I’m so happy to discuss Stephen Seligman’s presentation today Disorders of Temporality. I only wish I could begin and end my remarks by saying simply that I love this paper. It is interesting and original, and the issues it raises are complex, but Steve addresses that complexity with such precision and clarity that I am left with the sense of being satisfied that I have understood him, I’ve have learned much, and that that should be enough. But I remind myself that I have a role here, so I’ll begin by reviewing some of what I’ve understood Steve to say, and then I’ll add some associations of my own.
Steve is writing about Temporality, defined as the personal sense of time, and about Disorders of Temporality, the particular ways in which one’s personal sense of time can be disturbed. But before he introduces these temporal disturbances, Steve focuses, first, on the matter of temporality as it appears in the psychoanalytic situation, and then on the fascinating question of how temporality first emerges in the course of normal development, describing his own perspective on how, in its origins and in its evolution, temporality, the personal sense of time, may go awry.

The psychoanalyst, Steve tells us, is not so much concerned with time as it is normally conceived, a flow of instants succeeding one another, but instead is more concerned with how past, present, and future are interwoven, how now and then exist together in the
same moment, and how past, present, and future
determine and shape each other in the patient’s life,
with the use of free association and free floating
attention potentiating this nonlinear intermingling.
Paraphrasing Steve’s reference to the Barangers, it is
this same temporal ambiguity that permits patients not
only to become aware of their history, but also to
modify it retroactively, re-experiencing (past traumas)
and taking them on again, but now with new meaning.
Yet, Steve observes that psychoanalysts are less
concerned with the specific variations of temporality
reflected in their patients’ experience, and his
presentation here beautifully addresses this deficiency.

Steve begins his argument by establishing the
importance of temporality to one’s very essence and
sense of being, noting, among other philosophers,
Heidegger’s contention that temporality is essential to
how it feels to have an adequate relationship in the world. Such Important Words! Steve then links temporality to the concept of Intentionality, meaning that mental life is about things, connecting the individual mind to objects in the world, thereby creating for the person the sense that there is, as Steve says, a there there, rather than there being only absence, emptiness, lifelessness, boredom, or vacuum.

Temporality is connected to, and depends on, Intentionality, and they are both bound up with Intersubjectivity, the experience of one person responding to the gestures of another, giving that other the sense of existing in an extended world of time, space, movement, feeling, and, ultimately, meaning and meaningfulnes. Thus Temporality, Intentionality, and Intersubjectivity are all intertwined at the core of the development of an effective sense of self with other.
The absence of such an intertwine exposes the person to a dreadful sense of barrenness in his internal world, with, and this point is most important, no sense of a future in which things can be different. This is Steve’s argument in brief, or at least my sense of it, but what exactly does this mean, and how does Steve illustrate and demonstrate it, and, finally, how does it manifest in disorders of temporality?

Steve asks us to imagine a two year old baby just awakening, who opens his eyes to the sight of his mother looking into his eyes and smiling. The baby smiles in response, evoking, thereby, a cry of delight from his mother, and further response from the baby follows. This sequence fits Winnicott’s concept of going on being, complete with spontaneous gesture and intersubjective response. Steve notes the obvious, that this sequence takes place in time, but it is less
obvious that the sequence creates and sustains a sense of time (or temporality) for the baby. And it is also less obvious that it creates in the baby a feeling of effectence (I can make things happen, I can make mommy smile) and, even more subtle as an idea, it creates a sense in the baby of Intentionality (there’s a there there, an object is present – I am connected to another in time and space through movement and gesture and emotion). If the mother had not matched the baby’s initial gesture, the quality of that baby’s experience might have been quite different – the forward flow of time would not have been vitalized, meaning that the linking of Temporality, Intentionality, and Vital Intersubjectivity would not have been realized. This baby’s experience might have been more like that of the Baby Chloe, whom Steve presents later, whose mother refused to respond to her spontaneous
gestures, with Chloe left in the moment apparently feeling empty and bored. And without the intertwining of Temporality and Intentionality and Intersubjectivity in his experience, the baby might even grow up to perceive being in the world in the way that Steve’s adult patient, Mr. M., does. That is, the forward flow of time would not have been vitalized and a sense of a future would not emerge, leaving only a sense of the past and present, and with no hope for better times. But when one’s actions, needs, or emotions are recognized and responded to by the other, producing a perceivable effect, these actions, needs, or emotions are extended into the interpersonal world, this intersubjective experience creating in the person a sense of temporality and intentionality. The existence and importance of the trio of temporality, intentionality, and
intersubjectivity, represent one of Steve’s main arguments.

