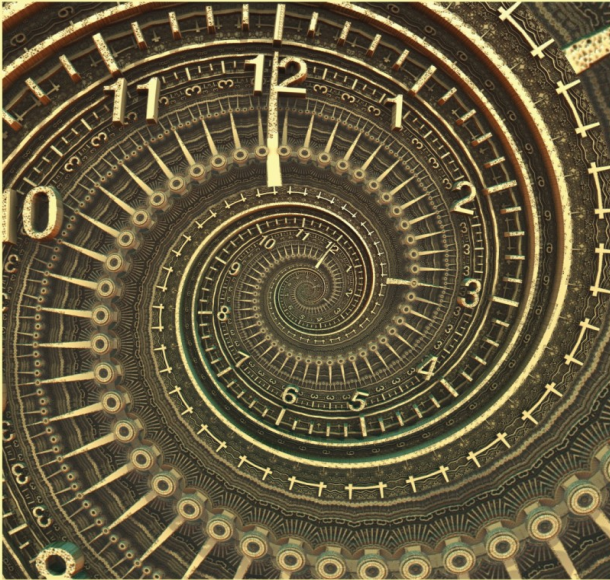


Time-near and Time-far

the changing shape of time in trauma and psychotherapy



Michael Stadter

Dimensions of Psychotherapy, Dimensions of Experience

**Time-near and
time-far: the
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Time-near and time-far: the changing shape of time in trauma and psychotherapy

Michael Stadter

We have a very complex relationship with time. Through awareness of it, we can function in the world, choreograph the intricate dance of modern society and ‘be on time’. However, awareness of time is one of

the great sources of human suffering as well. Through the knowledge of time we anticipate losses, see the aging process, and, ultimately, recognize our own mortality. We experience mourning and the unidirectional flow of past to present to future. We see, how in this temporal sense, we can never go home again.

In this chapter, I reflect on the concept of time and its changing shape. First, I will present a clinical vignette of a patient stuck in time. Second, I will describe a typology of

time applicable to experience in and out of psychotherapy. Third, I will examine the important and complex relationship between trauma and time. Finally, I will offer some clinical implications of this discussion of time.

‘I WANT TIME TO STOP’

Martin was referred to me due to a major depressive episode triggered by his only son’s leaving home to attend college. This 56-year-old physician has been painfully feeling the passage of time—in his son growing up and away from the family, in his wife’s

aging and chronic physical problems, and in the limitations on his career. He has repeatedly declared that he doesn't want to grow old and prides himself on looking young for his age (he does) and on being in excellent physical shape (he is). When I asked him whether he had a vision for the future, he said with a mixture of annoyance and guilt, 'Yeah, I want to fuck teenage girls.' He has no other vision for his future.

Within two months, with the help of Celexa, Martin's depression lifted

revealing an angry, empty sense of self and much existential anxiety about the future. When he was depressed, he was dependent on me, asked frequently for direction and was grateful for the help and relief he got. Four months later, I still felt his dependence on me and on the therapy but there was an angry, demanding quality to him—‘Am I getting any better?’, ‘How long is this going to take?’, ‘Eleven years of psychoanalysis didn’t do much for me.’ I felt alternately touched by his suffering, angry at his frequent

demands, and had some feelings of inadequacy.

In a recent session, he complained that he was still depressed. I actually didn't think that he seemed particularly depressed; he felt like a passive, demanding baby to me and I found myself again being irritated with him. I said that I thought the dominant feeling he was struggling with was more anger than depression. He said his wife frequently says he's angry but he doesn't get it. I said maybe he's angry with me for not helping him

more and faster. I also suggested that he might be angry with himself for being in such a state at this time of his life. He paused and said maybe there's something to that and that he just wanted time to stop.

I asked him if he had ever wanted time to stop before. He said at least two times: when his sister fell to her death in front of him on a family hiking trip (he was 10, she was 17) and when his mother died (he was 18). He had done much processing of this in his previous analysis but he still had a

considerable amount of work to do on it and on the angry empty self that was generated by these traumas. He has developed a good understanding of his vulnerability to depression and to anniversary reactions. But, he has split off awareness of his frequent states of hostile dependency and angry protest against the passage of time and death. He HAS tried to stop time since those deaths. His son going to college shattered his unconscious fantasy that time can be stopped. In a way, it has stopped for him, since he can't think about a future. His obsession with

teenage girls symbolized his sense of self in frozen time.

