Chapter 19

Thought Curfew: Empathy's Endgame?

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Figure 1: David Cotterrell and Ruwanthie de Chickera. Photograph: Prauda Buwaneka

This chapter is written from the subjective first-person view of the artist. It may appear idiosyncratic and tangential. But if the subject of the chapter is 'empathy,' and empathy is defined as "The ability to understand and share the feelings of another" (OED), perhaps it seems reasonable to request both the reader and the writer to attempt to meet through a confessional moment of solidarity. The narrative may appear to be framed within the

development of a play, but it is actually focused on a question and therefore offers a philosophical inquiry. The question offers a choice: is empathy an advantage in all forms of contemporary society; or is this most cherished of human skills actually a hindrance to the effective delivery of progress within a technologically enhanced environment?

The conceit

I recently collaborated with the playwright and theatre director Ruwanthie de Chickera on the writing and development of a play, photographed in performance by Prauda Buwenaka. My collaborator had already defined its title - 'Thought Curfew' - before I was invited to share an intellectual journey with her. Within the context of current events in Rwanda, and within the contexts of our independent practices in London and Colombo, my role (and our challenge) was to embrace and explore the concept of 'thought curfew.' This was to be addressed through developing a short story into a play embracing both theatre and visual art; and relating to our respective moral perspectives on our contemporary worlds. In Sri Lanka, London and Rwanda, the co-director and I wrestled with our misgivings and the challenges of mixing methodologies, languages and references. We progressed the production through earnest conversations, frustrating debates and theatrical-devising workshops. In the summer of 2018 it premiered in Kigali. It may tour globally, or it may never be seen again. It is captured here through the word and the lens.

To write the script and to understand the decision-making that would inform the tone, narrative, characterisation and context of the production, we had to test the logic of the conceit, itself as resonant and ambiguous as the title. To understand whether there could be any coherent development of something that we could both defend, we had to ask ourselves: 'in which world, however nihilistic, stylised, or allegorical could such a term appear credible?' The question we posed is: 'How could a "thought curfew" come about?' Could we extrapolate from the present or should this exist only as a dark fairy tale, an unimaginable otherness?

Figure 2: How could a 'Thought Curfew' come about? Photograph: Prauda Buwaneka.

Perhaps there had been an appalling event - such a catastrophic attack that a population felt a collective existential threat. A government with a tendency to prefer authoritarianism might use this moment – a 'state of emergency' - to implement protective measures. Perhaps widespread monitoring could be justified. There might be reason to mandate comprehensive access to civilian correspondence. Perhaps CCTV and other forms of location-based data collection could extend from high value sites to common sites of congregation. The human cost of monitoring the comprehensive feeds would be onerous. Potentially, 3D facial recognition software could be deployed, and algorithms could at least begin to filter the daunting mass of data. Location-aware 'phones would be hacked; TVs become listening devices; and home automation would double as home monitoring and debit cards would directly feed the location of their users into a correlated database of medical records, tax status and debt liabilities. Before long, the system would either grind to a halt or become so complex that it would consume the sum of all spare human labour, with vast farms of supercomputers and countless gigawatts of energy at play. The system would become comprehensive beyond belief, even surveying its own surveillance. It would become a form of artistry, with the original cause seeming almost trivial compared to the internal logic and beauty of the evolved systems design. With all the futuristic efficiency of a fibreoptic backbone or a maglev network, the conveyancing of data and the fault-tolerant complexity would become a point of national pride. As with the national pride of overcoming the enormous obstacles and technical challenges needed to become a nuclear power, the purpose of the system is overlooked in its self-sustaining demand for upgrades, refinement and perpetuation. The gloss on the system replaces the system itself. It becomes clear that the algorithms are strong and the prediction of deviance is with merit, but the faith in the system is not total. The system may have unforced errors leading to false positives. Even worse, there is a suspicion that without human backup the system may not be ready to adapt to new

countermeasures by enemies of the state. Reluctantly, the state increases its network of informers. But the mass employment of special constables, reserve military and other trusted irregular forces is costly. The state has already invested heavily in the automated infrastructure, and potentially the deployment of the population to the task is beyond its economic capacity. The narrative of fear is resurrected and accelerated. Patriotism and paranoia of infiltrators is promoted. Volunteers are requested. Rewards are offered. Volunteers discretely and in large numbers come forward. It is hard to know the scale of the volunteer monitoring force. What does become evident is that few words are spoken in a way that might suggest lack of loyalty without a quiet and timely removal of the offender from society, workplace, school or family. The system is complete. Assurances are made that the failsafe algorithmic and human societal safety net is now robust, oversight is in place; the double check removes potential abuses, and with perpetual vigilance, prevention of risk can be sustained. A massive public health 'net' has been established.

