#### DYNAMIC IDENTITIES: TIME AND RECOGNITION<sup>1</sup>

## DINÁMICA DE LAS IDENTIDADES: TIEMPO Y RECONOCIMIENTO

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**Abstract**: This paper emphasizes the "intertemporality of our subjectivities" and argues for the crucial importance in the psychoanalytic relationship of recognition of patients' and analysts' temporal experiences in both their conscious and their unconscious aspects. Although psychoanalytic theorizing implicitly addresses the theme of time in terms of developmental theories, it is often not explicitly explored; spatial metaphors of, for example, internal and external are, by contrast, dominant. Questions about time are intrinsic to those regarding memory and forgetting, embodiment, language, the continuity and/or discontinuities of identities, the socio-historical specificity of the subject, the significance of death for us in our lived present, and of change. The crucial relevance of the work of phenomenological/post-phenomenological philosophers Merleau-Ponty, Ricoeur, and Levinas to questions of time in psychoanalytic practice is discussed. Sensitivity to the patient's shifting positions in relation to past, present, and future dimensions of time is vital to the analyst's recognition of the ways in which the patient is different, not only that they are different. An attentiveness to the relation between time and recognition allows for openness to the contingency of identities, whether in terms of gender, sexuality, race, class, religion, physical abilities and the multiplicity of other possible identities.

Keywords: Levinas, Merleau-Ponty, Phenomenology, Psychoanalysis, Time.

**Resumen**: Este trabajo enfatiza la "inter-temporalidad de nuestras subjetividades" y sostiene la importancia crucial, en la relación psicoanalítica de reconocimiento, de las experiencias temporales de pacientes y analistas tanto en sus aspectos conscientes

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como incoscientes. A pesar de que la teoría psicoanalítica implícitamente se refiere al tema del tiempo en términos de teorías del desarrollo, a menudo no se explora explícitamente; las metáforas espaciales internas y externas son, por ejemplo, dominantes. Los problemas sobre el tiempo son intrínsicos a los relacionados con la memoria, el olvido, la corporización, el lenguaje, la continuidad o discontinuidad de las identidades, la especificidad socio-histórica del sujeto, el significado de la muerte para nosotros en nuestra vida presente, y en el cambio. En este trabajo se discute la relevancia crucial del trabajo fenomenológico/postfenomenológico de filósofos como Merleau-Ponty, Ricoeur y Levinas respecto del tiempo en la práctica psicoanalítica. La sensibilidad al cambio de posición del paciente en relación con el pasado, el presente y futuro es vital para el reconocimiento del analista de las formas *en que* el paciente es diferente, no sólo *que* ellos son diferentes. Una atención a la relación entre tiempo y reconocimiento permite una apertura hacia la contingencia de las identidades, ya sea en términos de género, sexualidad, raza, clase, religión, habilidad física y la multiplicidad de otras identidades posibles.

Palabras clave: Fenomenología, Levinas, Merleau-Ponty, psicoanálisis, tiempo.

### 1. Introduction

"I am always a future person. Now I can't see beyond tomorrow. I can't see anything except what I have lost".

"I will not make myself the man of any past. I do not want to exalt the past at the expense of my present and of my future". (Fanon, 1986: 226)

THESE WORDS SPOKEN (firstly) by a patient and the Fanon, who writes of black people's struggles for recognition, highlight THESE WORDS SPOKEN (firstly) by a patient and then by an analyst, Franz the ways in which our experiences of time interweave our lives and shape our conceptions of change. In this paper I present some of the themes in my book, Time In Practice: Analytical Perspectives On the Times of Our Lives (2008) in which I emphasize the "intertemporality of our subjectivities" and argue for the crucial importance in the psychoanalytic relationship of a recognition of patients' and analysts' temporal experiences in both their conscious and their unconscious aspects. My focus on time contrasts with the emphasis on spatial metaphors of, for example, internal/external, which are prevalent in psychoanalytic theorizing. "Internal" in psychoanalytic discourse is associated with the past, the dynamics of which are conceptualized as being "stored" in "the unconscious". I will discuss how an understanding of the relation between time and recognition allows for openness to the contingency of identities, whether in terms of gender, sexuality, race, class, religion, physical abilities and the multiplicity of other possible identities. I explore the significance of this for our conceptions of change.

