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Time: the silent guest at the therapeutic table.

INTRODUCTION

I have been preoccupied with time for as long as I can remember. Even two of my school mottoes are time-embedded: *Ex spinas uvas* – from thorns to grapes (good second order change), and *Dum tempus habemus operemur bonum* – while we have time, let us do good. Clearly I had no chance of escaping time. The ideas described here come from my PhD thesis (Jenkins, 2013). They are anecdotal and selective. I illustrate some of my thinking with clinical vignettes.

So, what is the time now? My watch tells me it is 7.15 pm., but what is this set of numbers? Plato suggests that time is number (*Parmenides*, Plato, 1997). The number of appearances of the sun or moon between events may give a sense of duration or predictability. But this clock time in London is not the same as in Timisoara; the sun time (position) at Greenwich meridian (itself part of a historical accident) is not the same as at Lands End. St Augustine famously said:

> 'What then is time? I know well enough what it is provided that nobody asks me; but if I am asked what it is and try to explain it, I am baffled' (Augustine, 1961: 264).

What kinds of time do we have? Newtonian linear time or time's arrow travelling in a straight direction from past through present to future; or Einstein's relative time; circular time of pattern and repetition; episodic or diachronic time; the strange simultaneity of past and present and the confusion arising when the two merge, or a sense of being out of time. Or may be time

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does not exist. Aristotle argues (Aristotle, 1999: 112) that Now is not part of time. Julian Barbour (2000: 34) suggests; 'The instant is not in time – time is in the instant', that time is an abstraction constructed from the changes of things. Your time and my time may differ. We may not share the same experience of time with our patient in the consulting room.

If he therapist's and patient's time are different, how can we engage in any meaningful encounter in psychological treatment? What appears to take place simultaneously in the subjective worlds of patient and psychotherapist may be an illusion.

Case vignette: Joy.

Joy was a black female Jamaican patient in her late forties. After some eight sessions I was finding it hard to remain connected. We seemed to have reached an always present but unspoken impasse. I asked whether there was something that I had not spoken about, my whiteness and her blackness, and a 'shared history of slavery'? She simply replied "Yes". From this emerged freedom to speak of women's stories; her great grandmother's memories of her mother's slavery. [2] We explored another long-term legacy, of marginalised men unable to protect their families, and her partner's difficulties caring for her. We traced legacies that continue to be worked out today in our black and white communities. [3]

Our histories and unvoiced pasts had always been 'present'. As long as it remained so, the past would contaminate the present. Kareem speaks of 'psychological occupation [being] much more damaging and long-lasting than

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[2] Barack Obama in his victory speech on 5th November 2008 referred to his wife Michelle having the blood of African slaves *and* white slave owners in her veins. In those few words he brought a whole history of race, culture, oppression, and identity, to that evening in Chicago.

[3] Andrea Levy (2010) writes a historical fiction of slavery, transition from slavery to freedom, and the brutality that accompanied so much of this. Charles Ward (1983) published his autobiography, a tribute to the triumph of a man whose grandfather knew slavery, who left school at twelve and in 1980 at the age of 71, received his Doctor of Education from the University of Beverley Hills, California.

physical occupation. It destroyed the inner self' (Kareem, 2000: 33), for '(n)either patient nor therapist is 'innocent' of history and of memory' (ibid: 23).

I want to consider what happens if we take time as a focus in psychotherapy, and whether temporal descriptions in philosophy and anthropology can expand our understanding. How would we then think about Sigmund Freud and Mara Selvini Palazzoli's work?

Let me outline my field here. It resembles a meeting point, like the region of Phokis where three roads from Daulis, Delphi, and Thebes meet, or if you like, where they diverge (Vickers, 2007). This is where Oedipus killed his father, Laius. It is an almost liminal space, leading towards and away. When Oedipus fulfilled the prophecy he was betwixt and between, past and future meeting there in that fateful present.

Philosophy   Anthropology

Meeting time and place of major theoretical traditions. A place of uncertainty and possibility; a place that is all these ways and none.
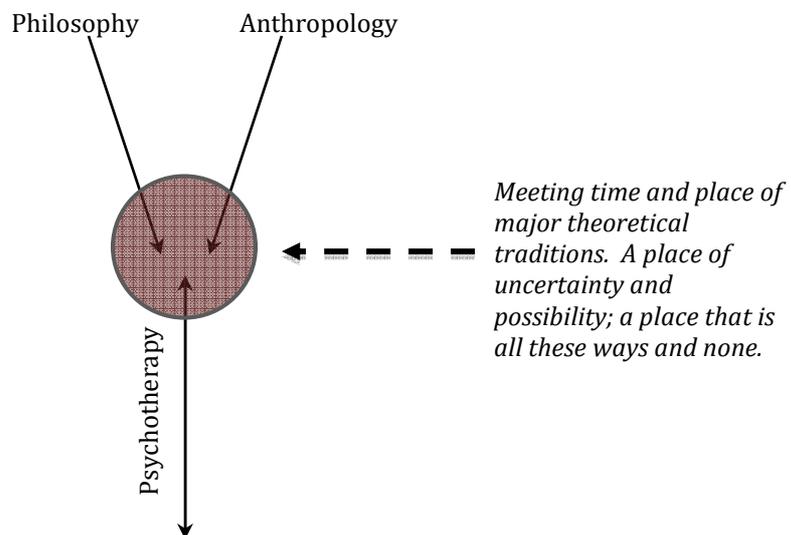
Psychotherapy

Figure 1. Meeting of the three ways.

In the space of this paper I can only choose a few themes to see whether they meet at this Phokis point. From philosophy I will refer to Plato's description of the instant and number; from Edmund Husserl the thick present. I will mention philosophical ideas about narrative and episodic time.

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My fishing in anthropology's waters must be equally arbitrary. I will introduce some ideas from Balinese culture and examine descriptions of ritual (thinking of ritual in therapy and therapy as ritual), and kinds of time described by van Gennep (1960) and Turner (1969, 1982).

From psychotherapy I take Freud's ideas about time and the unconscious, compulsion to repeat, and transference, while from Palazzoli, I describe her Batesonian concept of the time of the system.

Boscolo and Bertrando set the scene in *The Times of Time*:

> 'Past, present, and future are united in a single reflexive loop, … the present holds a special position in this loop. … It may happen that a particular event - a betrayal, an error, a war, a loss - can acquire total dominance. Despite the passing of time, it colours present events and rigidly determines future possibilities. It is as if the self-reflexive loop has split to become a linear, deterministic chain: the event "which has passed" has a huge influence on the present and future without itself being altered by them.' (Boscolo and Bertrando, 1993: 100-101).

With echoes of T.S. Eliot's *Burnt Norton*, this elegantly summarises my field, how the present can be so contaminated by past events that change feels impossible, rather like the insect preserved in amber in an endless present.

Plate 1. Insect in amber, Victoria Museum, Australia.

PHILOSOPHY

Preliminary thoughts.

