

# Time, Life, and Psychotherapy

an overview



**Michael Stadter**  
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psychotherapy:  
an overview**

**Dimensions of  
Psychotherapy, Dimensions  
of Experience**

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and David E.  
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# Time, life and psychotherapy: an overview

*Michael Stadter and David E.  
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Time is a basic ingredient of existence, studied for thousands of years by philosophy, for hundreds by physics, and for one hundred years by psychoanalysis. In this section, we hope to stimulate curiosity about its role and action in the clinical situation.



**Time is one of the most common human dimensions through which we measure experience.** Of course, time and experience are connected in complex and intimate ways. For instance, it is equally true that we measure time through experience just as we measure experience through time. Consider these mundane examples of time in our lives: most of us wear wrist watches, we see countless clocks in a given day, we look forward to having ‘time off’, we as therapists emphasize starting and ending our sessions ‘on time’, we

detail in case presentations how long we've seen the patient and how frequently. Consider, too, how often people refer to time: time to kill, time on my hands, what time is it? how much more time do I have? time is on my side, time is working against me, the two-minute drill in football, the one- minute waltz.

**Time is also one of the most profound of human experiences.** The human awareness of time has been described as one of the most important capacities that differentiate us from

other animals (Wright 2002). It gives us an ability to see a past, a future and, ultimately, our own mortality. The nature of time has been the subject of study and controversy by philosophers and physicists since the beginning of those disciplines. Aristotle asked whether time exists if no change occurs—a question still explored in philosophy (Le Poidevin 2003). Time has also been a central subject for the phenomenological philosophers such as Husserl, Heidegger, Sartre, and Merleau-Ponty. Indeed, Heidegger's (1927/1962) most influential work is

titled *Being and Time*. As Dreyfus states:

What Martin Heidegger is after in *Being and Time* is nothing less than deepening our understanding of what it means for something (things, people, abstractions, language, etc.) to be. He wants to distinguish several different ways of being and then show how they are all related to human being and ultimately to *temporality* [italics added].

(Dreyfus 1991: 1)

We would just briefly note that historically there has been a complementarity and overlap between phenomenology and psychoanalysis. Moreover, Stem (2004) has noted that

the phenomenological approach has been revitalized by current scientists and philosophers. In his fascinating book (Stern 2004) on the ‘present moment’ in life and psychotherapy (defined as a one- to ten-second duration) he describes the profound influence of the phenomenologists, especially Husserl and Merleau-Ponty, on his work. Similarly, Stolorow (2003) recently wrote a short paper that referred to concepts of Husserl and Heidegger and their impact on his thinking on time and trauma.

In the realm of physics, Newton famously declared that time was an absolute, that time flows steadily ‘without reference to anything external’ (Greene 2004: 45). This temporal perspective was dominant for the next 200 years. Then came Einstein and the physics of time took an enormous leap. His theories of relativity proposed that time is altered by the effects of motion and gravity. This shattered the idea that time could be an absolute, unchanging phenomenon (Galison 2003; Greene 2004). Moreover, quantum mechanics

and string theory have presented new temporal notions to physicists. Currently, some time questions in physics and philosophy are (Callender 2002; Greene 2004; Le Poidevin 2003):

Does time actually exist?

Does time have a beginning or end?

Could time go backward?

Is every moment a time capsule and partial record of the past?

Our work as therapists and analysts is less concerned with the basic nature of time and more with the human

experience of it. Consider, though, that these temporal questions of physicists and philosophers are very similar to the questions about clinical phenomena that we and our patients have—albeit at different and/or symbolic levels. The interested reader is referred to Callender (2002), Galison (2003), Greene (2004), and Le Poidevin (2003) for extended exploration of these other disciplines' perspectives on time. In our present brief overview we are simply noting that the questions that arise in analysis and psychotherapy are similar to ones



explored in these other sciences as we all try to apprehend the world and being human in it. To illustrate, we have listed below just a few examples of these four questions in the clinical setting.

## **DOES TIME ACTUALLY EXIST?**

Consider these phenomena from the clinical situation:

The ‘stopping’ of time by dissociative processes

An absence of a sense of time passing during an intense, engrossing experience

The obliteration of time by  
chemical intoxication

The ‘transcendent’ state in intense  
narcissistic gratification

The absence of time was noted by Freud (1933) in his well-known statement that the unconscious is timeless. While many contemporary writers (e.g., Hartocollis 1975; Stolorow 2003; see also, Ravenscroft, Chapter 1 in this volume) would argue that the unconscious is not truly timeless, and we would agree, the subjective experience of timelessness is pervasive.