Firstly, it is important to raise the question as to what we mean by the term "recognition". From an etymological point of view cognoscere in Latin means both "to know" and, most importantly, to "learn about". "Recognition" implies "knowing again" or "learning about again". What does "again" mean? To whom does recognition belong to? Is "recognition" always mutual? If we claim to recognize something of which the other person is as yet unconscious, does it only constitute recognition if they consciously experience being recognized? To what extent can a state of mind really be "shared"? A crucial aspect of recognition is the ability to acknowledge the other in their difference within the intersubjective world in which we are always already situated. Is it sufficient to be concerned with the extent to which we recognize that the other is different? Is it not crucial to recognize how they are different? Is it not more appropriate to speak of "recognition" in the plural, as occurring in time, in instants, rather than implying a constant state? It is my hope that exploration of the relation between time and recognition can generate possibilities for us of reflecting further on these questions.

Although psychoanalytic theorizing implicitly addresses the theme of time, it is often not *explicitly* explored. Freud's concepts of the unconscious, regression, displacement, condensation, and transference, for example, all rely on notions of time which remain unthematized. Heated debates between analysts as to what constitutes efficacy in psychoanalysis refer implicitly to time: the length and the frequency of the sessions, the length of the analysis, and breaks in the analysis (whether instigated by the analyst or the patient). Questions about time are intrinsic to those regarding memory and forgetting, embodiment, language, the continuity and/or discontinuities of identities, the socio-historical specificity of the subject, the significance of death for us in our lived present, and of change.

### 2. Lived Time

In considering the relevance of temporality to psychoanalytic practices it is necessary to distinguish "lived time" from our ordinary conceptions of time as cosmological and as dateable. When I was writing my book one of the pieces of research which excited me most was the cross-cultural study of conceptions of time (Nunez and Sweester, 2006) in which it was reported that the Aymara tribe in the Andes was unusual in perceiving the future as lying behind them and the past in front of them. It was a vivid example of the way in which lived time is culturally and historically specific. As Mann's (1924) novel, *The Magic Mountain*, so poignantly exemplifies, abstract

notions of time as motion, as change, as linear or circular, or as dateable, can never encapsulate the temporality of human experience in its diversity. Mann explores in fictional form the effects on patients in a German sanatorium in the 1920s of the imposition of its particular time (the time of the doctors), a time which differs radically from that which is lived beyond its walls. In the sanatorium, the smallest unit of time is the month and, in decisions regarding the length of treatments for patients, doctors treat weeks as if they are only days. Days in the sanatorium are exceedingly long yet, retrospectively, in their emptiness, they seem to "scurry by like dead leaves" (Mann, 1924: 105), indistinguishable from today, blending into "the always" (Mann, 1924: 546).

A crucial theme in Guzmán's film *Nostalgia for the Light* (Chile, 2011) concerns the diversity of lived experiences of time. Owing to the speed of light, the stars watched by astronomers in the Atacama Desert have taken years to reach their perception. The desert itself is layered with different histories; fossils make present prehistoric plants and animals, carvings on the rocks reveal histories of nomadic tribes, and there are traces of the colonization of indigenous peoples (unspoken of yet generationally transmitted in cultural memory). The dry sand preserves pre-Columbian mummies and the remains those who were "disappeared" during Pinochet's dictatorship. Traumatised women who mourn those whom they lost at that time search the desert daily, their hope enabling them each day to face the future. An elderly couple, one of whom is senile, becomes a metaphor for Chile's present: the remembering and the forgetting of the horrors of the military dictatorship.

The work of Mann and Guzmán highlight the critical importance of recognizing how individuals live time, and in which time they are living (in all its three dimensions), in clinical practice. Our interpretations of our patients' speech are unavoidably embedded in concepts of temporality which we bring to the analytic work, consciously and unconsciously. Questions about time are intrinsic to those regarding memory and forgetting, embodiment, language, the continuity and/or discontinuities of identities, the socio-historical specificity of the subject, the significance of death for us in our lived present, and of change.