Then Steve identifies three disorders of temporality. Two of these, he reminds us, have been familiar in psychoanalysis since its beginnings. Both are trauma based, where experiences of past and present are melded together, but Steve makes an interesting distinction between them with important clinical implications. The first, and the one most common in Freudian thought, is a pattern in which past and present are blurred, where the past is repeated in the present, often not remembered, but instead feared and not resolved. This disorder afflicts not only individuals but whole cultures; whole cultures would seem to require, as does the afflicted individual, a rescue of the present and future from the past, and whole cultures
rewrite history by virtue of current experience, just as
does the afflicted individual.

The second disorder involves trauma that feels like it is actually ongoing in the present, but the trauma itself is often not remembered, but instead dissociated. In this disorder of temporality, the traumatic event is experienced as if it were actually happening in the moment, with past, present and future are confused. Later I will bring in a brain-based understanding of this phenomenon.

The third disorder is of a different order from the first two, and involves a more essential deficit in the core sense of time, wherein the feeling of a future that can unfold in time is constricted. Temporality itself, Steve writes, is obscured, not only through the persistence of
a terrible past, but by the mangling of an ongoing, orderly flow of events. This is a disorder of temporality that disrupts the subjective sense of self and disturbs expectation of a time to come. I think the articulation of this last disorder is Steve’s own most original contribution, one that promotes our understanding of patients who can seem remote and unreachable for long periods of time, and even forever. I can think of several patients who are recognizable in these terms, and for whose sake (as well as for my own) I can only wish that Steve’s work had been around earlier. One in particular, a woman I saw five days a week for many years whose experience in life matched Steve’s description of this disorder to the extent that she even used his same words and phrases to describe her life. She claimed from start to finish of our work together that while she knew I held hope for her, she held none
for herself; she could see nothing good coming in the future; in fact she could not imagine a future at all, only a chronic and persistent sense of life holding no meaning. Nevertheless she stayed in treatment with me because it was only when she was with me that she could be herself, our sessions giving her nothing more than relief at not having to pretend, as she did with her husband, with her children, with her friends, and in her paradoxically successful professional life, that life had meaning. With me for an hour each day she could be her miserable self, and she was. Her psychopharmacologist told me that she was the most depressed woman he had ever seen who, with her depression unabated by any medication he could think of to prescribe, could nevertheless perform at her work with great competence. Though he thought of her as depressed, I wasn’t so sure.
It is only now, through this lens that Steve provides, that I can approach a better understanding of this woman. Despite husband, children, and highly successful career, she bitterly complained of the futility and hopelessness of her life, because, as she actually exclaimed in despair, there is no there there, using Steve’s own words for this particular disorder of temporality, connected as it is with a failed sense of intentionality, and my patient’s subjective experience of her early life matches the unavailability of her caretakers that Steve carries to us from infant studies. She was indeed the product of an unresponsive surround, creating in her the vacuity of a never present, and never to emerge future.

As I said, I think that elucidating this disturbance of temporality is Steve’s great contribution to the psychoanalytic conceptualization of time. But there is
much else that I like in Steve’s paper connecting with my own understanding that, like his, is informed by infant research and nonlinear dynamic systems theory. My sensibility is further informed by a brain-based perspective, and perhaps Steve’s is, too.

To begin with, I fully appreciate and resonate with how Steve thinks about memory, something Lucyann Carlton and I have written about. Paraphasing from our 2014 paper on Memory, we understand memory as relational, rather than as isolated mind; as process rather than as static representation; as creation rather than as replication; as idiosyncratic in the moment, rather than as faithful to the past; and as fluid rather than as fixed. Reading Steve’s paper I find solid agreement there. And in addition to being consonant with findings from infant studies, these descriptors offer a biological understanding of memory as it actually forms in the brain, emerging from dynamic neuronal pattern. Ours is not a metaphoric understanding of memory, then, memory as, for
example, an introject, or an internalized object, or a fixed encoded representation, or memory as a separable thing sitting in the brain, the proverbial grandmother cell. We chose the empirically-established biological referent here, rather than the metaphoric that is more common in psychoanalytic discourse, because we have found that conceptualizing memory in its own terms, as brain function, seems to facilitate a more sensitive, nuanced understanding of the person as he struggles to make sense of the world he knows and remembers. Conceptualizing memory in its own terms, as intersubjective process rather than as separate thing, even as thing in metaphor, keeps the particular memory alive and changing, open to further investigation. And it is this idea, memory as ongoing relational process emergent from the beginning of life, which I find so well depicted in Steve’s work, and I so fully appreciate.

