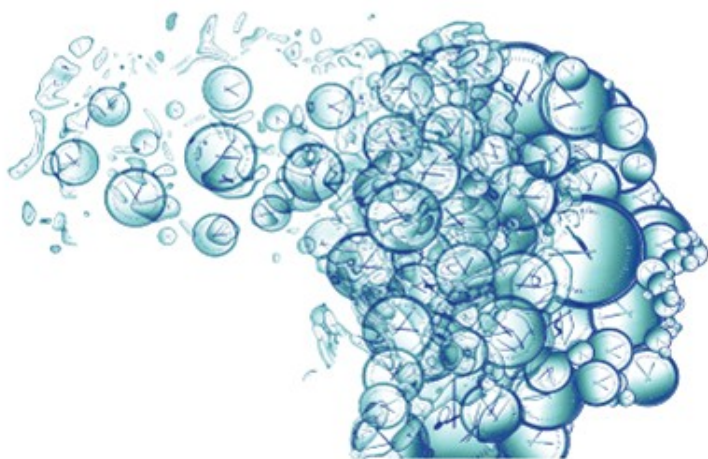


Time and the Unconscious Life-Cycle



Kent Ravenscroft

Dimensions of Psychotherapy, Dimensions of Experience

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**Dimensions of
Psychotherapy, Dimensions
of Experience**

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About the Author

Kent Ravenscroft, MD is Associate Clinical Professor at George Washington and Georgetown University Medical Schools. Based on work at the Tavistock Institute, he has recently co-edited two volumes on eating disorders in children and adolescents. He currently lives in Washington, DC, where he supervises and teaches on the faculty of IPI and is in full-time private practice.

Time and the unconscious life-cycle

Kent Ravenscroft

As human beings, we are capable of becoming deeply and finely attuned to each other for inborn and acquired reasons—attuned in ways far beyond our conscious awareness. I propose that we are also born attuned and prepared for our longer-range encounters with each other as human families and groups throughout the

human life-cycle, as a result of human evolution. Through an interplay of our innate biological potential and good enough personal experience, we progressively develop the capacity for taking in personal and family life-cycle experiences, including a sense of time, calendar, narrative, and history from generation to generation.

Some of these structures and functions of our shared unconscious personal worlds are innate and part of our primary unconscious—our unconscious phantasy life which has

never been conscious—and some are secondarily unconscious—taken in, and secondarily layered into these innate mental structures, and hidden from our awareness in one way or another. These phantasies make up hidden object worlds which are variably dynamic and evolving in structure and function—themselves undergoing unconscious life-cycle development, although by different psychological routes and rules than our conscious experience of the life-cycle.

TIME AND THE UNCONSCIOUS

First, I would like to outline the distinction between the primary and secondary unconscious, and between primary and secondary repression. The primary or inborn unconscious is composed of processes and inner representations that emerge into the mind from the body and brain and have never been conscious; primary repression is that mental mechanism that keeps them out of consciousness. The secondary or acquired unconscious is composed of two sets of processes and inner representations described in more detail later, one for

metabolizing tolerable to good enough experiences, the other for managing intolerable traumatic experiences.

Freud (1933: 22: 74) originally described the unconscious as that part of the mind closest to the brain and body, with a set of special properties and processes, including ‘timelessness’. Modern neurobiology informs us that all aspects of the body are a synchronized orchestra of biological clocks, with the brain being the master clock (Wright 2002). In most species, internal biological

rhythms are deeply linked with their seasonal, procreative and family life-cycles. For the human animal, that aspect of the mind most closely linked to the body is the primary unconscious.

It is my contention that the primary unconscious has evolved adaptively as a partially open system in relation to the brain and body, on the one hand, and to the conscious mind and external world, on the other. The primary unconscious is, thus, linked both to the maturing psychobiological rhythms of

the non-conscious body and brain, and to the developing psychosocial rhythms of the conscious mind and outer world. Through these unconscious linkages, our internal clock, our innate sense of time, becomes ready for, responds to, and shapes individual and family life-cycle evolution.

The Freudian ‘timelessness’ of the unconscious is only timeless relative to our conventional logical sense of time. The primary unconscious, much closer to the body and its growth, has its own

relative sense of bodily time and rhythm. It is governed by its own variable primary process dream logic and its own maturation. The secondary unconscious is much closer to conscious time and experience, yet has its own dynamic structures, processes and development as a result of maturation, experience, and shifting states of repression and dissociation. This secondary or acquired unconscious sense of time can have healthy or pathological aspects, as can any internalized experience, function and set of object relations.