### 3. Freud's Time

Throughout his writing Freud claims that unconscious processes are "not ordered temporally...time does not change them in any way and ... the idea

of time cannot be applied to them" (Freud, 1920: 28). Developing this, Freud argues that the wishful impulses arising from the id and impressions that have been repressed are "virtually immortal" and their effects on the individual remain unchanged (Freud, 1933: 74). From one perspective, this is a very radical conception in its implicit recognition that subjectivity is not always located within linear or chronological time, and it allows for more fluidity in our recognition of individuals' lived experiences of time, both consciously and unconsciously. In our dreams, particularly, time is rarely chronological and linear; babies talk to us in highly articulated adult concepts, other dream characters die and come to life again. While we dream we do not think of the events of the dream as belonging to our conscious (or chronological) past or as pertaining to our conscious future; we "live" these events in the dream without such distinctions.

Freud's view of the unconscious as timeless, however, reveals some significant contradictions. He describes the source of the drives as being "in an organ or part of the body" (Freud, 1915c:123) and as exerting a "constant" force or pressure for which the drive seeks satisfaction (the timelessness of unconscious drives is related to this constancy). Later he claims that (1923: 38) repeated experiences of the ego over several generations are incorporated into the id and transmitted on to further generations phylogenetically; the portion of the id which the ego forms as the super-ego is therefore constituted through the restoration of numerous egos of previous generations and is inherited. Furthermore, in both of these claims Freud resorts to a biologistic perspective under which he subsumes conceptualisations of intersubjectivity and language.

Freud's notion of the unconscious as "timeless" generates problems in his theorizing of "change" or "cure" in psychoanalysis. How can the unconscious be timeless if the drives can, nevertheless, be altered as Freud also claims: "what has belonged to the lowest part of the mental life of each of us is changed...into what is highest in the human mind by our scale of values." (Freud, 1923: 27) In 1915 he had expressed his cynicism as to how far drives can be transformed, arguing that "human nature consists of instinctual impulses which are of an elementary nature, which are similar in all men and which aim at the satisfaction of certain primal needs" (Freud, 1915b: 281) and that "the primitive mind is... imperishable" (Freud, 1915b: 286).

Reflecting on the length of an analysis he argues that the analyst should behave as "timelessly" as the unconscious itself (Freud, 1918 [1914]: 10). It is clear from his subsequent remarks that, by this, he means open-ended and "lengthy" (1918 [1914]: 237) since this is likely to lead to a better prognosis for the patient, as well as a learning experience for the analyst.

Through analysis unconscious drives are "tamed" by the ego, unless they are "excessively strong". (Freud, 1937: 231). This implies that some drives *can* be modified through the controlling strength of the ego and that, therefore, they are changeable and are, implicitly, subject to the passage of time. Freud qualifies his claim, however, by suggesting that, if the drives are constitutionally strong, a fixation as a result of a trauma is more likely; furthermore some constitutional factors may not be amenable to treatment.

In "Remembering, Repeating and Working-Through" Freud describes the multiple ways in which our subjectivities are shaped by conscious and unconscious memories, memories which have displaced other memories, memories which underlie other memories, by phantasies which are not memories (since they have never been "forgotten") and, in the case of obsessional neurosis, by an absence of connection between memories. In the transference, action replaces memory. These different interpretations of how memory works, including Freud's questions as to what it means to "forget", are an important contribution to expanding our sensitivity to individuals' differing relationships to the past.