And I’d like to add a brain-based psychoanalytic perspective to understanding the second disturbance of temporality identified by Steve. This perspective is
taken from the work of Gerald Edelman, as applied by Lucyann Carlton and myself to trauma of dissociation, addressing particularly the mental state in which the phenomenon of dissociation may be seen to emerge in the clinical situation. How do we understand the experience of the patient’s being triggered into a dissociative episode that surfaces suddenly, without warning, in our office? How does a patient’s conviction that she has been catapulted into her traumatic past with a traumatizing other emerge for no apparent reason? In mid-session one day, and totally without precedent, my patient, Lucy, suddenly sprang from her chair, started to scream and to then, looking fully into my face, plead with me to please not hurt her anymore! I had been frozen into a disoriented state of my own at this sudden eruption, but then, recovering my wits, I began slowly to speak her name to remind her of who she was and who I was, and where we were together, hoping to convey that she was in the here and now with me, not in the apparently terrifying there and then with some dangerous other, triggered by some as yet
unknown word or action of mine, or some association of her own. Ultimately we were able to unpack the trigger for this dissociated flashback experience which was repeated a number of times during that period of her ten year treatment with me, but I’ll leave the story here. I bring up the incident only to provide some context for this question raised by Steve’s presentation, particularly of the second disorder: How may we understand the sudden emergence of dissociative flashback experience that mangles the sense of temporality, with past and present hopelessly merged, and with the patient experiencing the trauma and the traumatizing other not as being in and belonging to the past, but as actually living in and ongoing in the present?

Like Steve, Edelman introduces a way to think about such a profound temporal disorder. He formulates the biological evolution, both in the species and in the individual, of two levels of consciousness, addressing how past, present, and future, or the sense of
temporality, is experienced differently in each of these two levels of consciousness.

The first level of consciousness Edelman depicts is **Primary Consciousness**. Mental images on this level are limited to present perception along with their associated, remembered connections from the past. In a state of Primary Consciousness, memory of the past depends completely upon perceptual cues in the present so that in Primary Conscious states what can be remembered coming from the past is only that which is immediately evoked by what is actually there in the present moment. Further, and most pertinent to the disruptions of consciousness we see clinically, once the past is evoked in the present in this way, once, for example, a flashback has been triggered, in that moment, for that patient, the past evoked by the flashback becomes the present. Past and present are
linked in experience and cannot be unraveled: In Steve’s terms, this is a disorder of temporality.

But all mammals, not only humans, possess this level of consciousness, Primary Consciousness. So, a deer that in the past has escaped an attacking bear at dusk can experience a sense of danger when those same environmental cues are present, the particular sound and feel of the wind, the quality of the light, and the sound of the crushing underbrush. In the present occasion, even though this time no bear is present, the deer nevertheless leaps in fear to escape a danger he can neither name nor comprehend, yet one that he knows from the past, but only remembers as that past is called up to his consciousness by perceptual cues existing in the present: What the deer knows without knowing it is that to save himself he must flee, that his very survival depends upon it. Absent the cue in the
present, that knowing is not available to him at all. This is what primary consciousness is like. And the point is that it is like that not just for the bear triggered by the sight, sound, and smell of something familiar and dangerous; it was like that for my patient Lucy in my office. Suddenly, without warning, some unknown, unrecognized signal of danger recalled for Lucy a traumatic past experience. Memory of the traumatic past was evoked in the present and became the present for her.

The higher order capacities, that is, the capacity to contextualize that experience, to call it up at will without perceptual cues being present, or to reflect on it, to place it in time past, or to distinguish it as memory, are not ever available to the deer; nor are they available to the human, either, when that person, like Lucy, is experiencing a flashback. These higher order
capacities are relegated to a second level of consciousness, Higher Order Consciousness, that, in its most fully developed form, is the unique property of the human being.

Higher-Order Consciousness, a consciousness of being conscious, includes capacities such as an ability to deliberately remember and to self-reflect; an explicit awareness of a distinct past, an identifiable present, and an imaginable future; and a sense of continuity of self and self in time, and of one’s place in time. Disruptive phenomena such as dissociation, derealization, de-personalization, flashback states, and discontinuous self-states all reflect a diminished Higher Order Consciousness, that is, a diminished capacity for reflective appraisal, each disruptive phenomena involving a rupture either in continuity of mind/body or
in continuity of time/space, with the latter entailing the quality of a reliving of the past as if it were the present.

I have taken Edelman’s concept of Primary Consciousness, then, and applied it clinically in order to posit that the experience of these disturbing manifestations derive from a more or less temporary constriction in the patient’s access to Higher-Order Consciousness. In the same way, we might see, using a different lens, Steve’s three categories of disorders of temporality as more or less temporary constrictions in the patient’s access to Higher Order Consciousness where Primary Consciousness emerges.

Steve’s paper provides so much insight and evokes so much reflection that I think I could talk forever about it, but I won’t. I’ll just repeat: I love this paper. Thank you Steve for presenting it to us.