PSYCHOANALYTIC PERSPECTIVES ON TIME

Several psychoanalytic writers have investigated the role of time in our lives. The development of a time sense has been most notably connected with separation (Sachs 1925) and hunger (Spitz 1965). Time has also been considered to be an intruder (e.g., Schiffer 1978). The infant is seen as initially experiencing a timeless, endless union with the mother. The

awareness of time, with its passage and limits, is experienced as an intruder into this union. Because of this Schiffer (1978) described time as the earliest target for elimination. Time is frequently portrayed as a father figure with imagery that has a negative charge: Father Time (elderly, enfeebled man with a scythe). Consider how differently Mother Nature is often represented (powerful woman, abundant nurturance). Moreover, while time is one of the core dimensions within which we live, it is also the dimension that measures

our aging and eventual death. For example, the only data inscribed on many Western tombstones is the deceased's name and dates of birth and death—these are the most basic facts, the time of our lives. It is not a coincidence that Father Time and the Grim Reaper both carry scythes. It is interesting to note that the other common information on Western tombstones has to do with relationship ‘...devoted son of...’ ‘loving mother of...’. Together, these inscriptions highlight the times of one's life, past relationships and present separations.

Many writers have described two states of time perception. Bonaparte (1940) wrote a particularly insightful, early psychoanalytic paper on time in which she describes these two temporal states. One state is a timeless, endless experience where the passage and duration of time are not even noted by the person; the other state is time-centered where passage and duration are felt and measured, as with clocks. She describes these states in child development:

Children wake from their slumbers,
get up, run about, eat, play, laugh and

cry in a 'time' whose sweep is of a very different order from that of the brief, pathetic time enjoyed by adults... However, as the child's perception of objects in the outside world, at first vague and all-embracing, constantly gains in precision, he becomes better able to situate objects in time. He is obliged to reckon with this master and from this standpoint it marks an important date in his young life when he has learnt to understand the language spoken by watches and clocks and in former times, no doubt, by sun-dials and hour-glasses.

(Bonaparte 1940: 427)

Timelessness is a function of primary process and clock time is a function of secondary process. The awareness of time as limited and forward-moving

has been named objective time, adult time, clock time, categorical time, reality time, secondary process time, and sequential time. The timeless experience has been labeled subjective time, child time, existential time, unconscious time, non-linear time, and Freudian time. The different names for the two states do not describe exactly identical experience but each pair does divide temporality in a similar time-aware versus timeless manner.

While there are already various terms for this dichotomy, I suggest that

the simple terms of time-near and time-far may be useful for two reasons. First, the near/far pairing highlights the individual's subjective relationship to time *in the moment*: is the person predominantly, in the moment, closely sensing time or is the predominant experience one of temporal awareness being either non-existent or distant? Second, I hope also to suggest a different, co-existent relationship between the two states. Many writers, including Bonaparte, conceive of either one of the temporal states as active at a time, not both

states. Certainly human temporal experience does shift and even rapidly oscillate between the two. However, I also think of the two as often simultaneously co-existing although one may be more prominent at a given moment. Sabbadini (1989: 307) has also written about the ‘paradoxical coexistence’ of these two states.

TIME-NEAR, TIME-FAR AND EPOCHAL TIME

Time-near

When we are aware of time and its passage, when we are in the domain of

clocks, calendars and schedules, we are in time-near states. Mention of being late, early, on time, and out of time occur in these states. The therapist and/or patient notice:

The session began five minutes late

It has been three weeks since a friend was seen

It is the anniversary of a father's death

There will be two more weeks until the vacation

The therapy will end in one month

The session is going slowly

Time-near states keep us grounded in the experience of the passage, speed and duration of events. This awareness can be comforting or can cause anxiety, sadness, etc. There is a unidirectional flow from past to present to future and time-near functioning helps to keep a sense of self-continuity and of temporal continuity as well as providing a way to manage the impact of change over time. In the section on trauma, I will examine how time-near experiencing can be powerfully employed to prevent psychological disintegration.