Throughout history philosophers have grappled with how to understand and describe time. Western ideas begin with Parmenides' *On Nature* (Geldard, 2007) where he argues that reality is one and change impossible for how does an entity retain its identity if it changes? 'If it remains the same, then it does not change; yet if it does not remain the same, then it is no longer that thing that has changed' (Popper, 1973: 113), *The Way of Truth*; and in *The Way of Opinion* (or *Illusion*) the world of appearances is not to be trusted.

Heidegger struggled to understand the nature of Dasein or being, that time is at the basis of understanding our world. He says '*the history of the concept of time, that is, the history of the discovery of time, is the history of the question of being of entities*' (Heidegger, 1992: 141). Following Husserl, he attempts to 'describe … without any philosophical theory' (Heidegger, 1993: 159). [4]

In the twentieth century Merleau-Ponty, existentialist [5] who built on Husserl's ideas, believed that time is born from one's relationship with things. Time is not a succession of nows ('une succession de maintenant'), though for many patients life is experienced episodically as if there is no narrative temporal connection. '(L)ayers of time … thicken' ('la couche du temps … s'épaissit') (Merleau-Ponty, 2011: 478). Manifestly this is often not people's experience.

It can be a struggle to find temporal descriptions in philosophy relevant to psychotherapy since interest mainly rests with the normal. Paul Ricoeur (1980, 1984, 1985, 1988, and 2000) with his strongly narrative emphasis is a notable exception: '(T)ime becomes human to the extent that it is articulated through a

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[4] This was a central tenet of phenomenologists. It has a strong attraction for psychotherapy as it encourages us to see what we see without being clouded by theory.

[5] Merleau-Ponty was a 'co-founder with Sartre of existential philosophy … [developing] a description of the world as the field of experience in which I find myself' (Honderich, 2005: 588).

narrative mode, and narrative attains its full meaning when it becomes a condition of temporal existence' (Ricoeur, 1984: 52). Sartre echoes Ricoeur's thinking:

> 'Temporality is obviously an organised structure and its three "supposed" time elements, past, present, future, should not be seen as a collection of "data", out of which we make a total – for example like a series of "nows" of which some are not yet, others are no longer – but as moments structured from an original synthesis' (Sartre, 1943: 145). [6]

Perhaps as Sartre and Merleau-Ponty suggest, we should not deconstruct time into component parts, but view moments structured from a synthesis. These are some of my areas of interest.

PLATO

Plato's *Parmenides* describes 'the instant' as a state in-between that is neither past nor future.

> ' "… For a thing doesn't change from rest while rest continues, or from motion while motion continues. Rather, this queer creature, the instant, lurks between motion and rest – being in no time at all –. … But in changing, it changes at an instant, and when it changes, it would be in no time at all, and just then it would be neither in motion nor at rest." ' (Plato, 1997: 388.)

I want to suggest that this ignored 'instant' in Plato's *Parmenides* offers an overlooked way of conceptualising those fleeting moments where change occurs in psychotherapy, at that instant 'in no time at all' while *simultaneously* 'one partakes of time'. I am suggesting different levels of experience and different kinds of time. This instant (now) may be the *sine qua non* for change as a disjunctive moment 'in no time at all' which is necessary to uncouple the *what-is-known-before* from an *unknown-hereafter* in a kind of time (instant). It

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[6] 'La temporalité est évidemment une structure organisée et ces trois prétendus "éléments" du temps: passé, présent, avenir, ne doivent pas être envisagés comme une collection de "data" dont il faut faire la somme – par exemple une série infinie de "maintenant" dont les uns ne sont pas encore, dont les autres ne sont plus – mais comme des moments structurés d'une synthèse originelle' (Sartre, 1943: 145).
Sartre considers this phenomenological description 'comme un travail provisoire'.

seems to me that this invisible instant has been neglected in understanding a particular kind of time out of time that encompasses change.

Case vignette: Jane.

Let me describe an almost inconsequential moment in therapy. It concerns Jane. I will mention her history later. This incident concerns whether she could allow me to hold her coat when leaving, since inevitably there is a moment when she would have to turn her back to put on the second sleeve. In a research interview about her experiences in therapy I ask what would happen;

> **Jane.** "When I couldn't let you do that, I thought, like, how difficult can that be? When it happened it was really good. … There was a point before when it was totally impossible. Then, … you distracted me enough for me to do it, so that I wasn't exactly paying attention, because you got me thinking somewhere else, … I was concentrating on what you were talking about and not on what was about to happen. Somehow, for a moment I was not quite there, and then it was done. And it was good."

Jane realises that my carefully timed distraction of her conscious attention placed her momentarily in a different temporal space. When she "was not quite there" in that other time-space she could turn her back and allow me to hold her coat.

This event took place outside 'therapy' in the waiting room between the consulting room and the outside world. This is also a physical in-between space, between leaving therapy and re-entering the outside world. Simple though it was, I planned it as a performative event. There was an element of 'intentional ordeal'. I never formally defined this moment as 'ritual' or 'therapy', intentionally making it more intangible. Part of the distracting involved my active playfulness, thus changing the frame. The everyday act of helping Jane with her coat becomes sublime ('sacred') in this specific context.

Therapy occurs as much in the accumulation of informal small events as in more conscious interventions.

This in-between stage is liminal, from the Latin *limen* for threshold, neither fully in either place or time. The threshold between two rooms, two spaces, is in neither place, like Janus the god of doorways who looks in both directions; present and not present (Plate2).

Plate 2. Janus, god of Doorways. Vatican museum.

Augustine describes different kinds of present. He says that there is only the present:

> '… it is not strictly true to say there are three times, past present and future. It might be correct to say that there are three times, a present of past things, a present of present things, a present of future things. … The present of past things is the memory; the present of present things is direct perception; the present of future things is expectation.' (Augustine, 1961: 269).

From this perspective, times are constructs of our minds, phenomena of consciousness and our ability to self-reflect.

EDMUND HUSSERL

Clinical vignette: Bill

Bill had a difficult, intense relationship with his mother whom he felt never loved him for who he was, and an emotionally arid relationship with his father for whom money was very important. One day Bill entered the kitchen to find his wife making a birthday cake for their daughter. The combination of cake-baking for a loved daughter and accompanying smells reminded him so powerfully of his mother and feelings of emotional neglect that he abruptly left the kitchen for his bedroom and retreated under his duvet for the whole afternoon. [7]

With this account in mind, I take Edmund Husserl who set out to investigate without presuppositions as part of the existential phenomenological movement. Gell (1992: 221) refers to Husserl's 'notable account of the "psychology of internal time consciousness" '. Husserl states,

> '… the phenomenological task is to analyse the meaning, the "material", the "content" of the representation of time – specifically, as far as its essential types are concerned and naturally not with respect to each individual case that might be cited' (Husserl, 1991: 194).

