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Disorders of Temporality and The Subjective Experience of Time: Unresponsive Objects and the Vacuity of the Future

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This paper explores how the personal sense of time—temporality—is organized and experienced in different clinical situations. It uses examples from infancy observations to draw links between caregivers’ response to infants’ capacities for motor activity and emotional communication and the development of the senses of personal security, vital intersubjectivity and temporality, that is, the feeling of a meaningful self and an open future. In illustrations from both early child–parent interaction and an extended case, it suggests how moment-to-moment interactions reflect and sustain these core, highly personal experiences of what it feels like to live in the world, that is, how an accretion of “micro” interactions can contribute to and help us understand the “macro” structures that analysts usually describe, such as intersubjectivity, the sense of self, and here, the senses of time.

With that in mind, the paper evokes a few specific “disorders of temporality.” One group of these involves the blurring of past and present, especially following trauma. Much of the paper, though, is concerned with a basic deficit in the sense of time that can be observed, when the patient presents without the hope that new experiences can emerge, however fitfully, with the feeling of a forward-moving future. In an imaginative move, the paper links this image with the experience of an infant with an unresponsive parent, one who does not afford that infant the most basic senses of personal agency that come from having her feelings and gestures recognized and responded to in a way that gives her the feeling that she is having some effect on her world. Clinical implications are drawn, often demonstrating how brief moments of analytic interaction reflect the macrocosms of the broader analytic relationship and the patient’s psychological organization.

“Human consciousness differentiates past, present and future, wrestling them from the moment. This differentiation is the flash of light.... And it is only now, after this burst of light, that the atmosphere that protects human life can be called a cloud.” (Shaw, 2013)

Time is at the center of psychoanalysis. Most analyses work toward sorting out the present from the past; repetition and reconstruction, progression and development, in their various forms, are at core of case formulation and technique. This paper is an effort to heighten that attention, in a variety of clinical situations.

In developing this developmental-clinical perspective, I apply a psychoanalytic developmental approach to show how the common sense of time as motion toward an emerging future is
embedded in personal experiences of other people’s sympathetic responses. (Imagine two babies, one whose father offers a finger to grasp when his daughter raises her arm with an open hand and another who turns away from the “proto-gesture.” For the first baby, we might well imagine a sense of moving forward into a lively future, while we might imagine the second’s sense of time as shut down, without the vital sense of one moment projecting its way into the next.) Finally, I suggest how this perspective can be applied to psychoanalytic work with patients who present with a sense of chronic lifelessness, one that is sometimes less than obvious. Attention to the analysand’s experience of time can clarify such dynamic situations.

TEMPORALITY: THE TIME SENSE AT THE CORE OF PERSONAL EXPERIENCE

We conventionally think of time as something uniform, to be represented or expressed directly (as by the forward-moving hands or digits of a clock). But from the psychoanalyst’s perspective, the sense of time is a deeply personal phenomenon, as it goes by more or less quickly and spaciously in different situations, at different ages and stages of the life cycle, whether we’re bored or engaged, in pain or having a good time, neurotic or psychotic, and so on. Memory and history, linking the past and present, take so many forms and feelings—seen or concealed; felt or submerged; imagined, felt emotionally, encoded narratively, and on and on in so many different ways, all appearing in intricate mixtures and again, shifting from moment to moment and venue to venue. Philosophers use the term “temporality” to capture this underlying sense of time, as opposed to the quotidian notion of time as a flow of instants succeeding one another; the Oxford Dictionary defines this sometimes ambiguous term simply, as “the state of existing within or having some relationship with time” (“Temporality,” n.d.) (http://www.oxforddictionaries.com/us/definition/american_english/temporality).

Hans Loewald (1980), in his neglected essay on “the experience of time,” described the special way that time presents itself to the analyst:

We encounter time in psychic life primarily as linking activity in which what we call past, present, and future are woven into a nexus…there is no irreversibility on a linear continuum, as in the common concept of time as a succession, but a reciprocal relationship whereby one time mode cannot be experienced or thought without the other and whereby they continually modify each other. (pp. 144–145)

Freud’s contemporary Proust (1913/2002) showed how both the “now” and the “then” exist together in the same moment. The classic moment there occurs when the taste of the Madeleine cookie transports Marcel to his childhood and spurs the rest of the seven-volume narrative In Search of Lost Time. Proust’s monumental work is, of course, an extraordinarily textured and layered tour of the present dissolving into past, perception floating in memory, which in turn saturates the present. It is the exemplary 20th-century study of temporality and its vicissitudes, creating an incomparably delicate and sensuously rich flow of space and time.

In “Combray,” the chapter that amounts to an overture for his fabulously extended excursion through time, Proust (1913/2002) wrote about the floating liminality that lies behind ordinary time:

A sleeping man holds in a circle around him the sequence of the hours, the order of the years and worlds. He consults them instinctively as he wakes and reads in a second the point on the earth he occupies, the time that has elapsed before his waking; but their ranks can be mixed up, broken. If toward morning, after
a bout of insomnia, sleep overcomes him as he is reading, in a position quite different from the one in which he usually sleeps, his raised arm alone is enough to stop the sun and make it retreat, and in the first minute of his waking, he will no longer know what time it is, he will think he has only just gone to bed. If he dozes off in a position still more displaced and divergent, after dinner sitting in an armchair for instance, then the confusion among the disordered worlds will be complete, the magic armchair will send him traveling at top speed through time and space, and, at the moment of opening his eyelids, he will believe he went to bed several months earlier in another country. (p. 5)