Time-far

Time-far states of mind have either or both of the following characteristics. First, time passage, duration and speed are not noticed. The experience is timeless, endless, without limits and there is no awareness of endings or mortality (see also Johnson, Chapter 3, and Scharff and Cooper, Chapter 14 in this volume). Second, time is not experienced linearly or unidirectionally. The past and/or future may be experienced in the present and

the present altered and even intruded upon by it. Transference and countertransference are time-far examples of the past intruding into the present and future. The Hindu, Buddhist and other philosophies that look at time as cyclical emphasize a time-far perspective. The following are additional examples of time-far states of mind:

Being totally engrossed in a here and now experience

Sleep

Some dreams, daydreams and fantasies

Re-living the past as if it were
actually happening now
(common in transference and
trauma)

Free association

Some states of intoxication

Being in love or hate: 'I will love
you always.' 'I will hate you
forever.'

Strong affective states: 'He'll
never forgive me.'

Dissociation

The therapist 'forgetting' to end
the session on time

When Martin (in the clinical
vignette) was going through the major

depressive episode, he was experiencing time painfully as both near and far. He was intensely feeling the slow passage of time both in and out of the sessions. While he felt each tick of the second-hand on his watch, he also had the conviction that he would be in this state forever.

For an effective and rich life, we need to live with a balance or an oscillation between these time states. Consider two points relevant here to psychotherapy. First, patients may have an imbalance between these time

states. On the one hand, they may so often experience time-near that they are overwhelmed with the burden of schedules, deadlines and endings and have little or no access to the fullness and depth of their inner worlds (e.g., obsessive-compulsive defenses). On the other hand, time-far experiencing may be so dominant that they may become preoccupied by the here and now (e.g., impulsivity) or by the intrusion of the past (e.g., traumatic flashbacks) and are ineffective in managing life. Second, the process and structure of psychotherapy can

facilitate or inhibit the evocation of time-near or time-far states. In conducting treatment, it is therefore important to be cognizant of the impact of our approach and actions on patients' and therapists' time sense.

Epochal time

An additional time experience is epochal time which powerfully combines time-near and time-far states of mind. These are 'Events or epochs that have a monumental impact on history' (Engelman *et al.* 1992: 123). Examples would include the birth of

Christ (years becoming measured as BC or AD), the Declaration of Independence, and the Holocaust. However, Engelman *et al.* (1992) are also referring to personal history. Examples would be: the birth of a child, the death of a parent, or a traumatic event.

They occur within the matrix of sequential time, but radically influence all events that precede and are subsequent to the given epoch. Through such dramatic impact, the events that occur in the epoch have a timeless quality as they transcend the constraints imposed on them by sequential time.

(Engelman *et al.* 1992: 123)

This is especially salient and important in working with patients who have been traumatized. Mary, 24, suffered a severe trauma when her mother was murdered before her eyes at the age of 10. They had been walking home from a grocery store when her mother was robbed and shot to death. She described this as a ‘tear in time.’ Not only did she feel that her life was dramatically different after that but that the experience of her self was radically different after the murder.

Leonard, a man in his mid-40s, suffered the loss of his mother when he was 4. Since he was a man who put an extraordinarily high premium on self-control, he was shocked that he cried uncontrollably in an early session when he recounted it. Later in therapy, we explored his inability to feel love and strong emotion for any woman. He dated this to age 20 when he had been rejected by a girlfriend in college. The epochal event that first became conscious was this rejection in college. Of course, it helped us to understand the power of this rejection by seeing it

as having elements of a more fundamental epochal event—his early loss of his mother.

TRAUMA

Overwhelming, inescapable experience injures the individual in a multitude of ways and its distortion of the person's time sense is particularly damaging. Several writers have detailed the neurobiological impact of trauma (Cozolino 2002; Siegel 1999). Stolorow noted that the disruption of 'the unifying thread of temporality' (Stolorow 2003: 158) is so central that

it disrupts the sense of self. Herman (1992) stated that temporal distortions are very common among victims of confinement. We do see many time sense distortions in non-traumatized patients but they can be especially strong when trauma has been experienced. Using Ornstein's (1969) work on perceptual time functions, Terr (1984) has described how trauma can disrupt all four of the major elements of temporal functioning which are crucial for basic orientation and psychological regulation. Briefly, the four are:

1 Short time sense

2 Duration

3 Simultaneity and succession

4 Temporal perspective

Short time sense

This involves very brief, momentary durations and rhythms. Terr notes that most traumatized patients do not spontaneously report such phenomena and they may not register in memory. ‘Yet awareness of the beat of the heart, of the in and out of breathing, of hunger, or of the need to eliminate are reminders of life, of

living—and as such they serve as reassurances during traumatic events’ (Terr 1984: 638). For instance, traumatized patients may rhythmically rock, sing songs to themselves, or count to endure a traumatic event and to keep from disintegrating. Such activities have a basic internal clock function that measures the passage of time. I suggest that this gives the victim a time-near focus that assists in managing the overwhelming experience. It is also useful to think of these behaviors as instances of regression to Ogden’s (1989) autistic-

contiguous functioning. In this primitive mode of experience, dissolution of self is the predominant anxiety. To ward that off, the person organizes self through a focus on sensory experience. That return to the basic awareness of rhythms, skin surface and bodily functions affirms the existence of self and helps the traumatized individual to not ‘fall apart’. Similarly, at times in therapy we help disorganized patients ‘pull themselves together’ by time-near interventions (e.g., ‘We have five more

minutes;’ ‘What will you do with yourself for the next two hours?’).

Duration

Trauma commonly distorts the perception of the speed of time and how long an event lasted. This can involve accelerated or decelerated time. People who have suffered a sudden, brief traumatic event (e.g., a car crash) frequently report that time seemed to go in slow motion and it was hard to believe that all that they experienced occurred in just a few seconds. On the other hand, Terr notes

that some people who have been trapped for prolonged periods (e.g., miners, skiers in an avalanche) often report that the time passed much faster than normal. Patients who have been sexually abused over an extended time may remember it as having gone on for a much longer or shorter period of time than had actually occurred. These temporal accelerations and decelerations may function to help the individual bear the trauma. For example, the slow motion perception of a car accident permits the

experience of taking in the traumatic event more slowly.

Simultaneity and succession

Two basic temporal perceptions are simultaneity and succession: whether events occurred at the same time or whether events occurred before or after other events. Traumatized patients may distort whether the trauma occurred before, during, or after another important event. These twists of memory can become important in the nature of the patient's personal narrative and may either aid

containment of the damage from the trauma or intensify it.

These distortions can also be prominent in later non-traumatic experiences. Tom, who had been repeatedly physically abused by his older sister during childhood, described at age 40 frequently feeling that ‘time was all mixed up in a bucket’—the idea of sequencing different parts of a task, setting priorities and developing time lines seemed impossible to him. This greatly contributed to procrastination

and work paralysis. Additionally, the intrusion of past, present and future can break down sequencing. Individuals may be going about their daily business and a stimulus evokes an intrusive thought from the past that is experienced with the force of it happening in the present. Leslie, 55, who had been repeatedly sexually abused in childhood, was walking to my office when she absent-mindedly noticed a plastic chain draped so as to keep people from walking on a grass plot. This physical object reminded her of a particular time in her childhood

which, in turn, suddenly threw her into a flashback of a childhood sexual trauma at that time. Much of the session was spent with her viscerally reliving that abusive event. On the other hand the future can intrude on the present as well. Anxious patients can become so paralyzed by their fear of future catastrophes that they cannot live in the present (Hartocollis 1975).

Temporal perspective

Temporal perspective refers to the change in the perception of the future in victims of trauma and is often,

according to Terr (1984: 658), a ‘time foreshortening’. Following trauma, the patient may expect a smaller future—a shorter life, no marriage or children, little joy, few job prospects, etc. Terr quotes a patient of hers two years after suffering a traumatic loss as saying, ‘Now I simply exist—one day at a time’ (1984: 659). As I write this, three traumatized patients immediately come to mind (including Martin) who are afraid to, or unable to, have fantasies about their futures. They are mired in the time-near experience of the present and the time-far intrusion

of the past into the present. In their experience, they have no future. In the novel, *Einstein's Dreams*, Lightman (1993) described life without a future, 'In a world without future, each parting of friends is a death. In a world without future, each loneliness is final. In a world without future, each laugh is the last laugh. In a world without future, beyond the present lies nothingness, and people cling to the present [*or, to the past, in the case of our patients*] as if hanging from a cliff' (1993: 130). On the other hand, some trauma patients develop an

expansive or transcendent time-far view of the future. This may involve a religious or philosophical belief—that now they are destined for greatness, God’s will be done, that they will be reincarnated into a better life, that they can now just wait for heaven.