I describe his idea of the thick present. Dostal (1993: 146-7) says of Husserl; '(W)e might say that the present is "thick" to the extent that, *within* the present, we find both the past and the future; that is we find all three dimensions of time. … Every present moment carries these two aspects as essential to its being what it is *as* present'. In every present moment exists the present, elements of the past (retention), and of the future (protention). This might be presented like this:

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[7] This recalls the madeleine dipped in a tisane in Prousts's *À la Recherche du Temps Perdu.*

MEMORY
PAST
(Conscious)
No longer
present

Retention **Present moment** Protention

Time flows ineluctably towards the future

HOPES
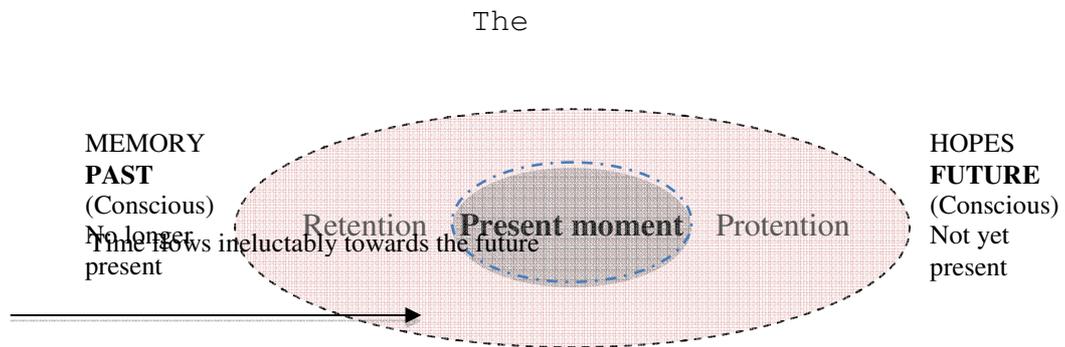**FUTURE**
(Conscious)
Not yet
present

Figure 2. Retentive and protentive aspects are constitutive elements of the present. They create a 'thick' present.

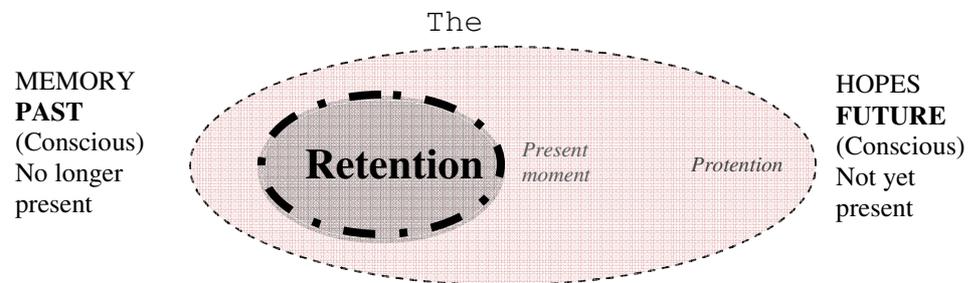*Retention, present moment*, and *protention*, constitute every instant. 'Retention' differs from active memory, which requires conscious recall, and unlike expectation, the not-yet-present of 'protention' is not actively conscious. This tripartite present incorporates 'no longer', and 'not yet'.

Husserl's 'thick' present supports the experience of the past remaining present, the 'simultaneity of the non-contemporaneous' (Schorske, 1991: 9). Husserl takes the example of a note lingering that is 'continuously held in consciousness' which 'remains present'. [8] Being present in the past, '(t)he moment shades off and changes continuously, and according to the degree of change, [it] is more or less present' (ibid: 18). Present and past moments are a simultaneous 'present moment of experience'. The 'past' has a 'present' that is held in the present and is forever receding, or 'shading off' into a further and further past.

When there is no 'shading off' the past remains present. The present-of-the-past that remains immediate can become a time that does not heal (Hall, 1989). This is a particular simultaneity of time, since a past event that endures 'is

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[8] Once again there is an echo in Augustine's present of past things; present of present things; and present of future things.

present now and present constantly, and present together with the new moment "past" - past and present at once' (Husserl, 1991: 19). See Figure 3.

Figure 3. The "thick" present, where 'retention' dominates.

In Husserl's formulation we find a match for clinical experience. Bill experienced no 'shading off'. His childhood pain remained as raw and immediate as if it were yesterday. The 'present of past things' (Augustine, 1961) was unbearably 'now' as the retentive overwhelmed his sense of the present in the present or any kind of future. Retention 'changes into retention of retention and does so continuously' (Husserl, 1991: 31). In healthy development, each receding now modifies previous nows in retention; in troubled histories the retention of retention adds further to temporal paralysis.

GALEN STRAWSON

Clinical vignette: Douglas.

Douglas is a successful businessman in his mid forties. He describes growing up in a family with little spontaneous affection or active interest in his activities. He works long hours, is separated from his wife and children but maintains regular contact; he has a 'girl-friend' with whom he does not live, and a one bedroom flat with few material possessions where he feels most secure. He has contact with friends. No relationships overlap. His wife, Jessie, came from a family of three sisters, all very in touch with each other and maintaining strong relationships.

Douglas describes himself: "Life is very episodic, looking forward to the next event but not being able to plan very far ahead. … I don't like my remoteness, I have struggled to explain it and understand it and the lack of emotions I have been left with". He only feels at ease or real in the immediate now of activity and his existential crisis may have been precipitated now by his sedentary life after years of excitement, travel, and living abroad. He strongly identified with Meursault, Camus' central character in *L'Étranger* (1957) who lives in a seemingly timeless world devoid of emotional significance or connection, with no before or after. This contrasts sharply with Jessie's diachronic temporal world. In this respect they speak different 'languages'. [9]

Strawson explores the myth that human beings 'typically see or live or experience their lives as a narrative or story of some sort' (Strawson, 2005: 63). He proposes that humans 'experience their being in time' in different ways, and that 'non-Narrative' people lead fulfilled lives. [10] He terms 'Diachronic' for long-term continuity of Narrativity, and 'Episodic' for someone whose present is little connected to the past or future. [11] Strawson's argument about episodic or diachronic time casts doubt that we necessarily share temporal realities. He also argues that psychotherapy does not have to be narrative and that events need not be diachronic:

> 'The key explanatory linkings in psychotherapy are often piecemeal in nature, as are many key impacts of experience. Ideally, one acquires an assorted basketful of understandings, not a narrative – an almost inevitably falsifying narrative' (Strawson, 2005: 83).

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[9] The artist Alla Tkachuk says women experience time mainly as a circular phenomenon linked to the menstrual cycle. By contrast, she says for men time is linear, seen in their approach to people or problem-solving. This suggests that biological-hormonal-socio-cultural factors impact on temporal experience and sense of time.

[10] There is an unexplained sub-text in Strawson's essay challenging the basis of psychotherapy. He singles out psychotherapy as potentially destructive if it imposes either narrative model, but does not make explicit what prompts this, especially as this paper is *not* about psychotherapy.

[11] The ground-breaking book, *Families of the Slums*, (Minuchin et al., 1967), charts the experiences of children lacking a sense of continuity in their lives, who do not connect events over time and cannot recall them, nor see the consequences of behaviours on others. This study describes the consequences of the limited extent to which these children can engage in social activity to prepare them for adult life.

This challenges the basic assumptions that we look for connection, continuities, or narrative. Nonetheless, his ideas of *descriptive* and *normative* narrative, and *episodic* or *diachronic* time, suggest useful perspectives for psychotherapy.