## **DOES TIME HAVE A BEGINNING OR END?**

Here are some experiences of temporal beginnings or endings:

The experience of having little or no time left

Following a trauma, the sense that time has ended

The experience that time began with a major event in a person's life

The sense that one has only *now* started to live

Such examples suggest the experience of the 'clock' stopping or starting in response to intense experience. They

also demonstrate the strong connection between a sense of time and a sense of self, a connection Heidegger described in 1927.

## **COULD TIME GO BACKWARD?**

The following are examples of the present moving back in time:

The frequent wish to return to the  
past

An adult living life as an  
adolescent

Traumatic flashbacks

Different varieties of regression

Of course, the phenomena of transference and countertransference are powerful instances of the past being lived in the present. Freud's concept of 'nachtraglichkeit' (Kernberg 2001), now most often referred to by French analysts as 'apres coup' (Birksted-Breen 2003), is an example of the present moving back in time, infusing the past with meaning it had not had at the time it occurred in the past.

**IS EVERY MOMENT A TIME  
CAPSULE AND PARTIAL  
RECORD OF THE PAST?**

Therapists often do not ‘know’ what factually happened in patients’ pasts, but traces of the past are embodied in the present nevertheless.

A patient noticing that he angrily answered a question like his father did

A therapist being very directive and protective with a patient resembles the way the patient was treated as the parentified child in her family

A patient telling the therapist how disappointing he is reenacts what the patient’s mother said to her

A therapist being unable to think just as she had with some previous patients and with her own parents

Transference, countertransference and emphasis on the here-and-now are built on the premise that the present moment contains remnants of the past. Much of our analytic work studies the contents of the past that have been brought into the present of the therapeutic relationship. Hopper, whose work is represented in Part II on space (Chapter 7), has established a four-cell square (Hopper 2003a,

2003b) to show the clinical relationship of space and time. The treatment space and time are the here-and-now of the present inside therapy. The past that existed outside the therapy and in another place, that is a patient's history, is the 'there-and-then.' The 'here-and-then' represents those moments the past enters the therapy, especially the past of the therapy itself. And the 'there-and-now' is the place outside therapy in which the patient's current life occurs.



Interestingly, physics questions whether the present actually exists (Greene 2004). Certainly, the sense of the present is a powerful subjective experience. In considering the clinical situation, though, we realize that we cannot actually make ‘here-and-now’ interpretations, important as this concept is. We actually are referring to a time that is very recent but is actually ‘here-and-then’, a few seconds or minutes past.

Jill Scharff and I (DES) (Scharff and Scharff 1998), have extended the

concept of time that is not the ‘now’ of the present. Time both past and present are constructs of the mind. The past is carried as memory (the ‘there-and-back then’), and in a similar way, the future is carried as fantasy, hope and fear (the ‘if-and-when’). Just as our pasts guide us in the form of internal psychic structure and memory, the ‘if-and-when’ in a structure of fantasy serves to guide each of us forward from the current moment into our futures.

We have four chapters on time in this section. Kent Ravenscroft begins our exploration with the notion that there is an unconscious developmental clock that affects us not only in the familiar developmental sequences of individuals, but also in our group experience as families. His temporal focus sheds light on the nature of Freud's primary unconscious. Using child, family and couple cases, he illustrates time shifts in sessions, in variations in patients' narrative coherence, and during therapists' use of countertransference.

In the next chapter, I (MS) consider the interrelationships among time, trauma and psychotherapy. I begin with a traumatized patient who wanted time to stop. For this patient, time was an intruder and a thief. I then describe the balance, oscillations and co-existence of time-centered versus timeless subjectivity: time-near and time-far. Finally, I explore how trauma profoundly affects temporality.

Leslie Johnson further examines attempts to stop or transcend time through the discussion of two

narcissistic patients. Their relationships to time impaired their lives and their therapies. Emphasizing the connection between time and the experience of separation, she develops her ideas using the Greek concepts of *chronos*, *kairos* and *pleroma*.

Lea Setton and Jill Scharff also write of the link between time sense and separation. Additionally, they consider the concept of time sense developing from innate rhythms and from hunger. At the heart of their chapter, they present a detailed case

history to illustrate the impact of time in a three-year treatment where sturdy consistency was required of the therapist *over time*. They describe how the patient played with time, and make the case for the necessity of a large quantity of time in the successful treatment of many patients.

As Bollas has written of psychoanalytic listening:

This way of listening takes time, lots and lots of time. It takes time for the evocative movement of the patient's discourse to affect the analyst's unconscious life. This aspect of an analysis leads to a greater appreciation of unconscious time and

unconscious thought: indeed, it gives its participants a new appreciation of time itself.

(Bollas 1999: 186)

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