The limitation of "Remembering, Repeating and Working Through" concerns Freud's emphasis on the importance of past time in the psychoanalytic method. He refers briefly to the future in his recognition that an individual's neurosis contains aspects which may be of value in an individual's future life. Although Freud's concept of the drive implies that there is a future aim, Freud's focus is on how these aims or objects are determined by a person's past experiences. Freud argues that the analyst must treat the patient's distress "as a present-day force", only to enable the patient's "reconciliation with repressed material", (Freud, 1914: 152) and to transform the patient's compulsion to repeat, in the transference, into a "motive for remembering" (Freud, 1914: 154). His notion of the transference prioritises the past dimension of time and the patient's negotiation of developmental stages. Freud claims, for example, that all experiences of "being in love... reproduce(s) infantile prototypes" and that emotional connections to others in the form of trust, friendship, and sympathy, are "genetically linked to sexuality" and have their source in the sexual drive (Freud, 1915a [1914]: 168). His reliance on his theory of drives does not sufficiently take into account the intersubjective specificity of the patient's (and analyst's) experience of the relationship and the role of language (verbal and non-verbal) in its constitution.

Freud's conceptualization of the transference does not sufficiently allow for its role in relation to the patient's anticipation of his/her future, whether as a refusal of the future or as an experimentation with future possibilities. From my own clinical experience it is crucial that conscious and unconscious tentative, minute, and precarious attempts at possibilities other than repetition of the past are recognized by the analyst. For example, the client who cancels a session may not be communicating with or experiencing the analyst as a significant individual in the client's past (the traditional concept of transference). They may, instead, be experimenting with a new relation to their future – such as not being compelled to please another; here the analyst's recognition of this shift may be critical.

### 4. Infants in time: Klein and Winnicott

In Klein's work the time of the individual subject shrinks far back into the past - to the time of the infant. In her view the criterion for the termination of an analysis is that "the conflicts and anxieties experienced during the first year of life have been sufficiently analyzed and worked through in the course of the treatment" (Klein, 1984b: 44).

In her analysis of adults and children the threat of annihilation is interpreted in terms of early infantile anxieties. The notion of "anxiety" however, does, of course, imply a relation to the future; Klein's future time thus doubles back on itself as a loop which, while containing all three dimensions, reinstates the past as the most formative in every subject's life. Her theorizing of the depressive position also relies on the infant having a notion of the future: the infant wishes to protect others from potential damage. However, the creativity of this — and the creativity of the artist — are interpreted as deriving from early infantile dynamics; the parental figures who have been attacked are restored.

Klein's accounts of infantile development rely throughout on spatial metaphors of inner/outer. Klein (1984a: 6, note 1) refers to Dr. W.C.M. Scott's suggestion that schizoid mechanisms which involve a break in the continuity of experiences involves a temporal "splitting" rather than a "splitting" in spatial terms Klein states she fully agrees with this but does not elaborate this any further.

Klein's major contribution to questions of time in psychoanalysis lies in her recognition of the very specific meanings the length of the psychoanalytic session has for the patient in the context of the transference relationship between the analyst and the patient. Klein's focus is on the significance of the patient's failure to keep to arranged times. She does not, however, include the possibility that a patient's scrupulously punctuality may be equally significant, reflecting, for example, a tendency to be compliant.

Winnicott's accounts of the baby's earliest relationships, in contrast to Klein's, refer specifically to time. He emphasizes that time being is "kept going by the mother" (Winnicott, 1985: 77) in the continuity of her holding of the baby. In the mother (or caretaker's) absence the baby's ability to retain an 'internal" imago or memory of the caretaker is what sustains him/her through time. Language, in the form of explanation or reassurance can also (at a later time in the child's development) enable the duration to be bearable. Winnicott also describes the transitional object in temporal terms. Containing the past and the future, it is "related backwards in time to auto-erotic phenomena...and also forwards to the first soft animal or doll and hard toys" (Winnicott, 1971: 16). As Priel, a relational psychoanalyst influenced by Winnicott, also emphasizes, the individual's capacity to be alone is rooted in the "capacity to project from past to future ("it will return")" (Priel, 1997: 437).