ANTHROPOLOGY

I have looked at time in two Asian cultures: the Balinese and the Sora. I take one aspect of Balinese 'permutational' calendrical time (Geertz, 1973: 392). I will describe anthropologist Leopold Howe's idea that Balinese temporal cycles 'return to the same logical point' (Howe, 1981:231). [12]

'Cyclicity does not entail non-durational time' but there is a timelessness to the phenomenon of endless repetition in '(t)he accumulation of these cycles [and] the co-ordination of events within the cycle' (Howe, 1981: 227). Over time (duration) events are organised or co-ordinated (without implying conscious or intentional process) so that linear events repeat and cohere with their internal rhythms.

Figure 4 proposes complementary temporal perspectives. The same number on the revolving circle and the straight-line are the 'same point' from cyclical and linear views. The intervals *between* two or more 'points' represent 'duration', a *lawas* or particular length of time. [13] The circle represents 'cyclical time'. A complete cycle is six '*lawas*' from 1 through 2, 3, 4, 5, 6, and then 'back' to 1.

'Cyclical time' - patterned

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[12] In the Balinese worldview time and the place of the individual differs markedly from the West. 'Telling time, which implies the recognition that time passes, is achieved by reference to the place of a particular stage within the series' (Howe, 1981: 227). Balinese time and timelessness unfold in the context of reincarnation cycles.

[13] That is, they can be counted as 'number'. A *lawas* is the space between two nodes on a bamboo plant. This echoes Plato's *Parmenides*. 'So of all the things that have number the one has come to be first. … But that which has come to be first, I take it, has come to be earlier, and the others later; and things that have come to be later are younger than what has come to be earlier. …" ' (Plato, 1997: 385).
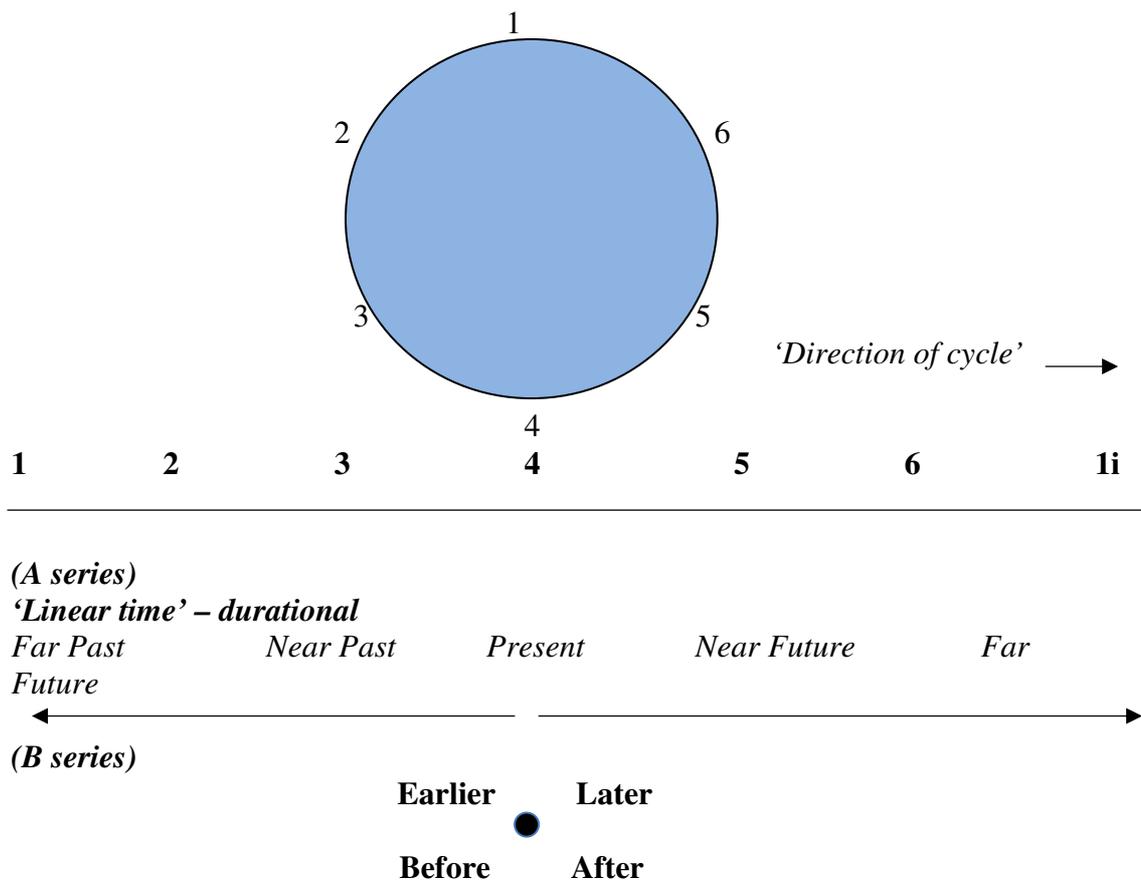
Figure 4. Cyclicity and linearity: complementary perspectives.

The '*new* 1' of the subsequent sequence is not the '*same* 1' at the 'beginning' of the cycle. It is at the same *logical* point but is at another point 'along the linear time line' of number at a different temporal point. This *different* 1 we can call 1i. A further cycle becomes 1ii, and so on cumulatively at each *logical point* and subsequent *durational* point of repetition. [14] Position 1ii includes the 'memory' of 1 and 1i; 1iii comprises the 'memory' of 1, 1i, and 1ii, and so on. The linear time-line spans from far past to near past through present to near future and to far future (McTaggart's *A-Series* [15]). From an anticipatory perspective, the sequence 'reads' from far future to far past, from right to left.

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[14] '(W)hen a cycle ends it does not return to the same *temporal* point; it returns, and this is a very different thing, to the same *logical* point' (Howe, 1981: 231). The 'direction of the cycle' shown is clockwise, the same left to right direction as the sun in its waxing and waning in relation to the earth's axis, a direction that moves in the present from the past (earlier east) towards the future (later west).

[15] J.M.E. McTaggart, (1927) The unreality of time. In: Le Poidvin, R., and MacBeath, M., (Eds) *The Philosophy of Time*. London. The Sheldon Press. 19-84.

The 'before' and 'after' in Figure 4 is McTaggart's *B*-series (McTaggart, 1927) in infinite number.

While Western cultures emphasise duration, the instant, and how to *'use'* time, the Balinese tend to be *'in'* time. *Using* time and *being in* time parallel kinds of time in psychotherapy. 'There is little doubt that the Balinese accentuate the cyclical aspect of duration to the expense of the linear' (Howe, 1981: 232).

Therapists will be familiar with patients 'returning to the same logical point' in their differing frequencies of temporal points [16] when for example they repeat the same event, or versions that structurally are 'the same story'. Repetition is an interactive act that reinforces experience, or can be seen as a signal for needed change. Patients tell and re-tell these stories without a sense that time can be fluid. They return repeatedly to the *same logical point*, lacking temporal markers. It is as though 'stuck in their story' the patient becomes 'stuck in time'.

RITUAL and the LIMINAL

My last topic on this anthropological fishing trip is ritual. I take the following definition.