For example, on the healthy end of the spectrum, adults, families, subcultures, and entire nations are recognized as having differing ‘senses of time’, narrative, history and world view (Ezzell 2002: 74). And we all know that it is normal for young children to lack a sense of time, personal narrative, and history—capacities they develop over time as they mature.

On the pathological end of the clinical spectrum, all traumatically repressed or dissociated experiences

are variably time-altered, time-dissociated, and time-linked based on the ambient altered states of consciousness and shifting projective and introjective identifications at the time of the traumatic experience (Scharff and Scharff 1994; see also Stadter, Chapter 2 in this volume).

As an example of the latter, one of my patients experiences shifting states of altered time-sense and bodily confusion as she achieves progressive recall of traumatic memories around being sexually abused by her father at

age 6. She recalls her simultaneous sense of breathless excitement and frozen terror as her father comes slowly up the stairs during her ‘nap’, hoping ‘this time he will be close and cozy, only kissing my lips’ but fearing ‘he will do that horrible thing again with his “peepee”’. For both of us time seems to race ahead and yet stand still at different points during these sessions as splitting and dissociation emerge. These shifting states are related to changes in projective and introjective identification, as she recollects and relives previously

dissociated aspects of herself, at times in relation to me as the different sides of her father, at other times, aspects of her mother. At other moments I represent split-off aspects of her excited, loving, tense, hating, abused or abusing self. When she first came to me this patient had major disturbances in her sense of time, personal narrative and ‘historicity’ (Ogden 1989: 13), which resolved over time as a result of painful work in therapy.

EVOLUTION AND THE UNCONSCIOUS

Arising from our collective, often violent and dangerous experience during early primitive humanoid evolution, as individuals and as groups we have inherited through genetic selection two potentials which are both conscious and unconscious. The first deals with psychological impingements and trauma—from inside and outside ourselves—allowing us to cope cooperatively with inner and outer danger. The second potential involves the generative use of our internal and external objects, usually safeguarding the extended

family group from patricide or murderous aggression. These dual capacities have provided us as individuals and family members with a powerful adaptive group advantage, leading to the selective evolution of our human family and its extended family life-cycle. Given both the routine expectable experiences of our life-cycle, as well as its unpredictable accidental aspects, these dual capacities prepare us to take advantage of both expectable continuities and traumatic discontinuities of experience, equipping us to cope

adaptively with the good and bad in either situation.

In a Kleinian sense, the paranoid-schizoid as well as the depressive position (Klein 1946; Segal 1979) have their distinct adaptive advantages as well as significant risks. When being stalked by a carnivorous animal, an enemy, or a sexual predator, it helps to be vigilant and suspicious (paranoid-schizoid). But then afterwards, it is adaptive to regroup psychologically and socially by forgetting through flexible use of grief,

repression and mild dissociation (depressive). We can also remember enough to be adaptively vigilant and prepared for future attacks, leaving room for generative personal and social healing, continuity, and growth — Winnicott’s ‘going-on-being’ (Winnicott 1971: 80). At the same time, there are personal and group costs for repression and dissociation through the damage it does to narrative, history, and time sense. For instance, with the previous abuse case we would hope the predatory father’s abuse of his daughter would stop

through vigilant discovery or her own self-assertion, and that she would heal emotionally and socially, despite our also knowing there will be damage to her repressed or dissociated internalized father-daughter object pair which will affect her future relationships.

Another patient always came ten to fifteen minutes late, arriving with guilty apologies. She had a deep need to tell me every detail of her life, ‘running her whole tape’, as she put it, unedited and undigested. She left me

no room for feedback. Moreover, giving her feedback threatened her with intrusive damage. Near the end of each session, she talked even faster, as if totally heedless that time was rapidly running out. She left me no way to end the session. I felt pent up, frustrated, guilty and trapped. She lived and related to me in a ‘time-far’ state of mind (Stadter, Chapter 2 in this volume).

One day, in exasperation, I found myself threatening not to see her the next session if she came late again.