Historical Time

Temporality in collective life is as multidimensional as in the personal, if not more so; archaeologists and historians (like neuroscientists and analysts) are well aware of the fluidity of time. But all of this is also visible (if often hidden in plain sight) in everyday situations: Each life unfolds in personal, cultural, and historical moments that organize and impose temporality in distinctive ways. I wrote the first draft of this paper in view of the Old City of Jerusalem; there, within 1 square mile, are the remaining Western Wall of the 2,000-plus-year-old Holy Temple of the Jews, the sites of Jesus’s Crucifixion and Resurrection and of Mohammed’s ascent to Heaven, the Crusaders’ routes (later trod by the Arab League in 1948 and then by the Israeli Defense Forces when they entered the city after their victory in the 1967 “Six-Day War”). And, just steps away, you can also buy Rihanna CDs, iPhones, Armani eyeglass frames, and your favorite team T-shirt in Hebrew characters. Visiting the Old City is to enter a vertigo not unlike the Freudian topographic unconscious, archaeologically layered, or rather, prearchaeologically disorganized. The first-timer in such dense environments who knows the history is visiting places that he remembers but has never seen, as if in a dream, but now in an actual place where the present and the past mingle and compel the future, lived out today. I have heard this in accounts of first-time visitors to the Parthenon, including Freud (1936). As it is shockingly new, it’s oddly familiar, as if seen many times before, since it’s simulated in all the thousands of neo-classical buildings with columns, pediments, and the like, to be found everywhere from Washington to Shanghai.¹

Psychoanalysts’ Attention to Temporality

Perhaps more than any other discipline, psychoanalysis is rooted in the idea that the ordinary sense of time as a sequence of “nows” following one another in a more or less linear sequence is not the only form of temporality. Loewald (1980) characterized the place of time in analysis this way:

> When we consider time as psychoanalysts, the concept of time as duration, objectively observed or subjectively experienced, loses much of its relevance. … Past, present, and future present themselves in psychic life not primarily as one preceding the other, but as modes of time which determine and shape each other. (p. 143)

Arlow (1986) echoed this:

¹Bob Dylan (1971) captured this in the first stanza of his ironic song, “When I Paint My Masterpiece”: “Oh the streets of Rome are full of rubble/Ancient footprints are everywhere. You can almost think that you’re seeing double/On a cold, dark night on the Spanish Stairs. ‘The rhyming “rubble/double” and “Ancient footprints are everywhere”/On a cold, dark night on the … stairs’ point toward the messy, mysterious omnipresence of the historical in what might otherwise seem like the apparently forward, upward movement of the everyday activity.
Psychoanalysis is fundamentally related to time because it is an effort to understand how disturbances in the present are determined by events in the past.... Psychoanalysis more than any other discipline sheds light on the coexistence of past, present, and future, thinking. (p. 507)

The analytic setting dislocates the usual social and language conventions that structure the ordinary sense of time as a linear flow from past to present into the future. Instead, the call for free association and free floating attention facilitates the sliding movement of past and present over and into one another. Freud’s (1911) essential definition of the primary process as a realm beyond ordinary time, where memory and perception mingle without distinction, asserts that a radical disorientation from the manifest linearity of temporality is at the core of each person’s mental life and way of living in the world. The very extensive array of psychoanalytic writing on the subject ranges widely across the various analytic persuasions, and is too extensive to be reviewed here. (See, e.g., Arlow, 1986; Colarusso, 1987; Faimberg, 1988; Green, 2008; Harris, 2005; Lombardi, 2003; Meissner, 2007; Modell, 1990; Perelberg, 2008; Scarfone, 2006; Stolorow, 2003)

Here are some of the temporal phenomena and concepts that are most obvious in psychoanalysis (although we don’t always think of them as organizing time): memory, forgetting, regression, repetition, anticipation, representation; the influence of the past on the present in thought, feeling, and behavior; delay of gratification and action; sleep-wakefulness and other rhythmicities in mental life; the so-called timeless of the id; the role of imagination and fantasy in structuring the future; values, standards, ideals as future-oriented categories; concepts about stable psychic structures that counteract the potential instabilities of time, such as object constancy and self identity; not to mention the important factor of time in psychoanalytic situation itself, in technical aspects, appointment, length of hour, and so on.

The Analytic Situation and the Temporal Dimension

Thus, each analysis is “perched on the pyramid of the past.” (Proust, as cited by Merleau-Ponty, 2004). Our cherished interpretive strategies turn the present into the past and back again; we cultivate the ubiquity of memory in coloring current knowledge; we allow ourselves in the transference to serve in effigy for the most important personal-historical figures; we approach the patient’s world as if it were a dream that might contain all the currents of past, present, and even future as if they could all occupy the same place and time.

Baranger and Baranger (2008) put it this way:

The temporal aspect of the [analytic] field is nothing like the time experienced in everyday situations. The time of the analysis is simultaneously a present, a past and a future. It is a present as a new situation, a relationship with a person who adopts an attitude essentially different from that of the objects of the patient’s history, but is at the same time past, since it is managed in a way which permits the patient the free repetition of all the conflicting situations of his or her history. It is this temporal ambiguity, the mixture of present, past and future, that permits patients not only to become aware of their history but also to modify it retroactively. This history is a gross weight, with its series of traumatisms and damaging situations that have been given once and for all, until re-experiencing them in the state of temporal ambiguity permits the patients to take them on again with new meaning. The patients know they had a difficult birth, suffered hunger when a tiny baby, had a wet nurse, etc.
But these traumatic situations can now be experienced not as unchangeable deadweight with an attitude of resignation, if they are taken up again, worked through and reintegrated into a different temporal perspective.