> 'Ritual defined in the most general and basic terms is a performance planned or improvised, that effects a transition from everyday life to an alternative context within which the everyday is transformed' (Alexander, 1997: 139). [17]

Rituals perform important functions in society. They 'are devised to call a halt to crisis, redress wrongs, air grievances, find remedies that enable the group to continue' (Turner, 1982: 232), similar in many ways to therapy. Participants in

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[16] We see a similar pattern among the Balinese when it comes to naming children. In their naming children we discover a perspective for placing people and relationships over time. Naming does not return to the same *temporal* starting point. It becomes *Wayan balek*, *Njoman balek*. Naming returns to the *same logical / different temporal point* (cyclical) in a sequential time-line (linear) of future, present, past.

[17] Alexander, B. C., (1997) Ritual and current studies of ritual: overview. In: Glazier, D., (Ed) *Anthropology of Religion: A Handbook*. Westport, CT. Greenwood Press. 139-160.

ritual (and rites of passage) often lose a sense of time, or more correctly, experience a different kind of time. [18] [19]

Ritual draws the participant into a symbolic experience of the world. It involves an intended altering of emotional arousal to 'recreate certain mental states' (Durkheim, 2001: 11) involving a different kind of time. The experience of sublime time in ritual is different to mundane time. I suggest the same holds true in therapy. Rappaport (1999: 219) notes that in ritual 'metaphoric representation, primary process thought, and strong emotion become increasingly important as the domination of … simple everyday rationality, recedes'. Similarly the patient enters a different kind of temporal state. Colin Turnbull goes further. Through performance of ritual 'a transformation takes place, not a mere transition, and this has everything to do with our understanding of liminality' (Turnbull, 1990: 73). It is in a liminal state that transformation occurs. 'The technique of consciously achieving transformation is the process of entering the liminal state' (ibid: 79).

The first person to write about the liminal was van Gennep (1908) in *Rites de Passage*. The space after separation from the mundane to enter a place where the unknown becomes the known is a liminal place of potential for transformation, before re-incorporation in the everyday. [20] The liminal is the often over-looked space where the patient is free to change in this 'instant of pure potentiality' (Plato, *Parmenides*, 1997). The psychotherapy session is a

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[18] This is Kitty's experience in Brookner's novel *Providence* after visiting the fortune teller. ' "She's good," said Kitty, although she could no longer remember precisely what she had been told... She had gathered no information but some kind of shift in her consciousness had taken place.' (Brookner, 1983: 75).
[19] In Bateson's description of play, ritual could as well be substituted: 'These actions in which we now engage do not denote what those actions *for which they stand* would denote' (Bateson, 1955: 152). Everyday action, time, and meaning, are suspended within this frame as participants enter the world of the sublime. Within the rules of the 'game' the everyday takes on new meaning as the familiar becomes unfamiliar.
[20] Van Gennep speaks of this space as '*le marge*', literally the margin, or the edge, neither in one nor the other place; betwixt and between.

liminal temporal phenomenon at the margins. It is ambiguous, transitional, transformational, and uncertain, a place of potential and confusion. [21]

In effective psychotherapy the rational is subverted in an experiential shift, after which present and future cannot be the same. In this liminal in-between time we enter a more complex world, between the 'phenomenological experience of time and chronological time' (Perelberg, 2007: xv).[22]

Clinical vignette: Jane – a ritual of trauma.
I will describe briefly a ritual that deals with time to remove nightmares of over fifty years' duration. Jane, whom I have mentioned, had been physically and sexually abused throughout her whole childhood and adult years. Her parents, aged sixty-eight, ultimately received thirty-year prison sentences. I saw Jane for over eight years in therapy. [23]

Jane's life-long nightmares seemed intractable. As nightmares occur during sleep the individual cannot consciously control them. She would wake two or three times each night, usually at the bottom of the stairs. For almost fifty years, (then fifty-three,) she could not recall more than four hours' continuous sleep. Relaxation strategies and new routines had partially worked, but the nightmares continued. At this point I proposed a counter-intuitive ritual:

- o Early each evening Jane was to plan the worst nightmare she expected that night, based either on the previous night or the one she most feared.
- o She was to write it down in detail, in stages if that helped.

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[21] Tali Sharot (2012) makes the point that prediction *causes* future events. Saying that something will happen becomes heavily causative. She draws attention to the fact that we use the same parts of our brain to plan the future as we use for memory. This points to an interesting neurological relationship of past and future, and perhaps to how difficult it is to 'learn from our mistakes' rather than repeat them.

[22] St. Paul's (liminal) experience, struck from his horse on the road to Damascus between two geographical places, between being persecutor and convert, arguably changed the course of world history. Without Paul's evangelizing and his letters, which encompass almost every human emotion, it is arguable that Jesus' story would hardly have survived the immediate generations who followed his crucifixion as a common criminal.

[23] Jane not only gave consent to the use of this material, but volunteered to be interviewed about her experiences in therapy.

- She was then to read it aloud on her own as many times as necessary, as the 'performative' part, in the spare room, - a prescribed place – until she no longer felt panicky at hearing it.
- At that point she was to leave the room (physically leaving the event behind) and do something pleasurable (again 'performative') elsewhere in her house.
- Finally, after a relaxing bath she was to go to bed at least an hour earlier than usual, thereby changing the time of her normal routine,
- Thereby increasing the *time* (duration) during which she could have had a nightmare.

This ritual had a dramatic effect. For the first time in memory she slept seven hours without interruption. Subsequent nights were the same. The effect was 'transformative'; a change from nightmare-full to nightmare-empty nights.

The ordeal element of actively calling up the nightmare she most feared as a necessary part of healing was important (Jenkins, 1980). [24] To be willing to carry it out, night after night, require courage and commitment. It meant committing fully to the process. The time, place, structure, and 'performance' were defined, and the goal was clear.

As the nightmares ceased dramatically, Jane was faced with a further dilemma. She could not plan the night's nightmare from the previous one and so had to imagine fearing a nightmare that was based on experience, which became increasingly remote. This became her further and further past (McTaggart, 1927). The final stage came when Jane 'forgot' to carry out the ritual and did not have a nightmare. She later tailed off the 'formal ritual' at her own pace as she felt less need of it. [25]

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[24] As Jane knew she had to approach the ritual each evening, she found herself holding this 'in mind' more and more as the evening approached. Paradoxically, this *increased* the likelihood that she would *not* have a nightmare.

[25] At the start, following nightmare-free nights, Jane stopped the nightly ritual without consulting me, and the nightmares returned immediately, to her considerable distress. It was

The temporal mix is important. Jane;

- o consciously and intentionally mentalised an unconscious process happening in the immediate *future*,
- o wrote it down *now* in the *present*. She then
- o read the *future* expected nightmare or the one she most feared aloud, repeatedly if she needed to, creating its own rhythm and bringing it under her *present* control
- o in the *present* to relegate it to the *past* of a *future* that putatively was yet to happen as a *future-now-present*; Augustine's present of future things.