It is interesting that although Winnicott explicitly refers to the subject's future, he writes very little about the subject's relation to their own death ahead. For him, it is the fantasised death of the mother whose absence has been too prolonged which emerges as more crucial than the fear of one's own death. The fear of another's death becomes the fear of that which has already happened; the death that has occurred in fantasy in the past. The guilt associated with fantasies of destruction can make the idea of this death intolerable. Certainly some of our fantasies about our own deaths are likely to be shaped by previous experiences, including those of others' deaths. However, in my experience, for many individuals the fact that our death is absolutely unpredictable and will never be known to us is in itself terrifying. For others, recognition of their own mortality allows for the living of their "ownmost" possibilities of being, as Heidegger theorises. Religious and cultural traditions are also formative, consciously and unconsciously of particular notions of death.

# 5. The future unconconscious: Lacan and Jung

In Lacan's theorizing of desire and of repression he, by contrast with Freud, explicitly introduces the notion of the future. Desire, he argues, arises from the unconscious and "conveys what it maintains of an image of the past towards an ever short and limited future" (Lacan, 1988a: 31). It "brings forth a new presence in the world" (Lacan, 1988a: 32). In relation to repression he concludes that repression and the return of the repressed are the same thing since all repression, in his view, is retrospective. This means

that the "return of the repressed" comes from the future and not the past (Lacan, 1977: 158): the erased "signal" of something takes on its value from the future, from its integration into symbolic language and its subsequent integration into the subject's history: "Literally, it will only ever be a thing which, at the given moment of its occurrence, *will have been*" (Lacan, 1977 159). Thus, for Lacan, very subtle temporal shifts occur in repression as subsequent meanings continue to replace one another retrospectively within the context of the future.

Lacan argues that recognition of the patient is a recognition of where s/ he "is going": "What counts is not that the other sees where I am, but that he sees where I am going, that is to say, quite precisely that he sees where I am not" (Lacan, 1988b: 24).

The question of the individual's orientation to the future is a very strong feature in Jung's writing. He characterizes the unconscious as being like Janus, facing two ways. It has a historical aspect, pointing towards the past, and an anticipatory aspect pointing towards the future. Jung stresses that it is important for the analyst to recognize "whether an autonomous manifestation of the unconscious should be interpreted as an effect (and therefore historical) or as an aim (and therefore teleological and anticipatory)" (Jung, 1968a: 280). He explicitly addresses how individuals are oriented to their futures with all their hopes, fears, desires, and intentions in a myriad of ways which shift according to the present context and how this is evident in the transference.

In his theorizing of neurosis Jung argues that it occurs at "the moment when a new psychological adjustment, that is, a new adaptation is demanded" (Jung, 1961: 246). He questions what it is in the present which the patient is not able or willing to accomplish since, he claims, it is the failure to adjust to a new situation which to regression and an exaggeration of infantile fantasies. Neither these, nor any "fixation" to them, he argues against Freud, are the cause of present experiences; regression to these fantasies is, instead, a way of avoiding present conflict.

Jung claims that conscious and unconscious preoccupation with the future is intensified towards the end of an analysis. This assumption does not, however, sufficiently take into account the possibility that an individual may begin analysis partly because they are overly focused on the future; in this case, the end of analysis may bring a lessening of this preoccupation.

Jung's view of the subject as extending backwards and forwards through time appears to converge with Merleau-Ponty's phenomenological view of temporality. However, Merleau-Ponty goes further in claiming that we must conceive of the subject as temporality itself, both thrusting and being thrust towards the future: "We must understand time as the subject and the subject as time" (Merleau-Ponty, 1986: 422) and this has implications for intersubjectivity. His emphasis on "lived time" is crucial for analytical practices which recognize the specificity of individuals' relations to time.