**Limitations in Psychoanalytic Approaches to Time**

Sensitive as psychoanalytic traditions and theories may be to personal history and its vicissitudes, psychoanalysts nonetheless tend to use spatial metaphors more than temporal ones—separations, fragments, attachments, objects. Even the postmodernist theory of multiple selves metaphorizes them as having some form and spatial dimension. Still, we usually presume a certain kind of temporal order, buried as it may be, and try to conceptualize a retrospective (backward-flowing) narrative about our patients’ lives and difficulties in service of our effort to help them establish a forward-flowing way of living. However, such narratives may have the paradoxical effect of freezing the ambiguities of temporality, to the extent they present the past and present as distinctive and bearing the ordinary sequenti-

In these and other ways, then, analysts sometimes overlook specific variations of temporality in each case, overlooking all the different ways that the individual sense of time underlies and presents itself at the core of experience in each of our patients. At times, we take temporality for granted. Despite the contributions already noted, it may be fair to say that the sense of time has not gotten as much as attention as other similarly fundamental domains. Loewald’s (1980) comment of over 40 years ago may well remain relevant today: “Psychoanalytic contributions dealing with the subject are sparse, although there has been some increase in recent years” (p. 138).

**Phenomenology: Temporality and Intentionality**

Phenomenological philosophers’ investigations point toward the essential role that temporality plays in how the world feels. For Heidegger (in Ricoeur’s words), “temporality makes possible the unity of existence. … [It] is the articulated unity of coming-towards, having-been, and making-present,” which allows these “to be thought of together” (1988, p. 70). Without this, “Being” itself is not possible, since the objects of the world cannot be conceived as having anything like a stable presence. Time is at the very core of Being itself.

Temporality is thus linked to “intentionality,” which the *Oxford Companion* describes as “a distinguishing feature of states of mind: the fact that they are “about” or represent things” (Crane, 1995, p. 412), further noting Brentano’s influential idea that “every mental phenomenon has a direction toward an object” [emphasis added] (p. 413). In these senses, intentionality conveys the sense by which mind establishes its basic relation to objects of whatever sort, so as to establish the underlying sense of living as if it is located with, or touching into, the “there” that is there. Intentionality is, in this sense, the corollary of presence itself. And this presence cannot be imagined without some idea that it is taking place in time: either by changing over time or by staying the same over time. Temporality and the linkage of the individual mind with the objects of the world—intentionality—are essentially interdependent.
Temporality, Intentionality and Intersubjectivity: Extending Into the World of Human Relationships

Applying this at the level of the body and the lived experiences of self and others in the interpersonal world, we can say that subjectivity and intersubjectivity are similarly bound up with temporality and intentionality: A person who responds to and extends the communicative possibilities of another person’s gestures gives that person the sense that she exists in a broader field of time, space, movement, feeling, and ultimately meaning. We learn about meaning in relationship—both in the sense that being physically alive is significant and about communication as something that has to do with letting someone else know what we mean. Representation and, eventually, language and culture arise in such relational-intersubjective matrices. This is true whether we are talking about a mother and an infant, a patient and an analyst, or two friends in conversation.

Going-on-Being, the Responsive Environment, and the Development of Temporality

Winnicott (1960) captured this fundamental process in his accounts of “going-on-being” and its evolution into the potential space that gives rise to culture. Imagine a 2-month-old baby waking up from a nap, opening his eyes, and turning his head to the side, something that he has only recently become able to do. As he turns, his mother notices the turning and moves her face into his visual field in synchrony with his left-to-right turn (though hers is right to left from her perspective), intensifying her smile as she matches his direction. The baby then smiles (also something that he is just beginning to do with any sense of initiative), and his mom makes a thrilled noise, thrilling him. This sequence may go on for a while. In Winnicottian terms, the baby’s spontaneous gestures (opening his eyes, turning his head, smiling) become something more. Daniel Stern (2010) captured this vitalizing effects of these transactions in his work on “forms of vitality.”

I hope that it is apparent how this sequence takes place in time, but it may be less obvious how it creates and sustains a sense of time, linking time, movement, gesture, and emotion in a sequence that enhances (indeed creates) the baby’s feeling of being effective and linked to her objects (here, the most crucial object, his mother). In such moments, the sense of time is intertwined with intersubjective vitality. If the mother had not matched the baby’s initial gesture (the turning head), the quality of his experience would be quite different; from the perspective of temporality, “the articulated unity of coming-towards, having-been, and making-present” (Ricoeur, 1988, p. 70) would not have been taken hold at the moment in the same way, if at all: The forward flow of time would not be vitalized.

Responsive interactions support “going-on-being,” which includes the sense of wholesome temporality: Temporality, intentionality, and vital intersubjectivity are thus intertwinied at the core of the development of an effective sense of self with others. All of this is articulated and supported in the moment-to-moment interactions between infants and their caregivers, and later in the myriad of interactive moments that compose ordinary and extraordinary social life, whether between a shopper and a shopkeeper (for example), two lovers, or an analyst and an analysand. The “macro” senses of being-in-the-world, at the core of character, rest on an accretion of “micro” interactions.
The development of the basic time sense is thus intimately intertwined with difficulties in the basic constructions of subjectivity and intersubjectivity. As I have said, temporality is at the core of the individual sense of being in the world, of being part of it through direct lived experience of the perceptions and objects that comprise it. This connection between temporality and the encounter with objects may not be immediately apparent, but this may be because it is so fundamental. It is the field of objects, perceptions, motor actions, and emotions in which the difference between this “now” and the next “now” can be apprehended: In this sense, these changes mark time. Time is thus inextricable from perception and activity in comprising with the sense of being in the world. If all of these stayed the same, then, time might well be meaningless. Psychoanalysts who have studied early development have pursued similar dynamics, emphasizing core needs, emotions, and interpersonal interaction and companionship overall.

Babies seem to be immersed in their environment, whether feeding, playing, sleeping, or listening and looking around. More obviously than older children and adults, infants live through direct sensorimotor engagements. Observing babies opens a window onto core dimensions of experiencing. In this way, infant observation resonates with a phenomenological perspective: “For Heidegger,” as Michael Levin (personal communication, 2013) wrote, “human beings are in and of our worlds on the deepest level.” Merleau-Ponty stressed the importance of direct perceptual and motor engagement in giving rise to mental life. For him, temporality, intentionality, and subjectivity and intersubjectivity are all dependent on the embodied origins of the mind.