TRAUMA AND FROZEN TIME

Other effects of trauma on time sense include the state of frozen time and the desire to bring back the past. Many writers have described a freezing, a stopping, of time and parts of the personality as a response to

trauma (see Scharff and Scharff (1994) for a survey of perspectives). As part of the complex effects of splitting and dissociation, the traumatic memory may be frozen and unchanging and a part of the self associated with it is frozen and unable to grow or develop. Davies and Frawley (1992: 21), in describing survivors of incest, have written of the child part of the patient being 'frozen in time' and isolated from the rest of the personality. Such patients continue to think, feel and act as they had in their lives at the time of the trauma. Van der Kolk (1996) has

reported that despite the evidence of frequent distortions in the memory of trauma victims, they consistently claim that their memories and perceptions are exact representations of sensations at the time of the trauma. We might consider that this belief in the exact preservation of these sensations and memories serves as an obsessional defense giving the impression of certainty and control. Many other writers have described related phenomena—for example, Fairbairn's (1958) frozen tableau, Guntrip's

(1969) regressed libidinal ego, and Hopper's (1991) encapsulation.

In his novel, Lightman (1993) also evocatively describes how the state of stopped time in itself destroys human connection and relationship: 'The tragedy of this world (of stopped time) is that no one is happy, whether stuck in a time of pain or of joy. The tragedy of this world is that everyone is alone. For a life in the past cannot be shared with the present. Each person who gets stuck in time gets stuck alone' (1993: 65). As Stolorow (2003: 158) notes,

the breaking up of the ‘unifying thread of temporality’ disrupts the basic sense of self. It also disrupts and even destroys human relatedness.

TRAUMA AND BRINGING BACK THE PAST

Frequently traumatized patients are obsessed with the desire to return to a time prior to the trauma. For instance, they may be haunted with thoughts and longings for the time before the rape or the death of the spouse. The pre-trauma time may be idealized, making it larger than life. Such a

passionate desire for the time-far of the past is a way to manage the overwhelming experience of post-traumatic life. Shakespeare dramatized such a state of mind with Richard II's lament, 'Oh call back yesterday, bid time return' (*Richard II* 3.2). We might think of this as investing temporal hope in the wrong direction—in the past rather than in the future. There is a saying, I don't know the attribution, that, 'You have to give up the hope of a better yesterday.'

The need to bring back the past can also cause trauma victims to persistently look for omens or turning points (Terr 1984). Omens are events that victims now believe could have forewarned them of the impending trauma. Turning points are events in which a choice was made and, had it been made otherwise, the trauma would not have happened: the present and future would be different. We can look at this as another example of obsessional defenses to manage the impact of overwhelming experience that the person could not control. It is

an attempt at some mastery. The movie, *Sliding Doors*, with its double narrative after a seemingly insignificant event, and the many dramas about time travelers who change the past reflect this wish to control or undo the past—to kill time and/or to obliterate the epochal event.

APPLICATIONS AND IMPLICATIONS

The central premise of this chapter is that the therapeutic process can be enhanced by attention to the dimension of time—its quality and quantity, and

its role in organizing psychological experience and a sense of self—as a specific ingredient in therapy. Particular attention to the temporal contours of the transference/countertransference matrix is valuable: the time-near and time-far states for both patient and therapist, temporal distortions and shifts (see also Ravenscroft, Chapter 1 in this volume), and epochal therapeutic events.

Here are some additional recommendations:

1 Simply listen for temporal references in the content and associations (therapist's and patient's) and consider their meaning. For example:

‘I will *never* talk to him again.’

The patient repeatedly looks at the clock.

‘She’ll be in my heart *forever*.’

‘It’s been an *eternity* since our last session.’

‘It seems like yesterday I was here.’

‘So, that’s that—*the beat goes on*.’

‘It’s been 50 minutes already?’

‘The longest hour in my week is with this patient.’

In my work with Martin, our examination of his desire to have time stop has proven productive. Interestingly, he has an unconscious tendency to rub the face of his wristwatch and our curiosity about that has been helpful. Stolorow (2003: 158) noted that his simple statement to a traumatized patient ‘Trauma destroys time!’ helped her to feel less fragmented.

2 Note when the patient moves from predominant states of time-near to time-far or vice versa. Such transitions may indicate a defensive temporal

shift to avoid an uncomfortable affect or state of mind. What is being warded off? What is being organized or disorganized? What is going on between us?