## 6. Phenomenology and Perspectival Time

Phenomenology is a method of describing experience, not an empirical, deductive, or inductive theory of the "reality" of our existence. Merleau-Ponty (1986) argues that time is perspectival: for the subject "the past is a former future and a recent present, the present an impending past and a recent future, the future a present and even a past to come" (Merleau-Ponty, 1986: 422). Time is a dimension of our existence, a "network of intentionalities" (Merleau-Ponty, 1986: 417) and we are carried forward by lines of "intentionality" which trace out the style of our futures. Husserl's concept of intentionality is interpreted by Merleau-Ponty as a recognition that consciousness is always consciousness of something. We cannot believe, wish, hope, without believing in or wishing or hoping for something: we are always already oriented towards the world. Lines of intentionality do not originate in us; we are situated within a perceptual field which is run through with "retentions" and "protentions". "Retention" refers to the transition of a present moment into the past, whilst remaining present, and "protention" refers to the overlap between the present and the impending future moment. Although past, present, and future are distinguishable, they are nevertheless embraced within a single flux which is present. Furthermore, Merleau-Ponty argues that we must conceive of the subject as temporality itself, both thrusting and being thrust towards the future; "We must understand time as the subject and the subject as time" (Merleau-Ponty, 1986: 422).

# 7. Time and Intersubjectivity

Merleau-Ponty's addresses the intersubjective aspects of temporality in his theorizing of "sedimentation" (Merleau-Ponty, 1986: 130). He argues that, in our relations with others, we accumulate a background of shared meanings which inform our conversations without our needing to reassemble them on every occasion: they constitute a "sediment left by our mental processes, which enables us to rely on our concepts...without there being any need for us to resynthesize them" (Merleau-Ponty, 1986: 130) This sediment is

not, however, an inanimate layer within us, but a dynamic process, whereby every acquired meaning is revivified by a present thought. These meanings are acquired through the languages of bodily gesture and verbal language.

Indeed, for Merleau-Ponty, speech *is* gesture (which may be transmitted from one generation to another through language). In listening we do not listen to a succession of words or facts, but rather follow the flow of a particular account. The story has a "style" (Merleau-Ponty, 1986: 133) that is accessible to the subject because s/he is able to extend him/herself beyond his immediate experience to the events recounted. This account emphasizes listening as itself a form of embodiment through which "...my world is expanded to the dimensions of that collective history which my private existence takes up and carries forward" (Merleau-Ponty, 1986: 433). It is "the transparent envelope of a meaning *within* which (we) might live" (Merleau-Ponty, 1986: 133). Merleau-Ponty argues that, furthermore, it is impossible to delineate "where historical forces end and ours begin...since there is history only for a subject who lives through it, and a subject only in so far as he is historically situated" (Merleau-Ponty, 1986: 173).

Merleau-Ponty's phenomenology of listening is highly relevant to clinical practice and the question of "recognition". Merleau-Ponty's notion of "sedimentation" allows for the role of language in the acquisition and retention of historical and cultural meanings which are the matrices of meaning constituting our being in the world. The stories of patients' experiences told in the present in the consulting room shift from present to past to future. Contained within each of these dimensions are others' presents, pasts and futures, extending back and forwards through time. As we listen to these stories are we listening to them as a set of signs which point to the so-called "real" conflicts - the infantile splitting of breasts and penises, projections and introjections, attacks and idealizations in relations to "inner objects" (Klein) or the rivalrous dynamics of the Oedipal triangle - or do we engage as body-subjects accompanying our patient, recognizing the specificities of the shifting times which are being lived by them, and by us, consciously and unconsciously, from moment to moment inclusive of their relations to past, present and future temporal dimensions.

#### 8. Bodies in Time

For a long time I could not fully articulate to myself the full significance of a (momentary) deferent tilt of the head which I saw frequently in one of my patients. Then, in a TV drama set in Britain in the early 19<sup>th</sup> century,

I recognized her gesture in some of the characters who were servants. In the next session she began for the first time to tell me about the lives of her maternal grandparents — they had been servants. I hadn't introduced the theme in any way verbally - but I think that my experience of seeing the TV programme had opened out a field available to both of us for her exploration of this transgenerationally transmitted experience and her relation to power (her own and others') in the present and, implicitly, what this might mean in relation to possible identities for her in the future.

