Affordances and absence in psychopathology

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Affordances are action-possibilities, ways of relating to and acting on our world. A theory of affordances helps us understand how we have bodily access to our world and what it means to enjoy such access. But what happens to bodies when this access is somehow ruptured or impeded? This question is relevant to psychopathology. People with psychiatric disorders often describe feeling as though they've lost access to affordances that others take for granted. Focusing on schizophrenia, depression, and autistic spectrum disorder, I argue that thinking about the bodily consequences of losing access to everyday affordances can help us better understand these reports. An affordance-based approach to psychopathology can illuminate some of the causes, as well as the experiential character and content, of affective disorders in psychopathology. It can also draw our attention to some under-explored ethical and political dimensions of these issues needing further consideration.

Introduction

Affordances are action-possibilities. They are ways of relating to and acting on our world. From the moment we wake up in the morning, we're constantly doing things: we check our phone, make coffee, get dressed, walk the dog, talk to people, take the subway, do our work, exercise, play games, go shopping, meditate, worship, and find ways to relax. We move through a world of affordances.

However, affordances are not just out there in the world. They are relative to the bodies who experience them. Different bodies perceive different sets of affordances; they inhabit different "niches", as James Gibson refers to them. For an adult human, a chair affords sitting, standing on, or picking up. For infants, cats, lizards, and ladybugs, it affords none of these things — but it does afford crawling on or hiding under. Affordances emerge *relationally*, in the way these different bodies — with their unique structures, skills, habits, and histories — relate to the world. Affordances can help us understand how the same environment can mean different things to different animals. It can encompass different niches.

In this way, Gibson's theory of affordances is a theory of access. It helps us understand how we have bodily access to bits of the world and what it means to enjoy such access. But a question Gibson doesn't explicitly consider is, what happens to bodies when this access is *ruptured* or *impeded*?

This question is relevant to psychopathology. Autistic people, for example, or people living with schizophrenia, clinical depression, obsessive compulsive disorder, or anorexia nervosa often describe feeling as though they've lost access to bits of the world, to different affordances, that others take for granted. Some even describe feeling as though they inhabit a different world altogether. The way this experience develops, as well as its intensity and character, may differ from case to case. But most people find it disturbing and isolating. They

feel cut off from the possibility of connecting with others and participating in a shared world of meaning.

As we'll see, thinking about the bodily consequences of losing access to everyday affordances can help us better understand these reports. An affordance-based approach can illuminate some of the causes, as well as the experiential character and content, of affective disorders in psychopathology. It can also draw attention to some under-explored ethical and political dimensions of these issues needing further consideration.

Affordances and absence in schizophrenia and depression

Discussions of affordances often adopt a task-oriented perspective. They focus on how people, things, and spaces afford practical action. People afford shaking hands and talking; keyboards afford typing, chairs sitting, and hammers hammering; nightclubs afford dancing, bars drinking. And this is fine. Affordances play a key role in shaping how the world becomes present as a space of practical action.

However, this task-oriented focus can overlook the role affordances play in shaping our *affective* life. By "affective", I simply mean the rich array of moods, emotions, and other feelings that form the felt texture of our being-in-the-world. We don't just think and act. We feel things. And we construct niches that both reflect and regulate aspects of our affective lives at multiple timescales.

For example, if we are upset about something, we might seek the comfort of friends, wander through a familiar space (a favorite gallery, cafe, park, or worship space), binge-watch trash TV, slip into comfortable pajamas, drink Belgian beer, play computer games, do yoga, read poetry, listen to music, post a sad selfie on social media to get support from friends, or simply take a nap. Things and spaces — including online spaces (Krueger & Osler, 2019) — afford

more than just practical actions. They afford *affect regulation*. We modify the world — specifically, the various niches that are part of it — to modify our affective life (Colombetti & Krueger, 2015).

How does this relate to psychopathology? Simply put, in conditions like schizophrenia and depression, individuals often lose access to regulative resources within everyday niches — and the stability of their affective life is compromised. Accordingly, if we try to understand affective disorders in psychiatric illness just by looking inside the individual (e.g., their neurobiology), we fail to capture the full causal complexity of the processes involved in shaping their disordered experience. Instead, we need to bring the world, including the affordances that are part of it, back into the story.

To see how so, let us revisit the notion of "access" and consider its connection with *trust*. Part of why our niches do the regulative work they do is because we enjoy reliable access to them. We feel at home in them and therefore trust them. We trust our niches because we often set them up ourselves (e.g., our home or office). Other niches, such as a gym or public transport system, are set up by others. Nevertheless, we trust these niches, too, because we know what they *mean*, that is, what they afford and what it's appropriate to do (and not do) when we inhabit them.