3 Ask: what is the impact of your approach, structure and process on time states? Is this a long-term therapy, at this point in time, or is it short-term or termination phase? These different contexts can profoundly affect the experience of time. For example, I believe that short-term therapy pulls patient and therapist into more time-near states (Stadter 1996). How does your style and approach affect the evocation of

different temporal states? Does it more promote time-near or time-far experiencing? Would it be more effective to facilitate more of time-near or time-far functioning?

- 4 Consider the role of loss and blocked mourning in patients who have a great deal of difficulty in handling time. As I reflected on my practice and the patients who had issues with time, they so often were patients with traumatic losses who had had difficulty grieving the losses.
- 5 Be attuned to the profound impact that trauma can have on the experience of time. Be

aware of and investigate the time-alterations of traumatized patients. Distortions in time sense can be particularly sensitive indicators of psychic trauma because time perception is relatively new on the phylogenetic tree and is especially vulnerable to overwhelming stress (Terr 1984). Does the degree of temporal distortion in your patient suggest a past traumatic experience? Remember it is estimated that over three-quarters of U.S. adults have had overwhelmingly stressful life events (van der Kolk *et al.* 1996). Yet, these events and their impact may be overlooked

in treatment (McFarlane and de Girolamo 1996). Are there epochal events in your patient's life that were traumatic? Have there been epochal events in the therapy? In Part II of the present volume, on space, both Anderson and Hopper explore trauma as well.

6 Be sensitive to end-of-time phenomena. Consider the nature of the material that sometimes arises at the end of a session (so-called 'doorknob comments') or shortly before an anticipated interruption to the treatment (e.g., vacations, holidays) or during the termination phase of therapy. At

times, these are moments during which little apparent work is done but they can initiate breakthroughs, as material comes in that has either not been mentioned before, or is presented in a less defended manner. Some writers have examined the effects when a whole culture deals with an end-of-time event. For instance, Y2K at the end of the last millennium evoked this experience in many people (David *et al.* 1999).

7 Finally, at certain times, consider the creative use of time. Our object relations approach emphasizes the uniqueness of

each individual patient and the particular relationship developed with each specific therapist at a distinct point in time. No matter how experienced the therapist is, each patient must be approached with an attitude of not knowing and of hopeful discovery (Stadter and Scharff 2000). This is the opposite of a ‘one size fits all’ approach, yet the firmness and stability of the therapeutic frame are also crucial. How might we use time creatively with a particular patient? Here are some creative uses of time in therapy:

A Winnicott (1971), writing about therapy with few or infrequent sessions, argued for it being provided on demand, when the patient needs it and requests it. The therapy can then capitalize on the readiness and timely motivation of the patient.

B Budman and Gurman (1988) recommend, on a case by case basis, that therapists consider changes in duration and frequency of sessions to enhance treatment. Of course, we routinely look

at frequency (once, twice, three times per week therapy) in improving the effectiveness of therapy. Consider how changing the frequency or session length for a brief period would affect the treatment.

C Lacan (Evans 1996) has developed the controversial technique of the therapist unilaterally ending the session early. This may occur when the therapist believes that either nothing will be accomplished if the

session were to continue or that it will be more therapeutic for the patient to end the session with their inner state as it is at that particular moment. This is a very creative use of time although I do not recommend it myself.

D I have, as a counterpoint to the Lacanian technique, a personal example from my own therapy of talking about an important but very uncomfortable issue. I noticed that the 50 minutes was up and I said, with relief, that we

had to ‘leave it here.’ My therapist surprised me by saying, ‘It is raining awfully hard outside; I don’t mind continuing our session a bit.’ She had never done that before. We did continue and quite deeply, and painfully, further explored my issue—the time was right to overcome my resistance.

IN CLOSING

To be fully alive, we must effectively live with the balance and co-existence of time-near and time-far

states. We must face the nearness of time and also dive into the associative states of time-far. The same is true about psychotherapy. But, whatever our perception of time, our lives and our relationships with our patients are all, in fact, time-limited. As Bonaparte noted:

We destroy time from the moment we begin to use it. To be master of one's time can only refer to time which lies before one, which has not yet done service, which one has not yet enjoyed. For in living our time we die from it.

(Bonaparte 1940: 432)

REFERENCES

Bonaparte, M. (1940) 'Time and the Unconscious', *International Journal of Psycho-Analysis*, 21: 427-468.

Budman, S. H. and Gurman, A. S. (1988) *Theory and Practice of Brief Therapy*, New York: Guilford.