After blurting this out, I quickly back-pedaled, saying if she came on time, she might discover what she was avoiding. But the damage was already done. She came twenty minutes late to our next session, and I felt disarmed and speechless. Finally, I said I felt guilty and surprised by my abruptness last time, but also curious and concerned. I mentioned feeling trapped and frustrated, but also sad about never having time to give her much beyond a sympathetic ear. My acknowledgement of my countertransference enactment seemed to unlock something.

She became quiet, then began to tell me about her parents' chronic cold war, how tied she was to her mother, and her forbidden longing for her distant, secretive father. Despite his distance and financial troubles, he had a warm spot for his daughter, slipping her money on the side and telling her of his vintage cars, hidden from mother all around the neighborhood. She recalled wondering what else he might be up to. She also told me her mother was fearful, relatively house-bound and friendless, living vicariously through her. During her

teenage years she and her mother would take sleeping pills, and then lie together on her bed in a delicious twilight state talking endlessly about her sensuous teen life before falling asleep together. The next day mother would dutifully punish her for her naughtiness.

She went on to tell me that in her later teenage years her mother developed multiple sclerosis, becoming more needful and controlling. My patient would run away to friends for hours, being

chronically late and angrily neglecting her mother, only to come back with deeper guilt, apologies and confessions. When she began college, her mother neared respiratory death. The patient interrupted college and grudgingly came home to be with her, intensifying her conflict. As mother's breathing became more labored one day, she and her father gave mother the prescribed injection of morphine to ease her terrible distress. Unfortunately, the injection turned out to be lethal. She died in front of them, leaving my patient feeling she had

actually killed her, ending up alone now with her father, fueling terrible guilt.

All of this came into conscious view for us. As it did, her lateness, manic ‘running of her tape’, her avoidance of me—all began to change. She felt time to be less her enemy and endings less traumatically intrusive. As we uncovered and reworked her unconscious adolescent life-cycle issues, she arrived on time, began mourning, and allowed us to end sessions more comfortably.

Moreover, her personal narrative became increasingly coherent.

UNCONSCIOUS OBJECT RELATIONS

Extending Freud's view of the unconscious, Klein (1946), Segal (1964), and others have proposed that there are primary unconscious phantasies which shape and determine our external object relations through projective and introjective identification, although we only know them through their derivatives as they

appear in our minds as conscious fantasies, and/or in our behavior.

Not all that enters our secondary or acquired unconscious represents the traumatically repressed. Much of our expanding internal world represents our healthy generative encounters with ‘good enough’ objects (Winnicott 1971: 11) through which we express our essential desires, our ‘idiom’ as Bollas (1992: 68) would say. According to Bollas, these generative experiences are ‘received’ into our secondary unconscious and held there

through an atraumatic form of repression. They are transformed there through a dream-like primary process, called the work of reception. This builds up increasingly complex internal object representations and interrelationships in the secondary unconscious through the layering of self and object representations onto unconscious phantasy structures originally deriving from the primary unconscious.

These unconscious phantasies and their evolving inter-relationships

provide the basis for receiving, processing and influencing not just the range of current object selections and interactions, but also, I would propose, the whole evolving human life-cycle, with all its stages. As our bodies and brains mature, we develop increasing capacities for more complex personal and interpersonal group object relationships. At each stage of our life-cycle, as new brain-based unconscious phantasy¹ capacities emerge we are able to consciously imagine more complex ways of being and relating in our conscious fantasy life. Of course

we soon begin to add layers to these emerging/ evolving unconscious phantasies from our secondarily repressed self-object experience from earlier stages. Let me give a clinical example from oedipal child development.

I was seeing a 4-year-old girl because of severe tantrums occurring in the context of regressive sado-masochistic marital struggles. Her ‘terrible twos’ were lasting too long. Suddenly, the mother and father began reporting that their previously defiant

child had changed dramatically, becoming increasingly clingy, refusing to go upstairs unless accompanied by one of them. She ‘feared being bitten by rats up there in the dark’. When we reviewed their fights, it was at night after they put her to bed. They were loud and she had big ears. After we worked on their marital and parental issues a bit, they became less ‘biting’ and ‘ratty’ with each other, especially in their daughter’s presence or earshot.