But consider next how it feels when something goes wrong: our smartphone dies and the music abruptly stops in the middle of an intense workout; the wi-fi in our office building goes down and we feel powerless to work; a wheelchair lift we rely on is out of order; we're uncomfortable when approached by a distressed person speaking loudly and wearing dirty clothing; we hear a racist slur directed our way or feel a stranger's hand on our thigh while on the subway; we walk into a party and see a table of drinks that pulls on our hard-won sobriety.

In these cases, the world stops working the way we expect it to. We lose trust and feel disoriented. Even if it's only a brief experience, a mild sense of disorientation, this loss of trust

arises because we are suddenly aware that some affordances we'd previously taken for granted are now missing. We experience these affordances as present *via their absence*.[1] And pieces of our affective life go with them. Without the motivation of our music, finishing a punishing workout suddenly feels like an impossible task. We are unable to joyfully lose ourselves in a book during our morning commute once our personal space has been threatened.

What I've described here are familiar everyday cases where our sense of reality "wobbles" (Ratcliffe, 2015) in some way and we lose trust in the world. Most of us regain this trust quickly enough as we adapt and move on. However, there are cases — such as schizophrenia and clinical depression — where this loss of trust is more global and persistent. In these cases, individuals no longer feel at home in a world they share with others. This is clear in how they describe their experience. Clinically depressed patients say things like, "It is the glass wall the separates us from life, from ourselves, that is so truly frightening in depression...It is like living in a parallel universe" (Brampton, 2008, p. 171). We hear similar reports from people with schizophrenia: "I feel disconnected"; "A wall of void isolated me from everybody"; "It is as if there were two worlds" (Stanghellini & Rosfort, 2013, p. 246).

Schizophrenia and depression are not the same thing, of course. But they do share some phenomenological similarities. For my purposes, what is interesting is that this feeling of being cut off from the world seems to flow from a disturbed sense of embodiment that impedes the individual's ability to affect, and be affected by, others and the world more generally (de Haan & Fuchs, 2010). Individuals with schizophrenia and depression often describe feeling as though they don't fit into their body the way others do; they feel alienated from their body and lack the ability to do things, respond to, and be affected by the world in a spontaneous way. Sometimes they even experience their body as an object that must be overcome to access the world.

These bodily disturbances change how individuals experience the niches they share with others, including the things and spaces that make up these niches. They experience various

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[1] See Roberts and Krueger (2021) for more on the emotional experience of absence and loneliness.

affordances as present *via their absence*. For example, some people with schizophrenia describe being drawn to the empty space surrounding people and things instead of the things themselves (Jaspers, 1963, p. 81). Others perceive objects as fragmented, flat, shifting, unrelated to one another, or distilled to pure geometric qualities that lack meaning (Silverstein et al., 2017). One person says, "Everything around me is immobile. Things appear isolated, each one in itself, without suggesting anything. Certain things which ought to evoke memory, evoke an immense number of thoughts...remain isolated. They are more understood than experienced" (Minkowski, 1970, p. 276). These individuals are aware that their experience of the world and its affordances differs from others.

In depression, the world can be experienced as similarly inaccessible, as bodily out of reach: "You look at the world, the array of things that you could do and they're completely meaningless to you. They are as meaningless to you as if you were an earthworm" (Karp, 1996, p. 32). Echoing reports from people with schizophrenia, some people even describe feeling a global shift in how they experience the *meaning* of the world and things in it. This can mean that things no longer exert the affective pull one might expect: "Living with depression is like living in black and white when everyone else is living in color" (Benson et al., 2013, p. 73). But it can also suggest that the meaning of specific things, their affordances, has shifted — and subsequently, their regulative significance, too. Windows that once afforded looking through to savor the light and landscape now beckon relentlessly as a portal to a quick death; a fancy kitchen knife that previously summoned happy memories of shared meals and laughter now affords cutting human flesh and ending one's pain (Krueger & Colombetti, 2018).

The takeaway point is that in these cases, a disturbance of one's bodily relation to the world leads to a loss of trust — a sense that one no longer has access to the same niches, the same affordances, that others enjoy. Some affordances are experientially present via their absence. As a result, individuals no longer feel at home in the world. The feel disoriented, cut off from a shared world of interpersonal meaning. But part of this feeling arises from a loss of access to the material environment, too. When individuals lose access to regulative resources within

their everyday niches — particularly in an enduring way, such as with schizophrenia and clinical depression — the stability and organization of their affective life is deeply compromised.

Affordances and absence in autism

As we've seen, affordances not only guide action. They regulate affect. Our niches do some of this work for us — often transparently, in the background — as we find our way through everyday life. They are set up to make us feel at home in them. But this is not the case for all niches. Some are set up to *deprive* certain people of access to certain affordances. This might be deliberate; or it might not. Either way, it reminds us that our niches have ethical and political significance (Heras-Escribano, 2019; Krippen & Klement, 2020).