The imaginative infant researchers who have studied the fine details of infant–parent interaction specify these processes: Colwyn Trevarthen (2009) chronicled the roots of “primary intersubjectivity” in the caregiving responsiveness to the first forms of communication—motor activity and musicality. Similarly, Daniel Stern (2010) saw the origins of human vitality in the transactions between caregivers and the baby’s movements, needs, and emotions. Recent research is suggestive with regard to the hypothesis that these early interactions have decisive effects into adulthood (Beebe, Lachmann, Markese, Bahrick, 2012; Seligman, 2013), but I am using them here suggestively. As I have suggested, Winnicott (1960b) worked from this perspective, drawing on his daily, direct experience of infants, children, and parents in his pediatric practice, in, for example, his insight about how the infant’s feeling of “going-on-being” requires an unobtrusive caregiver who responds to her emotional and physiological states, motor gestures, and overall presence so as transform them into something that enters the world and comes to exist in time and space.

In general, having one’s actions (including one’s needs and emotions) recognized and seeing that they have effects is crucial to the sense of lively being-in-the-world. These gestures are fundamentally emergent from the infant’s bodily experience of affects, psychophysiological states, movement, and the like. When they are recognized and responded to by another person, they are extended into the interpersonal world, as they are extended in the vital contours of space and especially, of time: When someone keeps the dialogue going, whether around a baby’s hand gesture or distressed cry or an adult analysand’s plea to be understood, it feels like the moment keeps going, rather than, at its worst, just collapsing. Bolas (1987) captured this in
conceptualizing “the transformational object” as the form for a primary, vitalizing relationship. Overall, then, interpersonal responsiveness supports the development of a sense of individual meaning and agency in relation to other people, that is, intersubjectivity and subjectivity.

The more or less robust senses of temporality and intentionality are inevitably a part of this: When the baby’s interaction partner responds to her initial gesture (whether emotion, motion, or physical state such as hunger or being hot or cold), the instant is extended into and over time. Ideally, the caregiver’s response keeps things going or changes the baby’s situation for the better, so that a sense of continuity is preserved amidst the flux of change. This is at the core of the robust temporal sense: Recall the emergence of the future-sense in the “unity of coming-towards, having-been and making-present.” (Ricoeur, p. 70)

Ordinarily, then, the caregiver’s responses to the infant’s gestures give the baby compelling evidence of her effect on the world. Without really anticipating its going somewhere, the infant extends himself into his not yet defined surround—say, by moving his head up to encounter a gaze, or lifting a hand without imagining what will happen next, or by making a crying sound that flows automatically from some inner distress, or whatever. When the attentive caregiver notices and responds, that extension is essentially transformed, over time and space, into something that gives the baby the feeling of a world of time and space, in which something that she has done has led to something else occurring that has followed it, in a communicative intention: the simultaneous, intertwined core of intersubjectivity, intentionality, and temporality come into being. Here, mother and infant cocreate a coherent self-with-other in a receptive world, which is discovered as it is created and identified with in, the same dyadic action-moment. Here is the infant observation-phenomenological resonance to Winnicott’s “going-on-being.” In bodily activity, the two elements of physical space and the extension of time are intertwined and occur and develop in concert, all so as to lead to the coherence and effectiveness of the sense of self with objects, enduring over time, when things are going well enough.

Infant–Parent Interaction and the Development of the Sense of a Lively Future

These dynamics can be illustrated and clarified through some descriptions of infant–parent interactions. In one video vignette, a mother, Ms. A, and her 3-month-old baby, Rebecca, are interacting to show how a responsive person creates the sense of a forward-moving future. After the first part of an initial interview in a nonclinical situation during which Rebecca was in her mother’s arms, the observer invites the mother to set her on the floor. As Ms. A catches Rebecca’s attention by talking in a singsong voice, Rebecca starts to move her foot back and forth in time to her mother’s vocal rhythm. Noticing this, Ms. A lightly places her hand on Rebecca’s foot, allowing it to be guided by her infant’s movements. Here, she extends the movement, which is already part of a protoconversation conducted through auditory, affective, and motor pathways. The movement is turned into an even more meaningful gesture, part of a pattern of communicative meaning in the intersubjective field, lengthening it and extending it in time and space. These extensions include both the physical space, which has been expanded by the addition of the mother’s hand, and the relational space and time of the added link between the mother and baby at the point of the harmonizing moving foot and hand. This whole process also illustrates how the sense of being with another and being in the world of one’s own time and space emerge simultaneously, another sense in which relatedness and separateness emerge together as part of the intersubjective field.
But when these most basic responses are absent, or the caregiver frightens the baby or imposes her will or projections onto her, things can go quite badly. A chronic, inner listlessness can set in, with emotional deadness, chaos, helplessness, and even a state of ongoing psychic emergency. The gestures stay without response, frozen in nontime and hence becoming nothing, and leaving the child with a deadened object and without an intersubjective self. Only as sensation, motion, and feeling are passed between people does space get its contours in the flux of time. The unresponsive caregiver doesn’t only leave the self starving, but without a life in time.

This is well illustrated in another caregiver–infant interaction. Twenty-two-month-old Claudia is examining blocks on a table while her mother, Jackie, sits behind her, chatting idly with the interviewer or vacantly staring into space for brief moments. Except for Jackie’s moving lips and occasional head movements, she is more or less immobile. Claudia seems to be looking for something to do, but she just shifts her attention from one block to another, picking one up, setting it down, and doing the same with another one. Finally, she finds a small toy car that grabs her interest, and she tentatively pivots and holds it up toward her mother. But Jackie merely glances at her for just a fraction of a second, and then returns to her earlier routine, all but ignoring Claudia. Claudia keeps trying, presenting the car again, gently pushing up against her mom’s legs, but to no avail. Jackie continues her bland, immobile conversation with the interviewer without any meaningful acknowledgment of Claudia.