There is a noticeable change in behaviour - not sudden, but more evident as the net developed and behavioural shifts that might be perceived locally as incremental were viewed as dramatic from abroad. Initially, words relating to 'terrorism' seemed to lead to a response, but later a suspicion that phrases related to quality of 'economic engagement,' 'work ethic,' and even 'personal values' might lead to being flagged, followed and cautioned.

Behavioural change followed. Email caution, key word avoidance, teenagers' playful evasion of CCTV, leaving 'phones at home, testing response times - all gradually revealed that the penalties and lack of humour, public shaming and community disapproval had led to a broad compliance. Total compliance appeared to be effective through the instigation of the volunteer monitoring force and the sustaining of majority consent. Office workers took care to avoid certain subjects; while conversations between friends became a little anodyne, and partners found themselves speaking less to each other than they might have done before. A population, united by an external sense of purpose, undertook an internal process of careful

suppression of vocalised thought. However, in the heat of an argument, at a moment of exhaustion, in the delirium of sleep, in the crying of pain, people would realise with horror that they had failed to edit their expression. Through misadventure or mistake, individuals could fall foul of the system instigated to protect them. Reports of examples made, of conspirators identified, of subversives and terrorists confessing, continued to surface. Despite the care with which citizens tried to live their lives, the risk of disgrace and denouncement remained present. Slippage led to outage – public humiliation and shame, private grief.

These reports caused massive anxiety to those who were not sure whether they trusted their inner demons to remain hidden from their peers. The state observed that some of these well-publicised occurrences appeared to cause a disturbing level of sympathy for the subject that appeared to transgress from the societal compact for mutual defence.

In parallel, research scientists - led by the team that had once been credited with the development of Ritalin - had been working hard to understand the inability of the mind to focus within constraints. An experimental psychostimulant pharmaceutical treatment was developed which appeared to suppress some of less task-oriented thought patterns. It was first available as an oral prescription-based drug. It had minimal short-term side effects and appeared to perform well over longer-term trials. In fact, it offered certain benefits: a reduction in anxiety, perhaps credited to reduced fear of retribution, but potentially caused by a diminished tendency to prevaricate, was reported by many participants. It was licensed and released to the market. Within two years, the drug was widely available and commonly adopted. While the self-regulating initiative of individual users was reaping significant societal benefits - as evidenced by a marked reduction in accusations and arrests - the reliance on a single pharmaceutical supplier and the need for patients to conscientiously manage their own dosage presented risks. Moreover, the original research group controversially proposed the development of the drug as a mandatory vaccine. It was a step too far for Parliament.

Even in a climate of existential threat to the population, the enforced and irreversible censorship of the population seemed to be beyond the scope of a benign state. A voluntary trial was proposed. This should only be implemented if the subjects of the treatment willingly adopted it. In spite of an extraordinary level of (highly repressed) disquiet, trials were approved. Early tests suggested that the vaccine rendered the subject fully capable of satisfactory social interaction, complex engagement with tasks, affection and happiness (the chief components of 'wellbeing'). Depression, anxiety, doubt and dissatisfaction were reduced to be almost undetectable. The end result appeared to be the creation of a model member of society: contented, accepting and without conflict, incapable of posing a threat to the system, to themselves, or to others. The question of whether anyone might choose to have his or her ability to resist suppressed was a fascinating social experiment, and as the first few volunteers came forward they were initially treated with a level of macabre curiosity before later claiming their status as minor celebrities. The vaccine was so successful that the initial subjects were soon allowed out of isolation, returning to their families and workplaces. Family members remarked that their returning spouses, children and parents appeared to be simply kinder, more content versions of their previous selves. The trial was completed and the programme continued voluntarily, more discretely, but with increased capacity. Those choosing to inoculate themselves were not required to announce the decision to employers, partners or children. For distant observers and local dissenters, the vaccine became known as the 'Thought Curfew.' More potent varieties appeared and could be obtained on the dark web, at a price - for many, a price worth paying.