It appears that in this *later future* Jane does not experience her nightmare as out of her control since it is *now* in the *past* under her conscious will. Ultimately, she establishes a new pattern in the *present* that survives into the *future* and confirms the changes in her *present* relationship with her traumatised and traumatising *past*. Jane describes some of her experience of time and place in a research interview.

> **Jane.** "It felt like you were taking the control out of my nightmares. I thought, 'I'm going to concentrate on this'. In a way it did go against common sense. I suppose it worked because I could plan and write it down so that I was in control of it, and then if it happened, it was something I'd planned, and if it didn't, then it was a result. It was a win-win situation. If I can sit down and plan it out, it can't be that dangerous."

> **H.J.** "From a time perspective, what would happen?"

> **Jane.** "At the time of doing it, I'd sometimes enter a different time and space, and there were times when I'd flit between now and the past, and

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not clear whether the ordeal of carrying out the ritual was too much, or that she could not hold in her mind the connection between ritual and cessation. Formally reinstituting the ritual had the immediate desired effect.

it would make time seem longer. When you go back into the past, in time, you seem to lose track of that, whole great big chunks, and it can seem like hours and hours. And when I came back to reality, I'd be kind of confused. I would have music on and I'd come back and it was the same music, and it was like, 'How did that happen?' And then I'd carry on, and sometimes flip back again, and each time it was not quite so bad. It probably helped because by then I'd done it, and so I didn't need to go back and replay it in my sleep. …"

Jane indicates my go-between role of crossing *limen*, wresting control of her nightmares, and giving it to her. This suggests a powerful positive identification and trust of the therapeutic process. It meant that in therapy there was a 'different kind of time' to her everyday (mundane) time where nightmares had dominated. She describes how time changed for her in therapy and losing 'track of time'. I suggest that for this to occur there was simultaneously another kind of (sublime) time not subject to the constraints of mundane time. The rhythm of repeated experiences of being safe in the containing structure of therapy contributed to her healing, where slowly she could bring order to the moment.

ASPECTS OF TIMING

An important element of treatment is the in-between-session-times, the spaces that create some of the complexity suggested by Turnbull (1990). Leach draws attention to betwixt and between moments *between* the betwixt and between, from pre-liminal to liminal, and from liminal to post-liminal. He suggests boundaries are artificial distinctions for what would otherwise be continuous. In no-man's land *between* boundaries lie ambiguity and anxiety.

> 'A boundary separates two zones of social space-time which are *normal, time-bound, clear-cut, central, secular*, but the spatial markers are themselves *abnormal, timeless, ambiguous, at the edge, sacred*. … The crossing of frontiers and thresholds is always hedged about with ritual, …' (Leach, 1976: 35).

Uncertainty of the *limen* often evokes discomfort or tension. Transformation in therapy may as readily happen *between* as during sessions, rendering the interval *between* sessions a marginal time of potentiality. The face-vase-face (Figure 5) captures the nature of ambiguous boundaries. The lines define lip, mouth, nose, throat, vase, vase stem, forehead, bowl. The lines simultaneously 'frame' inside and outside: this is face; this is vase, (*vide*, this is play; this is therapy, this is ritual), or this is *not* face, *not* vase, creating an image of constantly changing realities.
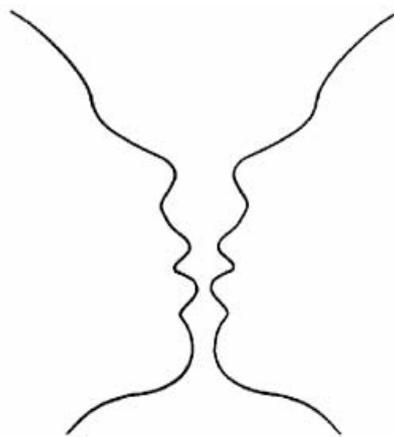
Figure 5. Face-vase-face gestalt: one, other, both.

Figure 6i proposes a rites of passage structure view of psychotherapy. The duration of therapy becomes a dynamic liminal period. It represents treatment as a unity as if ritual were without variation or rhythm *within* its structure.

Overall course of psychotherapy: stages:

| Separation | Liminal / Transformative | Re-Incorporation |

The overall context of psychotherapy as Separation-Liminal-Re-Incorporation (S-L-R).

Figure 6i. Psychotherapy: a rite of passage structure.

Treatment is conceived as *liminal*, a sublime period during which transformation is possible. Its chronological time and the phenomenological experience of time from within are different kinds of time. The start of therapy, which can be highly stressful, represents *separation* from the mundane. At the start of his second session a patient, John, reflected to me about his first meeting. He said he had found the process of beginning to confront his personal experiences and relationships "traumatising" and he had left the session "exhausted". Beginning therapy was an ordeal in the physical, emotional, and psychological separation from the familiar, without knowing quite what to expect in that process.
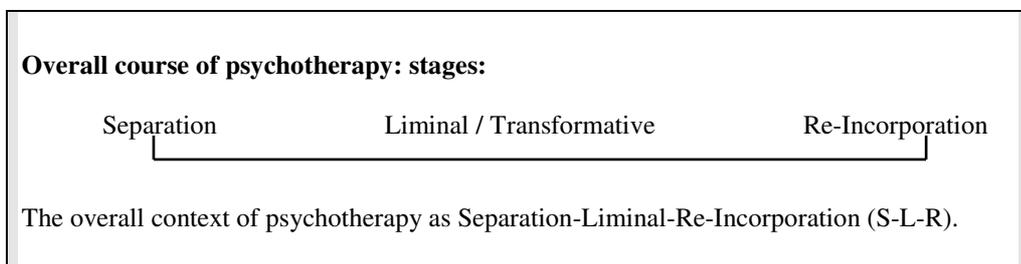
As psychotherapy ends, a process of re-integration must be achieved, separating from the psychotherapist's continuing involvement. Casement, (1985, 1990, 2002, 2006), Sandler, Dare, and Holder (1992), Sandler et al., (1997), and Yalom (1989, 2001, 2006) discuss separation and ending as a critical, transformative, and integral aspect of treatment. Ending symbolises a moment of re-incorporation to the everyday.

Each session, to which much attention traditionally is given, is potentially transformational. However, the interval *between* sessions suggests another kind of temporal space *out of time* from the sessions, which are *out of time* from the mundane. This becomes a betwixt-and-between time *between* betwixt-and-between. Transformation may occur in that *in-between* period 'spontaneously' from the session or through the psychotherapist's explicit intentionality through ritual or ordeal-like tasks (Jenkins, 1987).

I asked Jane about time in between sessions and timing. [26]

> **Jane.** "After meetings it could be worse. I needed time to settle. Sometimes it was worse, or sometimes it was better. … The space in between was better to give time to sort things in my head in between."

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[26] Interview on 21st January 2011.

H.J. "What was important about the intervals?"

Jane. "When it was a longer time, that was quite difficult. By the time we met, I'd managed to tuck it away again. To a certain extent that made it difficult to come back to it. When there were longer intervals, there was a danger of pushing it away like I'd done before I came."

H.J. "How much were the intervals part of therapy?"

Jane. "I think it was very much in my mind, or at the back of my mind all the time. It was like it was all the time because the things we talked about here, I could use as a tool in between. ..."