Here, a bid that might have turned into a moment, or process, of shared attention and affective exchange is instead left as next to nothing. Jackie’s nonresponsiveness leaves Claudia without a sense of how such bids, as extensions into an (intersubjective-interpersonal) space, offer the potential for turning into intentionality that links to concrete objects and other people, so as to yield a sense of being effective, of living in animated time and space. But when these possibilities are denied, flatness and despair are the remaining outcomes. Rather than a sense of time moving forward, there is stasis. As I elaborate next, this is not the confusion of the present with a torturous past that is commonly addressed in our theories about repetition in psychopathogenesis. Rather, this is the stasis of a nonvitalized present that never gives way to the emergent future, as the body in motion and affect do not lead to responses that mark them in sequential time.

There is a varied array of compensatory “strategies” for this kind of lifelessness, well described in much of the analytic literature. Examples include interpersonal relationships of all sorts; somaticizations, including pain, drugs, bodily illnesses, and others; frantic or manic interests and activities; professional and other ambitions; and even psychotic symptomatology. Bion’s “Beta elements,” which substitute for true experiencing, capture a wide range of these phenomena. Winnicott (1960a) proposes the concept of the “False Self” to describe ways of living that “preserve the individual in spite of abnormal environmental conditions;” he specifies the mother’s part in these conditions as her failure “to meet the infant gesture.”

**DISORDERS OF TEMPORALITY**

Once temporality becomes central to our attention, it is hard to imagine an analytic case that does not involve fissures and failures in regard to how past, present, and future are interrelated.
Baranger and Baranger (2008) highlight the extent to which every analysis is an analysis of temporality:

Most often, patients come to analysis because they feel they have no future. They were prisoners of their neurosis, with no prospect of at least being released from this imprisonment. … The attempt to have an analysis often indicates a last attempt to re-open the future and re-orient existence. … Under these conditions, the dialectical process of the constitution of the past and the future on the basis of the present can be freed to some extent. (p. 800)

Overall, I propose to use the term “disorders of temporality” to capture some of more problematic configurations of the sense of time, as an aspect of experience, that lie at the very core of our relations to the world. Along such lines, Loewald (1980) proposed that we consider the reciprocal relations between past, present and future as active modes of psychic life … as we discern them in our psychoanalytic work, for instance, in the play of transference, in the impact of unconscious and conscious remembering and anticipating in the present, in the interplay between primitive (stemming from the past) and higher-order (“present”) motivations. (p. 140)

There appear to be more or less specific variations in the difficulties in how patients experience the relationship between past, present, and future, as well as with the sense of time itself. It might be useful to eventually generate a more extended catalog of these. But for now, I try to delineate two broad types, so as to suggest how we might begin to think along these lines and to illustrate my perspective: In the first, the past and present are melded together; I propose to call these, at least for now, “disorders of simultaneity.” I distinguish between two variations here, although both involve posttraumatic repetition of the past, with its collapsed sense of time.

Most of what follows, however, is concerned with “disorders of subsequency,” more essential deficits in the core sense of time in the intersubjective field. Here, the feeling of the future unfolding in a forward-moving way, different from the present, is itself constrained. There are difficulties in the fabric of temporality itself, where there is a limited sense of a future that can be different from the past and the present; in this situation, at the implicit levels of affective-relational engagement that frame intersubjectivity, past, present, and future don’t mean much. There is a sense that things don’t really change, such that the underlying (if often inconspicuous) sense of the world is quite flat and without the sense that whatever one does can make any difference. This is what I meant to illustrate in describing Claudia’s flatness when Jackie ignored her interests, emotions, and bids for attention, leaving her with the sense that nothing that she does really matters, without the feeling of the vital interchange that occurs when others recognize you as a center of initiative and agency.

Disorders of Simultaneity: Posttraumatic Fixation in Developmental-Historical Time

The first pattern in which the past and present are blurred is the most extensively discussed in the classic analytic accounts, where the repeated but often unprocessed past eclipses the experience of the present. Freud’s theories of neurosis formulated the effects of trauma in fixing unconscious attention on overwhelming situations from the past which have persisted into the present, unresolved. Instead, they are anticipated and frightening, as defensive efforts of different sorts get under way to avoid the imminent threat of repetition.
Freud, of course, found his first key to psychopathology in the trouble arising when the past has been so unbearable that it persists inexorably, overwhelming the present and blocking the openness of the future. This is the classic posttraumatic condition of repetition, with its excess of simultaneity over sub sequency. Ideally, the “present” is experienced as something separate from the past; in other words, the reality of “now” is implicitly distinguished from memory. But the posttraumatic subject will not experience the trauma as something that has happened in the past but will not happen now. Instead, s/he is caught in an endless loop in which two events far removed in ordinary time-space—one “past” and one “present”—are confounded, such that the unmanageable event is anticipated in any situation that evokes its spectre in memory. Such processes are at the core of both symptoms and transferences: The symptom covers up the wounds of the past while repeating them, while the transference reveals them more openly, albeit out of the patient’s awareness. Both formations render the present and past as simultaneous; the influence of history has both hypertrophied and dissociated, rather than integrated.

From this perspective, analytic work rescues the present and future from the problematic past, whatever form recovery takes. As many contemporary historical critics have said (especially those influenced by psychoanalysis), this predicament afflicts culture and politics, as well as the intrapsychic world. (See, among others, Caruth, 1995; Faimberg, 1988; LaCapra, 2001). For example, during the same visit to Israel that I mentioned earlier, many analytic colleagues suggested that both Jewish Israelis and Palestinians were caught in posttraumatic thinking, with the Israelis seeing the present through the template of the Holocaust and the Palestinians through the lens of their harsh treatment at the hands of the Israeli government.