As I helped them recognize her nascent oedipal yearnings, especially

her budding romantic bids for father, he recognized that his daughter's romantic approaches actually aroused and made him anxious. Mother chimed in that she was jealous and irritable about losing her baby to father. And the daughter confused them both when, at one moment, she seemed to love them being together, only to wedge herself between them and hate them being together. Splitting them apart, she would snuggle up to dad, rubbing herself against him, only to switch and get clingy with mother. What confused them more was that her

phobic concern about rats seemed to come and go somewhat independently of their marital fighting, reflecting her inner dynamics and not only reality circumstances.

Their daughter's dramatic switch from fearless to fearful, with all its fluctuations, reflects the appearance of a higher level phobic oedipal defense. Instead of disruptive raw murderous aggression towards her parents (or later, towards group authority figures), she inhibits, displaces, and projects her anger, experiencing it coming from

outside her, from ‘the rats’. By her unconscious sparing and protecting her parents, she is able to enlist their sympathy and help instead of irritating and antagonizing them. This normal, newly emerging phobic defense adaptively protects her and her parents from her anger whether they are fighting or not. The emergence of phobic defense represents brain-based maturation leading to a new primary unconscious phantasy, a template for a new type of oedipal dyadic and triangular relating. She sees the world

through new eyes, through the phobic oedipal lens.

THE DEVELOPMENTAL ASPECTS OF UNCONSCIOUS TIME

With each age and stage of development, there is a sense of time, including a sense of one's self and one's relationships in time and through time—the longitudinal pace and rhythm of things—representing a maturing and developing time-sense. One's maturing biologically based time sense and one's encounter with the timing of the external human

family life-cycle have both independent and dependent time-linked aspects to them. We are driven separately (1) from the inside by our maturing brains and minds providing a readiness for taking in and giving shape to outside experiences, and (2) from the outside by the readiness of our families and cultures for receiving and providing social experiences. At the same time there is an innate and necessary matching and meshing of interaction between child, family and cultural interaction through age-appropriate timing and scheduling of

experience. How the child matures and behaves determines what the family and society provide at home and at school, at the same time that family and society impose time and timing of socializing experience on a child. The parental couple invents the family for the child, even as the child stimulates, calls out and reinvents the social experience for parents and family (Scharff and Scharff 1987).

Extending the Kleinian (Segal 1979) perspective, primary unconscious phantasies undergo

maturation and development over the course of the emerging unconscious internal life-cycle, forming the evolving predisposition and readiness for both receiving and shaping our conscious encounter with others within the shifting social context of the external life-cycle.

Unconscious phantasies, involving dynamic interrelationships among internal objects, have inherent within them a potential sense of time and timing—a readiness for social rhythms, seasonal cycles, continuities,

and discontinuities—a built-in emerging competence for human chronicity and calendar. All this forms the inborn basis for the internal extended family life-cycle. Many animals have remarkable herd instincts involving time-related intra-group, migratory, procreative, and generational cycles. Similarly, we have a built-in capacity—albeit with *much more plasticity*—for internalizing intergenerational rhythms and cycles, including the universal human need for legacy and myth.

Anniversary phenomena are related to our primary unconscious life-cycle and sense of time. As a personal example, each year between October and early November, if I do not consciously remember the death of my parents, I become grouchy, depressed, and develop minor somatic symptoms. I cast about for reasons why—until I, or my wife, happens to recall that it is *that* time of the year, the combined October-November anniversaries of my father's and mother's deaths. In other years when I consciously remember them, in advance, none of

these unconscious, time- and calendar-linked bodily or emotional reactions occur—though I am sad and reminisce, and call my sister.

THE INTERPLAY OF LIFE-CYCLES

So, there is an ever-evolving interplay among three interrelated life-cycles: (1) our internal primary unconscious life-cycle; (2) our acquired or secondary internal unconscious life-cycle; and (3) our external conscious personal and family life-cycle; The secondary unconscious

life-cycle, acquired through experience and reinternalization, develops from two categories of experience in family and social life, as I have mentioned:

- (1) traumatic impinging experiences which are repressed or dissociated; and
- (2) generative ‘good-enough’ experiences which are ‘received’ into the unconscious (Bollas 1992: 73).

Based on our genetic heritage, our given family, and our experience, each of us will have particular valences for success and failure at each stage of our life-cycle. Additionally, married

couples will share a unique set of unconscious basic assumptions coming from their courtship which will influence their relative success or failure as parents at different stages of their subsequent family life-cycle. Here is an example.