H.J. "What was important for you about the rhythm, pattern, and timing of the sessions?"

Jane. "I found the flexibility of spacing helpful. It was helpful because we both decided at the time, a consensus, and sometimes I needed a break from it. That was important. It allowed me to feel I was partly in control. It was a joint thing."

The agreed variable nature of time *between* sessions gave Jane a sense of control and autonomy, while *timing of sessions* had a significant impact on her experience. An important premise for therapy was that eventually she would not need a therapist as she internalised that figure of constancy.

Figure 6.ii re-configures this structure. Each session is a microcosm of the larger whole with its rhythm. The liminality of each session is 'boundaried' by a beginning (separation) and ending (re-incorporation). However, the intervals boundaried by and *between* each session have their own liminal quality and 'rhythm' (Hubert, 1999). These are not inert periods that passively separate sessions. They are replete with potential for planned or spontaneous change.

<div style="border:1px solid;">

Individual psychotherapy sessions within a period of treatment:

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        L       L       L       L       L       L       L
S_____R S_____R S_____R S_____R S_____R S_____R S_____R

  Individual   Individual   Etc.
  session      session

              ↑           ↑           ↑

      L           L           L
    S__R        S__R        S__R

     Interval    Interval    Interval.     Etc.
```

Intervals between sessions are active, dynamic, periods. They embody potential for transformation, such as carrying out ritual tasks. Transformation may occur 'spontaneously' as part of the therapist's intentionality, or serendipitously.

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Figure 6ii. The importance of intervals.

Each S-L-R sequence (Figure 6ii) represents an individual session, a particular separation from the mundane. Intervals *between* sessions have their liminal rhythms and tempo (Turner, 1982). *Session-interval-session* and i*nterval-session-interval* become figure and ground in dynamic flux, like the face-vase-face gestalt (Figure 5).

PSYCHOTHERAPY: FREUD and PALAZZOLI

Case vignette: Susan.

Susan's story is set in the context of childhood paternal psycho-sexual trauma, its impact on her marriage, sexuality, and sense of self. She is recently married, in her mid 30s. When seen in couple therapy she had many questions about her father. Following careful preparation, she had a separate session with him. During that encounter Susan asked: "When was the last time you sexually abused me?" He replied immediately: "When you were thirteen". She had no recall and asked him when and where that was. He described the exact time and place. Having collected her from a French school trip, he had stopped the car in a lay-by and digitally stimulated her. Susan had no recall and seemed confused. In the next session I reminded her that she had once said she could

not let her husband, or any man, drive with her in the passenger seat. The twenty year 'memory' was present without 'knowing it' or actively recalling what she was 'remembering' until that moment.

The analytic invariant of time and place, often over a period of years, can be conceptualised as a sublime, liminal state, with 'the anti-temporal character of ritual' (Turner, 1982: 237). Systemic therapy is likely to be more variable in session frequency and longer intervals. This creates a different kind of tension, tempo, or rhythm (Palazzoli et al., 1978). Different therapeutic models create different kinds of time during and between sessions.

I will now reflect briefly on Freud and Palazzoli in the light of this discussion.

FREUD.

Freud is unequivocal about time in the Unconscious: 'The processes of the system *Ucs*. are *timeless*; i.e., they are not ordered temporally, are not altered by the passage of time; they have no reference to time at all. Reference to time is bound up, … with the work of the system *Cs*' (Freud, 1915: Vol XIV: 187). In an unconscious mind there is no acceptance of reality or time, for 'unconscious mental processes are in themselves 'timeless'. … the idea of time cannot be applied to them' (Freud, 1920: XVIII: 28).

If time and negation do not exist in the Unconscious, how does this affect our understanding of Freud's thinking? He outlines some ideas on time in *Dissection of the Personality*. He suggests a temporal story of unconscious trans-generational transmission. The present is never *solely* the present. 'Mankind never lives entirely in the present. The past, the tradition of the race and of the people, lives in the ideologies of the super-ego, and yields only slowly to the influences of the present and to new changes' (Freud, 1933: Vol. XXII: 67).

We are not speaking of consciously known 'time' but of the inter-generational transmission of beliefs and behaviours, as real and as resistant to change as our DNA. It is unconscious when it 'is being activated *at the moment*, though *at the moment* we know nothing about it' (ibid: 70).

Compulsion to repeat.

Freud describes compulsion to repeat as a problematic aspect of psychotherapy for patients who repeat the same problem, often without conscious awareness. It is as if time has become fixed in an endless loop. If compulsion to repeat exists Freud wanted 'to know … something about it, to learn what function it corresponds to, under what conditions it can emerge' (Freud, 1920: Vol. XVIII: 23). He frequently returns to repetition and the compulsion to repeat, that instincts represent 'an impulse' toward re-establishing a situation that has been upset by external influence and that 'this essentially conservative character of instincts is exemplified by the phenomena of the *compulsion to repeat*' (Freud, 1925: Vol. XX: 57).

He describes the ego protecting itself from dangerous instinctual impulses by means of repression. When the danger has passed and the ego no longer needs to protect itself, the impulse becomes free to 'run its course under an automatic influence – or as I should prefer to say, under the influence of the compulsion to repeat' (Freud, 1926: Vol. XX: 153). 'Compulsion to repeat' may be considered from a time perspective rather than the result of opposing internal forces; an example of 'the attempted solution' (Watzlawick et al, 1974) being part of the problem. [27]

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[27] Freud gives the following example as repetition effectively being an attempted solution to early disappointment: 'Thus a man who has spent his childhood in an excessive and to-day forgotten attachment to his mother, may spend his whole life looking for a wife on whom he can make himself dependent and by whom he can arrange to be nourished and supported' (Freud, 1939. Vol. XXIII: 75). Freud suggests this is a way to understand neurosis and character formation, how temporal pattern and repetition in adulthood develop from and perpetuate early experiences re-enacting the past in the present. This is a temporal perspective to human relationships, a search to resolve an existential dilemma in a doomed endless repetitive 'more of the same'. Melanie Klein emphasises 'the influence of early attitudes throughout life (and) the fact that the relation to early figures keeps reappearing and problems

Transference.

The patient's inability to escape is 'in the end … his way of remembering' (Freud, 1914: Vol. XII: 150). The therapeutic transference is a kind of remembering that replicates the patient's previous experience through the therapist in the present (Malan, 1979). There is elegance in this 'remembering' without consciously 'knowing' what is being remembered. 'The patient cannot remember the whole of what is repressed in him, and what he cannot remember may be precisely the essential part of it' (Freud, 1920: Vol. XVIII: 18) as we saw in Susan's experience. The patient who attributes to the therapist in the transference qualities that belong to earlier relationships collapses time. [28]

When the patient is unable to acknowledge the accuracy of the therapist's interpretation he 'is obliged to *repeat* the repressed material as a contemporary experience instead of, … *remembering* it as something belonging to the past' (ibid: 18). The patient remembers a past event as contemporary, unable to differentiate timeframes. Schorske (1991: 9) calls this 'the simultaneity of the non-contemporaneous'. The analyst endeavours to bring as much as possible into conscious memory so as to minimise repetition.

PALAZZOLI

Time of the system: the 'ts'.

Time is important in Palazzoli's work. An 'aspect of interpersonal communication that has not received enough attention is time (*T*)' (Palazzoli, 1986: 166). [29] Time and timing of symptoms are important, linking onset to events in the family and to age (or time) appropriate socio-culturally disrupted expectations. '(W)e must map the time sequences and focus on them as