Freud also showed how the present can reconfigure or even define the past, as current experience can actually change memory. Trauma recasts itself by recasting the present, just as memory recasts the past through its emerging templates and metaphors; reciprocally, emerging events alter the perception of those that went before them. This is the famous “Nachtraglichkeit.” Each person and each generation make their own version of the “historical” past, just as each person’s current situation and emerging development affect her “life story.” Trauma is painfully effective in configuring and reconfiguring both the past and the present in its frightening image. Thus, it also colors and even obliterates the possibilities offered by the emerging future.

This all suggests a further dynamic element of temporality that is more ordinary than the posttraumatic: that one’s sense of the past is typically affected by the present. This is obvious at the global level, at which, say, a nation reshapes its account of its history in a way that gets many citizens thinking and feeling changing their identifications. It’s also at work on smaller scales: As you read this paper, what you read next will affect how you experience what you are reading right now. This “now” will not be the same then as it is now, both because of its emergent “pastness” (it won’t be a “now” anymore, it will be a “then”) and because its meaning will change as it is assimilated to what else came before and after, including a long time ago. Current neuroscientific and psychological research on memory as well as on trauma confirms this, conceptualizing

2 Walter Benjamin (1968) wrote, “History is the subject of a structure whose site is not homogeneous, empty time, but time filled by the presence of the now” (p. 261).

3 Halberstam (2005) and others, writing about “queer time,” have suggested that some kinds of posttraumatic situations can open opportunities for getting beyond the constraining and exclusive structures that conventional cultures offer.
memory as a fluid, dynamic system affected by an array of environmental and physiological circumstances rather than a mechanism for veridical reproduction of past moments.

Fear of Breakdown: It’s Actually Happening Now! (Even Though I May Not Have Noticed It Then)

A second variation resembles the first but differs in ways which have important clinical implications. Here, the trauma feels like it is actually under way now (rather than being anticipated). Some patients experience the traumatic event as if it were actually happening in the present moment, rather than expecting it to happen. This may involve a complex relation to the events, in which the trauma itself was never actually admitted into experience but instead was dissociated at the time at which it occurred.

Winnicott (1974) elaborated a particular, very valuable application of this understanding. In his paper “Fear of Breakdown,” he directed attention to a deep experience of helplessness and of temporal disorientation, since, from the patient’s point of view, the terrible thing is going on right now. This thus involves a second sense of fear and additional helplessness, in that the fear of the impending trauma is coupled with the simultaneous experience of the recurrence of what is so frightening. Further, the entire psychic situation is terribly disorienting, as past, present, and future are confused, exacerbating the potential for breakdown. For example, when I told a patient that I thought she was afraid of my dying after she got angry at me, just as her mother had in a tragic, traumatic coincidence that occurred when she was a young child, she forcefully corrected me: “No! You don’t understand. You are dying!”

Such situations can be especially difficult, as they often involve a history of dissociation in the face of the trauma, such that the overwhelming memory has, in some sense, never been rendered into memory. The “breakdown” is current at the same time that it fills the mind-body with great turbulence. Winnicott (1974) summarized this:

I have attempted to show that fear of breakdown can be a fear of a past event that has not yet been experienced. The need to experience it is equivalent to a need to remember in terms of the analysis of psychoneurotics. … There are moments, according to my experience, when a patient needs to be told that the breakdown, a fear of which destroys his or her life, has already been. (italics Winnicott’s) It is a fact that is carried round hidden away in the unconscious. The unconscious here is not exactly the repressed unconscious of psychoneurosis, nor is it the unconscious of Freud’s formulation of the part of the psyche that is very close to neurophysiological functioning [emphasis added]. … In this special context the unconscious means that the ego integration is not able to encompass something. The ego is too immature to gather all the phenomena into the area of personal omnipotence.

It must be asked here: why does the patient go on being worried by this that belongs to the past? The answer must be that the original experience of primitive agony cannot get into the past tense unless the ego can first gather it into its own present time experience and into omnipotent control now (assuming the auxiliary ego-supporting function of the mother (analyst)). (pp. 104–105)

In these clinical situations, then, the overwhelming situation was never actually experienced, even as it was happening in a raw and compelling way. Winnicott stresses a dissociative dynamic, in which the overwhelming experience cannot be thought of having occurred, even as it going on in the present. Rather than being retained as a memory, albeit in some unconscious form, it is both imminent and absent.
I now turn to another fundamental problem in the temporal sense: the failure of the possibility of a future itself, at the basic psychic level. It isn’t just that the future, like the present, cannot be different from the awful past, but that the future as a category of experience has hardly any dimensionality at all: Temporality itself is collapsed, obscured or absent, not only by the persistence of a terrible past, but by the mangling or deprivation of the possibility of an orderly flow of events in the meaningful emotional and interpersonal area. This is not a matter of the clock, but rather a disorder of temporal sequentiality as a basic principle of the subjective sense of self.

This form of living in time links to a basic fault in lively intersubjectivity—a vacuum in the usual senses of self-coherence and agency, a deficit in “intentionality” in the field of relationships and emotions. Beyond ordinary hopelessness, a kind of undifferentiated sense of things and people may settle in, a feeling that things just don’t change lies at the base of everyday experience. This seems to parallel the image of an infant whose parent ignores her interests, emotions, and bids for attention, leaving her with the sense that nothing that she does really matters, without the feeling of the vital interchange that occurs when others recognize you so as to offer a world in which what you care about matters and makes a difference.