Critical phenomenologists like Sarah Ahmed (2007) explore the bodily impact of inhabiting hostile niches configured to deliberately constrain certain bodies (e.g., queer bodies, severely ill or disabled bodies, non-white bodies) and their access to certain affordances. For example, Ahmed develops her phenomenology of "being stopped" to explore what it's like for non-white bodies, or those with "suspicious" (i.e., "terrorist sounding") names, to be stopped by the police more than other kinds of bodies. But this stopping can occur in other contexts, too, such as when non-white bodies are bombarded with racist images and memes online or passed over for a job promotion despite being equally well-qualified.

For Ahmed, this stopping doesn't just place practical constraints on stopped bodies. It has affective consequences, too. It induces a feeling of *disorientation*: a feeling that one's body is deeply out-of-sync with the world. This is because the threat of being stopped is pervasive, materially encoded in how some affordances (e.g., freedom of movement, access to certain spaces) are presented as accessible for some bodies but not others. Some affordances are experientially present via their absence. As a result, "[t]hose who get stopped are *moved in a different way*" as they find their way through the world (Ahmed, 2007, p. 162).

This perspective can help us understand the narratives of some people with Autistic Spectrum Disorder (ASD). They describe feeling that to be an autistic person is the world is to be a stopped body (Krueger 2021). Often, autistic bodies are stopped from extending into and taking shape within the spaces they inhabit — niches designed to primarily accommodate how neurotypical bodies move, speak, act, and relate. This stopping leads to experiences of disorientation and a loss of trust. It involves an enduring feeling that one is not at home or welcome in these spaces.

From a neurotypical perspective, autistic people may have unusual styles of embodiment (Krueger, 2021). The timing and flow of their movements can seem strange or inappropriate. They may have an unusual gait or posture, or have tics and habits (hand-flapping, spinning, etc.) that are off-putting for people not accustomed to them. They may also repeatedly shrug, squint, pout, or rock back and forth; appear "stuck" in indecisive movements for a long time; turn away from social encounters; or repeatedly touch or handle a particular object.

Many people with ASD feel that their bodily style does not fit smoothly into neurotypical niches, even if they don't understand how or why this is so, exactly. This can be confusing and frustrating: "I have been endlessly criticized about how different I looked, criticized about all kinds of tiny differences in my behavior...no one ever tried to really understand what it was like to be me…" (Robledo et al., 2012, p. 6). What reports like this convey is that for many people with ASD, moving through neurotypical niches involves a perpetual anticipation of being stopped. They struggle to comfortably extend themselves into spaces organized around the form, and *norms*, of neurotypical bodies. Instead, they feel that the way they experience and use their bodies is frowned upon when in these spaces (Krueger & Maiese, 2018).

For example, for many people with ASD, it is acceptable to avoid making eye contact when speaking with someone, take a long pause before responding (Leary & Donnellan, 2012), or provide direct answers to potentially sensitive questions ("Do I look good in this shirt?"; "No,

you do not!") (Chapman, 2019, p. 430). But these practices are discouraged in neurotypical niches. The feeling of being stopped also applies to self-directed bodily practices of "self-stimulation" (or "self-stims") — hand-flapping, finger snapping, tapping objects, repetitive vocalizations, or rocking back and forth — that help people with ASD manage incoming sensory information and feel rooted in their bodies and the world. These things can confuse neurotypical people or make them uncomfortable. Treatment programs, often developed with little input from people with ASD, traditionally try to suppress or eliminate them.

The feeling of being stopped is not limited to face-to-face interactions. It also arises when dealing with the built environment. A noisy, brightly lit lecture hall, restaurant, or retail space, for instance, may negatively impact an individual with ASD's auditory and visual hypersensitivity in ways neurotypical bodies don't understand or appreciate. For people with ASD, the design of these spaces does not afford feeling at home. Instead, they are disorienting and bodily upsetting. As a result, possibilities for social connection and shared experience — beyond whatever practical actions these spaces afford — are experienced as bodily out of reach.

These observations indicate that some of the social difficulties people with ASD face aren't caused just by things going on inside their head (e.g., neurocognitive deficits, as is often assumed). Instead, they arise *relationally*, in the way that many everyday niches are not set up to be flexible and responsive to neurodivergent styles of embodiment and expression. These niches limit access to affordances that neurotypical bodies take for granted.

Accordingly, an affordance-based approach to ASD draws our attention to the role that bodily, interactive, *and* spatial features play in shaping social difficulties in ASD. And this is significant for intervention and treatment. It suggests that instead of trying to "fix" the heads of people with ASD (i.e., expecting them to conform to neurotypical styles of embodiment and thinking), we ought to instead construct niches that are more flexible and inclusive. For example, we should consider how things like colors, lights, textures, sounds, and smells may potentially disorient neurodivergent styles of embodiment and sensory processing and adjust our design

approach accordingly. It also suggests that neurotypicals — and not just people with ASD — may benefit from social skills training. This may help them become more sensitive to and comfortable with neurodivergent ways of being in the world. By widening our perspective in the ways discussed above, an affordance-based approach equips us with some of the theoretical resources needed for this task.

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