I worked with a Jewish couple both of whom had lost hated fathers before meeting each other. During the first year of treatment, as the date for the Jewish service for atonement approached, they slipped into a familiar, tense, deadly struggle with

increasingly regressive levels of primitive paranoid/schizoid projection. As I tried to work with them they could agree on only one thing: that I was not helping them much, and, as a matter of fact, actually making things worse, because I kept wanting them to talk about their life and experience together. I began to feel anxious, inarticulate and deadened—and finally noticed my stomach was painfully tied in knots.

On the day after the Service of Atonement, as I cautiously began to

explore their weekend and the Service, they bristled. Finally, we eventually discovered their shared guilt about their angry fantasies toward their dead parents. Slowly, after anxious talk about hating fathers in general, each slipped into goading the other to talk about awful experiences with their own fathers. I pointed this out, sharing my sense of tension and anxiety, saying I felt this must all be so hard to stomach. Things shifted slightly toward sadness as they began owning up to their personal experiences, each

begrudgingly recalling a few good things about their parents.

The next year at the same time, as the fighting began to happen again, I recalled their anniversary experience and wondered with them if they might be forgetting something. At first they were angry and brushed my curiosity aside. But then it came out that both his father, who had stomach cancer, and her father, who had committed suicide, had died during their adolescence near the actual date of the Day of Atonement. As they reminded

each other about this, they became angry with each other, then with me. With my patient inquiry, countering their irritable lack of curiosity, they began to recall painful memories of how absent and unsupportive each of their overwhelmed mothers had been around their teenage anger and grief when their fathers died. Feeling abandoned and angry, they each had resorted to passive-aggressive ways of driving their mothers away, consolidating a hostile stance toward dependency figures. I said I and the knot in my stomach knew something

about that characteristic stance of theirs. As I said this, they cracked sheepish smiles that helped them open further discussion.

Through my somatic countertransference, via linked projections and introjections, this couple's unexpressed paternal (and maternal) transference behavior had gotten into my mind and my body that first year, and, much less so, the second time round. Recall my own personal valence for receiving and dealing with anniversary phenomena

because of my own parental mourning experience. As we found words to express our immediate human experience together, more intimate details about their parallel and coincident histories emerged, and we moved from soma to psyche, co-creating a shared verbal narrative of their own experience apart and together (Ogden 1994). They had disliked their paranoid-schizoid position with each other, with its alienation, blaming, and sado-masochistic struggle, but feared entering the depressive position with

its painful concern about past and present aggression, guilt and mourning. It always amazes me how people so well matched and mismatched find each other, given the uncanny timing of traumatic events in their unexpressed external life cycles —that is, until I recall how driven they both were by their secondary unconscious lifecycles to find each other to reenact their familiar pathological drama, and perhaps to work it out together.

Thus, in a fundamental sense, we, as human beings, all share an inborn unconscious family life-cycle predisposition to seek out similarly inclined mates congruent with our internal phantasy worlds. What is true of individuals is also true, of course, in a primary unconscious sense, for marital couples and their family groups. Beginning with the dance of mate selection, driven by projective identification and their unconscious life-cycle timing, couples progressively develop a shared system of mutual projective identifications.

As they relate to their families of origin and move into child-rearing, they share intimate, evocative experience together. As each stage of their external life-cycle reawakens their own past internal memories and phantasies, these in turn shape their outside experience and behavior. As a result they take in and develop an increasingly powerful congruence of shared secondary unconscious life-cycle. Through similar processes, their children also come to share the same secondary unconscious life-cycle congruence, acquired over their

lifetime of experience with their parents and evolving family.

The interplay of all these factors sets in motion a two-way process: the externalization of the internal life-cycle, and the internalization of the external life-cycle. For example, a new baby or an adolescent, with his or her particular powerful biological and behavioral presence, takes over the parents and family, while the departure of a college-bound teenager or the death of a grandparent impact each family member's internal experience,

reverberating through deep interior levels. Since most families provide a 'good enough', developmentally facilitating environment for children (Winnicott 1971: 11), positive generative encounters usually prevail during the family life-cycle. Extending Bollas's (1992: 73) concept of the 'received' to this positive life-cycle, I would emphasize that there is a constant unconscious reworking or transformation of our internal object representations and their dynamic interrelationship.