In evoking the images of Claudia and emotionally deprived infants in general, I mean to suggest, at least, that such experiences are often observable in patients with chronic histories of trauma and/or neglect. In some respects, these types of timelessness can be seen on quasi-representational repetitions of, on one hand, the senses of endless, unpunctuated time and space so common in children whose needs for social interaction and basic care are not met, and on the other, the chaos and overwhelmingly confusing experiences that may ensue when the outside world is not mediated by an attentive person who looks after the baby’s states of mind, body, and social connectedness. This may be especially difficult when the family surround is chaotic and assaultive, but even “ordinary” environments can be quite baffling and confusing to a child when no one makes any effort to help them make sense.

Jacques Derrida (1973) described a related dimension of experience that is of distinctive interest to psychoanalysis, “…a ‘past’ that has never been nor will ever be present, whose future will never be produced in the form of presence” (p. 152).

These unusual forms of temporality present themselves in analyses in myriad ways, which are often not so obvious. Fragmentation may seem common, as when patients fall apart; seem to shift from one identification or self-state to another without noting any notice at all; act erratically; embrace manic thinking and activity as an alternative to anxiety or other forms of pain, and so on. At times, what seems like depression may actually present a more encompassing sense that “things are just not moving forward,” as one of my patients recently reported, which translated into a pervasive hopelessness that anything at all could make a difference. A sense of grim sameness may haunt the patient’s life and/or the analytic hours: Some treatments unfold with a chronic sense of meaningless, boredom, and even desolation; at times, such feelings ensue even when the verbal narrative is apparently intriguing and coherent. The analyst may lose interest and even become sleepy, sometimes inexplicably; there are cases in which I have searched for an underlying dissociation, decisive detachment, and related forms of psychotic-
like process, only to find instead a more diffuse and blank state, characterized by, for example, gray bleakness rather than primitive fantasy (cf. Green’s (1973/1999) “psychose blanche”).

In another, apparently different variation, patients rely on an idealized image of the analyst and the analytic relationship. At first, this may seem like a promising source of a developmentally progressive supportive attachment that can provide a basis for new experiences and internal structures. But as time goes on, nothing deep goes on, as the idealized relationship is protected at great cost: It must be eternal, undisturbed by the realities of space, and perhaps, most of all, time. (See Loewald, 1980, again.) Vacations, ends of the hour, knowledge of the analyst’s family members, colleagues, interests, and even changes in the furniture in the consulting room are disturbing, as they pose threats to the matrix of timeless connection. Such fantasies may reflect idealizations compensating for and transforming implicit memories of the lived experience of endless time with a depressed, largely unresponsive parent, stretching out like a desolate road without directional signs or even mile markers to punctuate the days where not very much lively or meaningful happened. By idealizing, even enshrining, this experience, those limited shreds of close time with that caregiver can be preserved and elevated.

There are many other variations on these themes, which can often also be understood as compensations or defenses against terrible psychic calamities and the like.

**CLINICAL ILLUSTRATION AND IMPLICATIONS**

**Samuel M**

This conceptualization of “disorders of subsequency” may be further elaborated with a clinical illustration, which in turn provides an opportunity to show some of the clinical utility of this integration of phenomenology and developmental theory and research.

Mr. Samuel M was the fourth of five children born in quick succession to a depressed single mother, in a tough, poor Latino neighborhood in the United States. His mother was intermittently attentive, barely managing to keep up with everything. While with him, I often pictured a baby whose cries were dismissed or ignored. He recalled falling down the stairs in his apartment building as a toddler. No one came, and finally he crawled up the steps, knees scraped and arms bruised, only to be told what a clumsy kid he was. Even when he had a few minutes of his mother’s time, she would drift off: Watching a baseball game on TV, he was elated when she shared his pleasure in a player from their home country. But after that enthusiastic moment, she left the room without any explanation at all. Similarly, his older siblings’ harsh bullying was never acknowledged. When he was abused by the parish priest, all his mother could say was, “Father Patrick is a good man.”

Even as my empathy with the awful things that happened to Mr. M helped him, something else seemed fundamental: He really didn’t have a sense of a future, in the sense of a new present that could be different by virtue of not having happened yet. This, then, was a deficit of *subsequency*, rather than of repetition: Mr. M didn’t really expect that he could have an effect where it mattered most, so why should he feel that anything would ever change? All of this raised such essential questions as “How can you love anyone if you don’t live in the time of
TECHNICAL IMPLICATIONS

Dramatic Disillusionment Following the Failure of Idealizations

Mr. M came for analysis in his late 30s, in a depressive crisis precipitated by a profound disillusionment. He had done well enough at school to finish college and law school, having compensated for his deprivation by a precocious reliance on his disembodied intelligence. He had idealized his legal ambitions as a redeeming arena in which he could find some recognition and his wish to fight for justice, unconsciously hoping to find a way to redeem the grievances of his own childhood. But, as he found himself limited by the realities of his profession and his own character, he came to analysis as the last hope for something that would transform his life, especially as he had few meaningful personal relationships.

In the earliest phases of analysis, we saw some halting progress and an apparent alliance, although Sam could become profoundly disorganized and anxious. However, in the face of vacations, ordinary empathic failures, and other signs of my individuality, he feared that analysis was not the panacea that he hoped for and he would become acutely detached, preoccupied and/or terrified. He would succumb to a pervasive sense of helplessness, disillusionment, and despair that encompassed everything.

Mr. M had been surviving on whatever imaginary self-created dreams of a future he had been able to sustain. He survived by relying on a world of pseudo-hopeful objects and a false self in a fantasized future. This took tremendous energy; it wasn’t real temporality, just an idealization of the future as object that filled the vacuums with which he would otherwise be living.

Once the idealized objects failed him, he simply could not sustain these illusions. Now he was left with the unresponsive object, bereft of movement in time and space. When analysis, real, connected, and effective as it might be, fell short of transformative redemption, reality caved in on him toward increasing collapse. There could be no extension, all was lost, and there was nothing and no temporality. The possibility of something real that I might offer in understanding his past, with its open attitude toward time, could not find a corresponding form in Mr. M’s subjectivity, and nightmares of devastated landscapes, frozen, flooding rivers, and terrifying attackers emerged relentlessly. Improving professional opportunities that might have once seemed to be fulfillments of the original projects now felt like empty holes that would just lead to oblivion.