Cozolino, L. (2002) *The Neuroscience of Psychotherapy*, New York: Norton.

David, C., Lenoir, F. and de Tonnac, J. P. (1999), *Conversations about the End of Time*, New York: Fromm International.

Davies, J. M. and Frawley, M. G. (1992) 'Dissociative Processes and Transference-Countertransference Paradigms in the Psychoanalytically-Oriented Treatment of Adult Survivors of Childhood Sexual Abuse', *Psychoanalytic Dialogues*, 2(1): 5-36.

Engelman, T. C., Day, M. and Durant, S. (1992) 'The Nature of Time and Psychotherapeutic Experience when Treatment Duration Shifts from Time-

Limited to Long-Term', in J. S. Rutan (ed.), *Psychotherapy for the 1990s*, New York: Guilford, pp. 119-137.

Evans, D. (1996) *An Introductory Dictionary of Lacanian Psychoanalysis*, London: Routledge.

Fairbairn, W. R. D. (1952) *An Object Relations Theory of the Personality*, New York: Basic Books.

Fairbairn, W. R. D. (1958) 'On the Nature and Aims of Psycho-analytical Treatment', *International Journal of Psychoanalysis*, 39: 374-385

Guntrip, H. (1969) *Schizoid Phenomena, Object Relations and the Self*, New York: International Universities Press.

Hartocollis, P. (1975) 'Time and Affect in Psychopathology', *Journal of the American Psychoanalytic Association*, 23: 383-395.

Herman, J. L. (1992) 'Complex PTSD: A Syndrome in Survivors of Prolonged and Repeated Trauma', *Journal of Traumatic Stress*, 3(1): 377-391.

Hopper, E. (1991) 'Encapsulation as a Defense against the Fear of Annihilation', *International Journal of Psycho-Analysis*, 72(4): 607-624.

Lightman, A. (1993) *Einstein's Dreams*, New York: Warner Books.

McFarlane, A. C. and de Girolamo, G. (1996) 'The Nature of Traumatic Stressors and the Epidemiology of Posttraumatic Reactions', in B. A. van der Kolk, A. C. McFarlane, and L. Weisaeth (eds.), *Traumatic Stress: The Effects of Overwhelming Experience on Mind, Body, and Society*, New York: Guilford, pp. 129-154.

Ogden, T. H. (1989) *The Primitive Edge of Experience*, Northvale, NJ: Jason Aronson.

- Ornstein, R. (1969) *On the Experience of Time*, New York: Pelican Books.
- Sabbadini, A. (1989) 'Boundaries of Timelessness: Some Thoughts about the Temporal Dimension of the Psychoanalytic Space', *International Journal of Psycho-Analysis*, 70: 305-313.
- Sachs, H. (1925) Quoted by S. Harnik in 'Die Triebhaftaffektiven Momente in Zeitgefühl', *Imago* 78: 453-468.
- Scharff, J. S. and Scharff, D. E. (1994) *Object Relations Therapy of Physical and Sexual Trauma*, Northvale, NJ: Jason Aronson.
- Schiffer, I. (1978) *The Trauma of Time*, New York: International Universities Press.
- Siegel, D. J. (1999) *The Developing Mind*, New York: Guilford.
- Spitz, R. (1965) *The First Year of Life*, New York: International Universities Press.
- Stadter, M. (1996) *Object Relations Brief Therapy: The Therapeutic Relationship in*

Short-term Work, Northvale, NJ: Jason Aronson.

Stadter, M. and Scharff, D. E. (2000) 'Object Relations Brief Therapy', in J. Carlson and L. Sperry (eds.), *Brief Therapy with Individuals and Couples*, Phoenix, AZ: Zeig, Tucker and Theisen, pp. 191-219.

Stolorow, R. D. (2003) 'Trauma and Temporality', *Psychoanalytic Psychology*, 20(1): 158-161.

Terr, L. C. (1984) 'Time and Trauma', *Psychoanalytic Studies of the Child*, 39: 633-665.

van der Kolk, B. A. (1996) 'Trauma and Memory', in B. A. van der Kolk, A. C. McFarlane, and L. Weisaeth (eds.), *Traumatic Stress: The Effects of Overwhelming Experience on Mind, Body, and Society*, New York: Guilford, pp. 279-303.

Winnicott, D. W. (1971) *Therapeutic Consultations in Child Psychiatry*, New

York: Basic Books.

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