might serve tongue-tied ASMR enthusiasts well (p. 4). Indeed, the doctor's romantic interactions, at least when mediated by cocktails, appear often to have an allergic component: “A hive, a tiny red wheal, leaps out at the point of touch, as if to keep touch. The touch of her is, as they say, a thrill” (p. 79). When More fails to maintain a balance between his ambient allergens and pocket antihistamines, he eventually enters into full-scale anaphylaxis.

The pleasure of interpersonal connection is thus paired with an element of

danger, a risk of self-harm. The same risks are emblemized by the Lapsometer's eventual disruption of the town's social order when applied indiscriminately and therapeutically to its residents. In "Notes for a Novel," Percy explicitly asserts that the scientific age, and the modern psyche that it has bred, are bidirectionally labile: "What [the novelist] finds—in himself and in other people—is a new breed of person in whom the potential for catastrophe—and hope—has suddenly escalated" (p. 112). For the technological society, self-destruction and self-realization are proposed as equally probable, two sides of the same coin.

Scholar Martha Montello (1999) has traced the repeated failure of technological instruments in Percy's novels to live up to the promise of salvation with which they are initially presented. In the case of *Love in the Ruins*, there is a clear threshold of usage that, when trespassed, transforms the Lapsometer from clinical tool to psychic weapon. Internet videos in the service of ASMR, by contrast, perhaps demonstrate this transformation in reverse: they present a vision of the problematized relationship between technology and modern loneliness sorting itself out.

More's allergic tendencies also function symbolically to set him apart as a character with unique sensitivity to the world around him. To similar ends, More is portrayed relative to colleagues and friends as distinctly perceptive of both the existential roots of his patients' symptoms and the burgeoning unrest in his community. Percy addresses this idea as well in "Notes for a Novel," characterizing the apocalyptic novelist as possessing a unique but not always articulable disquiet: "Is it too much to say that the novelist, unlike the new theologian, is one of the few remaining witnesses to the doctrine of original sin, the imminence of catastrophe in paradise?" (p. 106). Without projecting an intellectual agenda onto the ASMR movement, one might view its variable distribution in similar terms, as a selectively evolved psychic outcropping, a subliminal response to contemporary isolation.

CONCLUSION: LESSONS FOR PRACTICE

Relying on the work of Walker Percy for comparison, I have attempted to ascribe to the ASMR phenomenon an existential quality, both in the psychological condition from which its routines originate and in the relief that those routines provide. In considering the online ASMR community's output, I have also attempted to generalize the idea that diagnostic physical examinations, as concentrated acts of attentive altruism, constitute a particular kind of healing. It bears mentioning that historian Carl Elliott (1999) has constructed a similar argument about Percy's novels themselves, specifically that they represent meticulous diagnostic instruments for society's spiritual plight, and that those who read them might, merely through this exposure, be soothed.

Additional support for this model might be sought within the rich literature

surrounding dissociation as illness, formally defined as a breakdown in the cognitive and emotional processes allowing for a fully integrated self-construction (Spiegel et al. 2011). While clinically pronounced dissociative disorders are typically seen in the context of acute trauma, dissociation may be understood as existing along a spectrum of severity, such that chronic or low-grade insults to the psyche might lead to a more gradual unmooring of the self. Dissociative states have been noted to include psychiatric as well as somatic manifestations, with experimentally validated domains of the latter including numbness, if not strict paresthesias (Nijenhuis et al. 1996). Such symptoms are usually perceived as unpleasant, however, as opposed to the gentle, almost reparative quality of ASMR. The phenomenon thus may fall within the bounds of what psychologist Nirit Gordon (2013) terms a “dissociative bond,” existing between individuals coming together in a therapeutic relationship, but with an implicit refusal to face their deeper wounds directly.

Where do these parallels lead us, having thus been drawn? Are there practical lessons to be gleaned from the ASMR movement’s diagnostic pantomime that might be imported back into the clinical space?

From a personal perspective, these videos tend to remind me of my own early attempts at playing doctor in medical school just a few years ago. Our encounters with simulated patients were all diligently recorded and later assigned to us as required viewing, so that my fellow students and I could better reflect on our nascent interpersonal capacities. Bearing repeated witness to my own conscious effort—searching for the right words, crossing and uncrossing my legs, continuously expressing a clear but measured level of sympathy—was at once awkward and fascinating.

It became a surprisingly elaborate process, that initial self-construction, one in which I was forced to refresh my awareness of the basic tools at my disposal for making contact with other people. This idea of personal rediscovery mirrors Percy’s description in “Notes for a Novel” of the “natural revelation” that he frames as the primary goal of the apocalyptic work: “As [the protagonist] tries to recall what has happened, he catches sight of his own hand on the counterpane. It is as if he had never seen it before: He is astounded by its complexity, its functional beauty” (p. 109). In the context of a progressively cerebral and detached existence, the physical examination may be seen as reminding us of our bodies, to some degree returning us to ourselves.

I remember being introduced as a first-year medical student to the musculoskeletal exam. Seated on a freshly papered table, I had been designated as the practice patient for a few of my colleagues. Our senior instructor told us what to check for when palpating the cervical spine, and I exhaled audibly, with sheepish pleasure, at the sudden pressure of his hand against my neck. He laughed good-naturedly at this feedback and gave it a slightly longer rub, relieving the tension that I myself didn’t know I was carrying.

Perhaps most basically, the ASMR movement and Walker Percy both

remind us of the electric quality that persists beneath the least of our interactions. At certain moments, in certain rooms, algorithm bleeds into ceremony, and jargon becomes a kind of lullaby. Though clinicians may not know in advance whether a patient is prone to goosebumps, or the extent to which she is truly lonely or starved for touch, we learn repeatedly that the proximity of two people in an unthreatening space can be an event of immediate synaptic consequence. Such consequence need not be romanticized or rescued; simply recognizing it as part of an encounter's deeper foundations may help structure the discourse to follow.

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