Analyst and Patient Living in Two Different Worlds

Now, Sam would sit with a frozen stillness, some combination of fear and despair. Even when I would say things that conveyed an understanding of his emotional pain, and the emptiness that came with it, he would continue to feel that, as much as I understood, I lived in a different world. At first I believed that the differences were matters of class, of ethnicity, of the fact that I had a family and a career that seemed to be going well, and these of course mattered very much. But
beyond this, we were basically different in how we inhabit the world of time, intentionality, and intersubjectivity.

The ordinary disruptions of the analytic matrix, even those as “minimal” as the ends of the hours, may be very difficult for some patients, since they signal the inexorable return of the unresponsive object, which after all is not an object at all but a dead space, without temporality or vitality. The patient is left with an awful dissonance between two worlds, one with a future and the expectation of meaning and one with nothing there. This can have the additional effect of making him feel “crazy.” This should not be mistaken for ordinary regression, but is instead an “incoherence psychosis” set in motion by the progressive potentials of the analytic relationship. (There may well be resonances here to the image of the psychic “black hole,” which we can think of in this context as a world in which time hardly exists and matter loses its materiality to its dark density.)

It helped Sam when I could let him know that I understood this: I was confident about “going-on-being,” and he was not. This provided an experience of which Mr. M had been deprived in both the distant and recent past. I seemed to understand something about what it meant to be him that had not been otherwise appreciated. I want to stress that this was formally prior to whatever content we might otherwise be talking about.

Understanding Failures at the Inner Core Helps the Analyst Think: Countertransference With the Non-Temporalizing Object

Also, this helped with an unusual countertransference that emerges in this kind of situation, by giving me a way to think about how I took on the futility and despair that was engrossing us. I like to feel that I am more or less prepared to empathize with and tolerate some of the terrible feelings about what has happened to some of my patients, but it’s been harder to find the words and inner pictures for a more pervasive feeling of quiet oblivion that just seems to go on and exist at some impenetrable level that sits below everything. Thinking about what really forms a moment of intersubjectivity in time and motion helps the analyst make herself available to the patient’s inner world however it is or is not presenting itself. This can help turn despair into a gesture that might not have existed as such yet. Moments of intentionality can take hold, and a bit of meaning is created.

Dedicated Attention Building the Patient’s Senses of Temporality, Intentionality, and Intersubjectivity: The Virtues of the Analyst’s Not Coming to Conclusions

The special role of the analyst’s dedicated attention also takes on greater meaning here: Instead of coming to a conclusion, the analyst makes herself as available as possible to the patient’s proto-gestures, in whatever form (Seligman, 2014). Once we recognize the intertwining of temporality and activity, whether in adulthood or infancy, we can see how attentively making oneself available to another’s influence creates the potential for an object of intentionality and extension at the basic level. Even simple responses, like shaking one’s head or making complementary vocalizations (even the infamous “uh-huh”), can extend the patient who has lived with unresponsive objects into time that leads somewhere. Recognition sustains the time sense as it sustains intersubjectivity. Having a future and living intersubjectively go together.
This elaborates a perspective on Winnicott’s (1956) idea of “the spontaneous gesture.” Here Winnicott saw how the baby would make a move into an undefined space, spontaneous inasmuch it was unplanned, unself-conscious, and at its core unintentional. The outcome is unanticipated by the baby, but when it finds a contingent response in the surround, the original gesture becomes something meaningful and intentional, even if this outcome was not anticipated by the baby. The mother’s total immersion in the neonate’s world (her “primary maternal preoccupation”) is the precondition for this kind of development. Just as Rebecca’s mother made her attention and affective and motor responsiveness available in such a way as to “find herself” naturally grasping and wiggling her baby’s toes, the attentive analyst positions herself to make such natural moves by making herself available as a general object of intentionality and extension in whatever mode of influence to which she makes herself available—emotional, nonverbal, explicitly interpretive, action, and so on.

Overall, then, we can think of the whole field of mutual interaction along its various lines as contributing to the development of the subject. As we are well aware, this also includes the handling of the patient’s most intense and intolerable emotions. Some may think of this in terms of “projective identification.” But much of this does not feel alienated, nor so emotionally intense, but rather is part of the quotidian business of everyday analysis. Psychoanalysts may not be sufficiently interested in the gradual effects of the sustained analytic work, as we are, especially in our literature, most compelled by the high-intensity, dramatic, decisive moments.

Life in time begins when there is another person there, one who has kept the space open enough that there is room to move. When that other person takes up the move, does a little something with it, maybe not too much, then we learn, in a kind of nachtraglichkeit, how the gesture can become communication, and part of the extension of time. Sometimes people are just putting things out there, not even really expecting or even hoping that the analyst can help, whether with an unbearable feeling or by completing the process of marking the person in time and extending it. If the analyst can manage to do this, though, something creative may go on; if not, things can feel like they are going nowhere. It would be like having a musical instrument without any music to play. It’s just noise: sometimes cacophony, sometimes like scraping and screeching, sometimes just white noise or dead silence.

**A Note on Termination**

We hope for mourning in termination, but it doesn’t always happen. Attention to the development of temporality suggests another dimension of what really goes on. Whether the patient has mourned the previously unrealized past or developed a new quantum of temporality and intentionality, hence leaning toward becoming a subject, we can only hope that s/he leaves the analysis with a sense that the future is there, in a temporal world in which extension is possible and where time moves into something that is open even as history exerts its inevitable influence. Coming to live in unfolding time is a great benefit of many analyses.
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