Figure 3: Perhaps there had been an appalling event. We are mentally designed with the capacity to deliberate, but our body appears more responsive to certainty. Photograph: Prauda Buwaneka.

OK, so it's a bit far fetched and more than a little derivative. It sounds like *1984*, *Brave New World*, 'The Stepford Wives' and a range of other haunting and lauded dystopian classics. Despite this, something resonated, not necessarily with literature but perhaps more with a quiet question that is running through a range of arenas in contemporary society. I stepped away from my residual trauma of watching 'One Flew Over the Cuckoo's Nest' a bit too early in my childhood and tried to understand how it could be that someone might voluntarily choose to prohibit part of their mental function.

The context

The prevarication, angst, continual search for alternatives, outcome visualisation,

consideration of the repercussions, fear and visceral imagining of failure, are all natural

safeguards within our mental apparatuses. They protect us from mis-adventure, and allow us

to balance probabilities, moral alternatives, and risks. Without them, we might foolishly

confront unknown circumstances and unknowingly jeopardise our lives or too flippantly leap

to judgement over others. However, there are times when the alternatives are not helpful or

even when awareness of them can cause us harm.

I think I have always been scared of heights. I think that potentially all of us are, or at least

should be. The fear of heights (or at least the fear of falling) is a natural respect for the

fragility of our bodies under the influence of gravity-induced impact. A surprisingly short fall

can break the spine and cause catastrophic damage. The irony is that the fear is not always

linked to the risk of falling. We may fear the idea of falling even more as a far-fetched fantasy

than as a practical likelihood. We imagine falling forward when standing near a cliff, yet we

are unlikely to fear sudden inabilities to stand when pausing in the street. The chance of

losing our footing may not be massively different, but the imagined outcome is of a different

order of severity. When climbing a rock face, or even a ladder, there may be a moment when

the imagination overtakes practical functioning, and instead of saving us from our naivety,

begins to manifest the danger that will place us in jeopardy. The wonderfully named

phenomenon 'Elvis-leg,' or 'Sewing-Machine leg,' describes the awful experience of a limb

appearing to vibrate when resting on the rung of a ladder, a rope or even the ball of the foot. I

have experienced this many times and found it interesting as an apparently involuntary

physical response to situations. There is a range of ways of stopping this debilitating physical

experience. Perhaps lowering the heel to contact with a surface, or simply shifting the weight

from the ball of the foot can cause the spasm to pass. However, because the condition is a

combination of physical tension and mental anxiety, I discovered that the most effective is to try to not think about the circumstance, the risk or the fear.

I realised that the best tactic to overcome this experience is to try not to think at all. By all means assess and prepare in advance, but once committed, the time may have passed to consider alternative outcomes. I found that building a rhythm, breaking down the task into rudimentary simple actions, emptying your mind, and, most importantly, trying not to let the mind wander seemed to work.

I wondered whether this decisiveness - innate or learned - might have been what the playground leaders must have had. I mused as to whether this might have enabled me to score a goal rather than spend my childhood running up and down the pitch and desperately trying to find someone to pass the ball to. Is this the mysterious skill that was retained by the kids who fought for dominance physically and verbally amongst their 9-year old peers? Perhaps this was why I had always been a pacifist, mystified by others' ability to overcome all of the doubt and concern, the compassion and the fear that might lead them to cross a threshold to deliberately harm another person. Part of it may have been a moral position, but part of it might simply have been that I was incapable of delivering within that structure of interaction. I wasn't able to mentally claim to the certainty and finality of the act. I couldn't decouple my anxiety and prevarication enough to fully commit to defending myself or attacking another to the level at which I might have a chance of overcoming a more engaged and focused adversary. Aware of my limitations, I always opted for negotiation, frequently attempted to engender empathy, and occasionally tried to build enough ambiguity to encourage an opponent to experience the same uncertainty, ensuring that I would never be a risk to the world.