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that remain unresolved in infancy or early childhood are revived though in modified form' (Klein, 1959: 258).

[28] Of course, in psychoanalysis this becomes the important vehicle for treatment and cure.

[29] The full quotation reads: An 'aspect of interpersonal communication that has not received enough attention is time (*T*). As with *X* (content), *Y* (relationship), and *N* (field), it is possible to qualify every communication differently according to the value of time (*T*) within which the other variables occur' (Palazzoli, 1986: 166).

closely as possible. … All time sequences relative to the symptom, … are of paramount interest to us' (Palazzoli et al., 1989: 212). [30]

Palazzoli's clinical application of the 'time of the system' originates in Bateson's work, most clearly described in *The Cybernetics of Self*. Bateson points out a system characteristic that the behaviour of any part of or person in a system is partially prescribed by its immediate past and 'by what it did at a time which precedes the present by the interval necessary for the message to complete the circuit' (Bateson, 1971: 287). This underlies temporal characteristics of all human systems. Memory becomes the time required for a message to complete the circuit and in Howe's (1981) terms, return to the same logical point'. [31]

Bateson maintained that human beings in any system will be controlled to some extent by information in that system and will have to 'adapt his own actions to its time characteristics and to the effects of his own past action' (ibid: 287). From this he argues that the mental characteristics of the system are *immanent* in the whole, not located in any single part. Palazzoli paraphrases Bateson: '*The power is only in the rules of the game* which cannot be changed by the people in it' (Palazzoli et al., 1978: 6).

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[30] Sebastian Kraemer proposes three temporal questions when considering clinical problems, to which I have added a fourth. All have temporal implications. They are: *"Why now?"* Why at this time even if the problems are longstanding is this now a problem? *"Why worry?"* Why should people be worried depending whether this is a normal life difficulty being treated as a serious problem or a serious problem that could lead to more serious consequences? *"What for?"* What function or role does the problem play in stabilising the situation and what might be the concerns about potential change or improvement? My fourth question is *"What next?"* What are future implications and what needs to be different in the future? These questions originate from thinking in the Milan model.

[31] Bateson says in full: 'Message material … must pass around the total circuit, and the *time* required for the message material to return to the place from which it started is a basic characteristic of the whole system. The behaviour of the governor (or any other part of the circuit) is thus in some degree determined, not only by its immediate past, but by what it did at a time which precedes the present by the interval necessary for the message to complete the circuit. There is thus a sort of determinative *memory* in even the simplest cybernetic circuit' (Bateson, 1971: 287).

Palazzoli was aware of experiences of time (and place) by her anorexic patients. '(T)his space-time experience is one of the fundamental aspects of individual existence, of our particular life-style' (Palazzoli, 1974: 140). Her insight was how patients' experience of time changes. As 'the patient (attempts) a reconstruction of her past experience of space and time' (ibid: 140-141) she discovers a new relationship with her present and a different expected future. [32]

To understand the importance of time, we read;

> 'Every system, … is not only characterised by a p_s, or nodal point, which is peculiar to the system, but also by its own "time". By its very nature a system consists of an interaction, and this means that a sequential process of action and reaction has to take place before we are able to describe any state of the system *or any change of state*' (Palazzoli et al., 1978: 14).

There are implications for understanding the time of change. For 'a sequential process of action and reaction' to occur a certain period of time elapses, and in effective therapy an understanding of the 't_s' is integral to the process. Whereas Freud would have spoken of resistance, Palazzoli suggests where there are rigid homeostatic systems 'the t_s necessary for change is far greater than in flexible morphogenetic systems' (ibid: 14-15). When it comes to new ideas or challenging the family's interactional rhythms a longer period of time is often necessary for the system (patient) to (re-)organise and incorporate changes in relating. [33]

REFLECTIONS

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[32] One patient reports: "Now I live in time, and make the best of it. I used to be crushed by it, by my efforts *to be ready* for anything. Now I am ready, precisely because I don't have to be" (ibid: 142). This reflects the changing time of the patient (her 'time of the system') as she recovered.

[33] The team discovered that without leaving sufficient time between sessions there was not enough time for initial improvements to take root or for family members to react to (the perceived threat of) change. Only with sufficient time can the therapist experience the 'system's' habitual (by its 'rules') ways of dealing with the threat of change, which then enables the therapist to devise further interventions to provoke change. This 'leads to the hypothesis that, contrary to common practice, the intensity of therapy is not in direct relation to the frequency and total number of sessions' (ibid: 180).

I have not set out to introduce a new model of therapy. My hopes are more mundane. They are to suggest how a temporal orientation to familiar material may contribute to our preferred model(s) for practice. There has not been space to explore in much depth, but I would like to conclude by highlighting some of my points.

This tripartite exploration has generated some connections. Time, whether from philosophical or anthropological standpoints, allows us to step beyond our usual boundaries. When Freud's formulation for the compulsion to repeat is considered from a temporal perspective as an endless returning to the same logical point, the therapist can explore this stuckness through a different lens. Palazzoli's Batesonian 'time of the system' acquires greater depth if we consider the many kinds of time beyond interval and cyclicity.

I have introduced thinking about 'the present moment' or the 'instant' that extend our ideas about being present and being not-present. Augustine's present of past, present, and future things creates a different relationship to time and being, while Plato's instant, 'being in no time at all' suggests that we explore ways to recognise those intangible moments when change spontaneously may occur. While staying with the present, Husserl's description of a 'thick present' of past and future of layers of retention (and retention of retention) and protention (of incapacitating foreboding), gives us a dynamic space for healing.

Human experience Strawson suggests, may be divided into episodic and diachronic time. Whether or not we agree with his argument, a realisation for instance that a couple inhabit different kinds of time – episodic or diachronic – becomes a way to help open up new communication disconnected from blame and recrimination. Another way to understand transference in therapy is as temporal collapse of past into present.

Many concepts from anthropology open up resources for practice. Ritual and time have proven a great resource. Ritual creates 'a slowing down of the tempo of everyday life' (Kapferer, 2004: 48) creating different kinds of time and requires crossing boundaries. I referred to Edmund Leach saying that the spatial markers separating normal space-time are often ambiguous, at the edge. 'The crossing of frontiers and thresholds is always hedged about with ritual' (Leach, 1976: 35). This, I believe, holds true for therapy.

The concept of liminality developed by Victor Turner and the qualitative shift in experiences of time has significantly changed my clinical practice. My work with ritual has increased, but thinking of therapy as ritual gives added depth. From this the separation – liminal – re-incorporation pattern of van Gennep (1960) affects not only the emphasis on each session, but how to think about the intervals between sessions as integral to change.

In the short space of this paper, I have only been able to indicate some areas of my research. The subject matter of time is fascinating, frustrating, and endless!

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