This normal generative life-cycle process, based in biological maturation and actual experience, constantly remodels our internal world, even as our internal phantasies mold and remodel our experience of our external world. As the Scharff's so succinctly put it, the 'infant reinvents the family' even as the 'family reinvents the infant' (1987: 101).

Because of unconscious basic assumptions, parents usually share a mutual developmental level and frequently have stage-specific

strengths and vulnerabilities throughout the life-cycle, even though they may seem to be at different levels because of taking on complementary roles.

If co-parents both happen to have their inner conflicts stirred up at the same time by current circumstances, there is a much higher co-determined likelihood of distorted projective identification, distorted delineation (Shapiro and Zinner 1971/1989: 83), and distorted holding and caring for developing children. Failure of holding

by one parent is bad enough, but failure by the co-parental pair is particularly damaging.

As a brief example, the daughter of the sado-masochistic couple mentioned above did reasonably well until adolescence. However, at that point, she began to have trouble with friends and especially with boys. As a result she fell back on her parents, especially her mother, but in an off-putting argumentative way. Her parents found her hostile dependent behavior particularly obnoxious, and

had little sympathy for her failed forays with boyfriends. They disliked her constant blaming and especially her talk about sadness and loneliness. It was too reminiscent of their own chronic problems. As the parents resolved similar issues, grieved their fathers, forgave their mothers, and became better partners and parents, their empathy and holding for their daughter began to facilitate her own growth in these stage-specific interlocked life-cycle conflicts.

Thus, with shared co-parental distress, there is an increased probability the parental pair will regress to the paranoid-schizoid mode of functioning. Increasing levels of primitive projection take place. Parents find themselves returning emotionally to intolerable child-self experiences—experiences originally encountered with their own parents but now projected into spouses and children. This reveals vulnerability for stage-specific regression to a more primitive, paranoid-schizoid mode around similar life-cycle-specific childhood

developmental issues. It is precisely these grandparent-parent-child experiences that transmit these phase-specific life-cycle problems to the children of the next generation. This accounts for the co-evolution of shared, transgenerational life-cycle pathology, including phase-specific conflicts, secondary repression, arrests in developmental level, and pathological shared basic family assumptions.

During treatment, the therapist attends to transference and

countertransference distortions of time, feeling, and body states, as well as to breaks in personal narrative, and can sense the presence of repressed or dissociated experience. Attunement to the mutual interplay between internal and external life-cycles, both conscious and unconscious, in oneself and in patients, will facilitate more effective therapeutic process, increasing its scope, intimacy and accuracy.

CONCLUSION

Far beyond our conscious awareness, we humans resonate and relate with each other through our unconscious mind, using the full register of our human instrument. A major part of this mental capacity is our shared sense of the human life-cycle, our mutual sense of time, personal narrative, family calendar and shared history. Our collective human evolution has equipped us with this life-cycle capacity consciously and unconsciously. From birth on, through interplay of our innate potential and good enough developmental

experience, we take in personal and family life-cycle experiences.

Major aspects of our evolving life-cycle capacity are structures and functions of our shared unconscious personal worlds. Some are innate and primarily unconscious—part of our unconscious phantasy life which has never been conscious—and some are secondarily unconscious, taken in, and layered into primary phantasies, hidden from our awareness. All these hidden worlds are dynamic in structure and function, and themselves undergo

unconscious life-cycle development, although each by different psychological rules and routes.

Through our conscious and unconscious hopes and desires, we seek another to complete our selves, and to repeat our inner dramas. Finally, we select our mates, for better or for worse, someone with sufficient complementarity of fit, sharing our basic needs and unconscious assumptions, whether they emerge from healthy or traumatic experience. To the degree that there is a

congruence of unconscious co-parental life-cycle pathology, there will be serious co-determined distortions of children's evolving lifecycles, both conscious and unconscious, shaping their development, subsequent mate selection and families, including distortions of time sense, social calendar, narrative, and history. Though we can only know the surface behavior emerging from unconscious life-cycles, we, as clinicians can enhance treatment through the use of our own human instrument. This fuller attunement of our selves with our

patients then opens new aspects of transference and countertransference and treatment possibilities.

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[1] Kleinians use 'phantasy' for unconscious
and 'fantasy' for conscious fantasies.

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