The overthinking of a scenario can cause everything from sex to violence to become impossible. We are mentally designed with the capacity to deliberate, but our body appears

more responsive to certainty. Popular culture and social media offer credit to the machismo of mountain-bikers, test pilots, athletes, surgeons, soldiers and others who appear to defer anxiety in order to function without hesitation at times when the rest of us might feel it more appropriate to wrestle with the viability, morality or practicality of the daunting challenge that we have imposed, or has been imposed on us. Perhaps we don't want the climber to experience the paralysing fear of uncertainty. I can understand why the possibility of an unexpected moment of doubt within the special forces soldier being remotely monitored breaching a compound might seem undesirable as a character trait within the Pentagon. In this circumstance, it might seem reasonable to think that a soldier's deferral of moral and existential parallel narratives might be safer for the individual and for those within their team. It could be that we might be quite happy to know that the surgeon had taken a pill to ensure that he wouldn't be struggling with emotional and professional stress while leading a team in a high-risk operation. It could be that we might be quite content to feel that the success of the operation was not entirely contingent on the performance of a human at all. Indeed, the performance-enhancing drug Modafinal ('Daffy') has been trialled (in simulated conditions) on sleep-deprived surgeons and found to have some beneficial effects in improving concentration or fighting exhaustion (Sugden et al 2012).

The consent

There has been an acceptance of the need to moderate risk and to embrace mitigation strategies within our lives. From the driving license to the parking sensor, we are reminded of the need to recognise the difference between domains amenable to personal judgement and contexts of deferred decision-making. We quietly adopt and accept advances in navigation, monitoring and enforcement that reduce our capacity for errors and protect us from our tendency to err, increasingly supported by technologies. There are indications that we may be at a tipping point in our reliance of the role of the human decision-maker within some areas. Driverless cars are trialing across the USA, deliveries by drone are being tentatively licensed and research institutes and technology companies are developing prototype robotic carers.

This maturing of artificial intelligence for domestic, commercial and humanitarian purposes is happening neither in isolation nor without extraordinary governmental and industrial investment. While support reflects a range of utopian and entrepreneurial aspirations, the funding of at least part of this accomplishment cannot be decoupled entirely from the military research programmes of wealthy nations. Perhaps it is not strange that the contexts of greatest perceived personal and institutional risk are the contexts where we may begin to see the most energetic promotion of the benefits of delegation of roles to machines. As we begin to accept the advantages of self-regulating power stations, online diagnoses and self-checkout shopping, the starker issues regarding the essential ethical changes that we are embracing may be tested with much greater consequences, thousands of miles from home.

The death or injury of soldiers, however much reduced through technological advancement, is a risk for any government. In democratic countries, the public view of repatriation of bodies or the enhanced awareness of the long-term implications of battlefield injury have proved to be challenging for any government seeking to engage militarily with global concerns. While other factors may dominate in some circumstances, the public consent for conflict is supported by the level of consensus for the moral defensibility of the intervention, and reduced through the awareness of the human cost. It could be argued that a greater moral justification creates tolerance for a greater level of risk. If this statement is accepted, then there are one or two ways to improve the viability of sustaining public consent for a military action. One is to develop more compelling ways to explain the moral imperative leaving conflict as the only justifiable option. The second is to reduce the risk to a country's combatants of serious injury or death. In the absence of a strong argument for war, potentially a population that doesn't have to witness its cost can tolerate war for longer. While infantry in recent conflicts have still been very visible, as technology progresses certain operations can now be delegated entirely to longer distance, over-the-horizon, remotely monitored or even autonomous firing systems. The possibility of the same or similar dominance of the ground

must prove a compelling notion for any political and military leader. However, when technology has potentially moved faster than the ethical issues it has raised, the future role of human responsibility has not yet been confirmed.

At a time when autonomous weapons are now amongst us, or at least above us, we are still placated by the idea that there is a human operator who will have to retain ownership of the moral fallout from the violence that may be enacted – for example, the PTSD of drone operators is well-documented. The fact is that the potential for doubt, for empathy and compassion, however deeply suppressed through the endless training of drills, repetition and rehearsal, remains as a key notional safeguard against the unconstrained unleashing of institutional violence.

It may seem strange to concatenate institutional violence with institutional compassion, but this was potentially the other domain that was elevated within our thought experiment. As an area where the pressure on individuals is extreme, while the institutional and societal tolerance for failure is poorly expressed, surgeons offered a group that we imagined might benefit from periodically electing to reduce their capacity to feel. Comparing the role of surgeons with soldiers is contentious. Soldiers have historically been institutionally instrumentalised, experimented upon and sacrificed. Surgeons are potentially the elite knowledge-and-skills base of an institution, and their individual expertise is prized and rewarded. As a society, our tolerance for human error, crisis of confidence and existential angst for surgeons may not be significantly greater than the Pentagon's acceptance of these human characteristics within the military. Our awareness of risk and accountability has increased through the emergence of greater transparency, more effective statistical analysis and more aggressive litigation and insurance claims. We want our surgeons to advance their techniques and ideas, but we are also not enthusiastic for acceptance of the risks associated with human involvement. Without the level of the US Defence Advanced Research Projects Agency (DARPA), or the UK Defence Science and Technology Laboratory (DSTL) support

that the military attracts, but still with extraordinary governmental and private investment, surgery could be argued to be about to follow a parallel path.

In an era of advanced keyhole surgery, credible potential for robot-assisted procedures exists (Adams 2018; Campbell 2018). Robotics is well advanced in prostate surgery for example and wider implementation is only hampered by cost and training. If surgery is being controlled and monitored via cameras and haptic feedback devices in the operating theatre, surgeons can remotely control instruments from thousands of miles away. With the promise of steadier hands and more accurate interventions, there is already engagement of precision technology to mediate human-to-human interaction. If the experience in the operating theatre is mediated through technology, the progression to intelligent, angst-free, computer oversight of the procedure is not a science-fiction fantasy. Patients now expect to be briefed on the percentage risks of procedures prior to consenting to them. This may be a more important metric than our ability to trust or relate to the remote figure of the surgeon or anaesthetist. When offered the risk profile of a routine operation being conducted partially or entirely by autonomous robot as opposed to a consultant surgeon, the question arises: will we still elect to prioritise the human when the robot surpasses the practitioner's success rate?

These two domains, radically different, but both representing an imminent moment where we may be ready individually or societally to accept that the reassurance of believing that a member of our species is engaged in fundamental, critical, actions on our behalf is no longer necessary. The question that we as a society have to address at a rapid pace, before it is rendered moot by our iterative adoption of technology, is: what, if anything, would be lost if we progress to completely remove the empathic potential of the human from situations that present us with risk?

The Curfew

Our play became an allegorical journey through a stylised landscape. It was a landscape viewed from a child's eyes as the infant attempted to escape from the insanity of the rapidly pervasive thought curfew. Our backstory was never revealed and, in many ways, remained redundant in the dystopian fairy tale of fear and alienation that evolved to claim the title of the production. On the stage in Kigali, the child travelled from the safely mediated domestic consumption of the world's problems through the landscape's peripheral refugee disenfranchisement. She travelled on to witness development-sector response and finally to confront the military boundary of humanitarian space. As she migrated, running from the Thought Curfew, she found it had continually overtaken her. She observed and was terrified by pervasiveness of 'the unthinkable' as she saw the varied methodologies of society being sustained without space, mandate or ability for critical awareness or reflection.

Figure 4: Our play became an allegorical journey through a stylised landscape. Photograph: Prauda Buwaneka.

The script played with the imaginary vocabulary of theatre to stretch time, space and the credibility of her journey. The unthinking behaviour that she was witnessing was playful, absurd, pointless and sinister. The fantasy made no pretense at realism and was as plausible as a mental flight of fancy as a physical odyssey. In reality, the script was derived from observed behaviour, language and dialogue in each of these contradictory landscapes. Her 'Uncanny Valley'[1] experience was due to a subtle shift in her ability to believe and trust in the words spoken to her and the sincerity behind them. There are no direct threats to the main character, yet she finds the world alien and dangerous. Her nightmare was not of a 'Thought Curfew' but of a world that appeared to be capable of suppressing human empathy. The landscape of the Thought Curfew is tragically ineffective, but in her mind the tragedy was not simply a loss of utility. The fear that she acted out for the audience was more poignant. Without empathy, without human doubt, fear and anxiety, she saw a world that continued to function but without the self-criticism needed to understand why.

In the rapid technological progress and human-feeling regress that we are witnessing, we are likely to develop methods of selectively removing our reliance on human discretion through increasingly effective deferred decision-making, and robust institutional (other-directed) methodologies and directives. The question our dystopian exercise raised is: if we institutionalise the delivery of our goals, what may be required to mandate that we continue to sensitively evolve our understanding of the value, purpose and meaning of our actions?

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[1] A term coined by the robotics professor, Masahiro Mori (first introduced in its current form in the 1978 book *Robots: Fact, Fiction, and Prediction*, written by Jasia Reichardt), to describe the unsettling relationship between human and avatar.

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