Merleau-Ponty challenges mind-body dualisms and argues that I do not "have" a body, I "am" a body. Every movement that we make dovetails with a previous movement and anticipates a future one. He describes how, through repeated gestures and movement we develop a "style" of being over time which cannot be classified as mind or body, nor as the body, or a representation of it, being steered by the mind. In her autobiography, Lost in Translation Hoffman vividly describes the shifts in her embodied identities when she, as a young Polish Jewish immigrant born just after World War 2, arrives aged 14 in Vancouver, Canada – a culture radically different from her own and whose collective history she does not share (many of her relatives had died in the holocaust). Out of time with this new culture and severed from her childhood in post-war Poland she swirls in a world where her previous "grid of mental imagery", the historical and cultural structuring of her perception which informed her previous existence, no longer has relevance. Now, in this strange country, her vision is literally blurred (Hoffman, 1989: 134). Her alienation is "inscribed in my flesh and face" and her shoulders are "bent with the strain of resentment and ingratiation" (Hoffman, 1989: 110).

Hoffman rages at the impossibility of inhabiting Canadian English with the deftness and spontaneity she enjoys in her native Polish. The enormous cultural shift is simultaneously a temporal one: for Hoffman time stops as she desperately tries to freeze the past and resist the future: "I want to stop the flow. As a punishment, I exist in the stasis of a perpetual present, that other side of "living in the present," which is not eternity but a prison. I can't throw a bridge between the present and the past, and therefore I can't make time move" (Hoffman, 1989: 117). Later on, as a young woman in New York, Kennedy's assassination highlights how for her, not knowing the historical background makes the "foreground" harder to grasp (Hoffman, 1989: 190). At college she finds that aspects of her history and her present, now she is older, do seem to converge with those of other young Americans, including her sense of "dislocation". But the historical sources

of their dislocation differ from hers and her American peers consequently refuse assimilation, while her own "uprootedness" (Hoffman, 1989: 197) is underpinned by a longing for a sense of home.

Hoffman recognizes that she has "been written in a variety of languages" (Hoffman, 1989: 275) and it is an important moment when she dreams in English, discovering that words can be "a transparent medium in which I live and which lives in me" (Hoffman, 1989: 243). Her realization echoes Merleau-Ponty's view that, in our listening, words become "the transparent envelope of a meaning within which (we) might live" (Hoffman, 1989: 133) and not signs to be deciphered. This envelope is not a container but exists in time as Hoffman's account highlights so clearly. Her self-identities as Jewish, as Polish, as American, as a woman, shift, break, and change, according to the specific historical and cultural context in which she is situated. Franz Fanon, the black psychoanalyst from the Antilles writes similarly of how the white man had "woven (him) out of a thousand details, anecdotes, stories" (Fanon, 1986: 111). When a white child calls out "Look, a Negro" Fanon's body was, he writes, given back to him "sprawled out, distorted, recolored, clad in mourning on that white winter day" (Fanon, 1986: 113). Experiences of discrimination and of persecution are experiences of objectification, "I found that I was an object in the midst of other objects" (Fanon, 1986: 109). For Fanon the struggle for recognition of one's subjectivity as a black person means to risk losing one's life.

### 9. The Times of Unconsciousness(es)

In his critique of the psychoanalyst Mannoni's interpretations of the dreams of the colonized Malagasy people of Madagascar, Fanon makes a plea: "What must be done is to restore this dream to its proper time and this time is the period during which eighty thousand natives were killed" (Fanon, 1986: 104). Interpretations of a gun as a phallus, he argues, fail to recognize the terror which the Malgasy were being subjected to by Senegalese soldiers at that time. Fanon's interpretations challenge the dichotomies of "inner" and "outer" that permeate much of psychoanalytic theorizing. Subjectivity for Fanon, and for Hoffman, is socio-historical and socio-cultural. In her autobiography Hoffman muses that it is as though she has two unconsciousnesses, an American one and a Polish one. These both carry their own histories and the histories of others with whom she has been connected. Fanon's and Hoffman's accounts depart radically from notions of the un-

conscious as containing alinguistic or ahistorical impulses. They allow for the contingency of identities as experienced consciously and unconsciously.

Fanon's and Hoffman's concepts of the unconscious converge somewhat with Merleau-Ponty's. He strongly criticises naturalistic notions of the unconscious prevalent in psychoanalysis and, drawing on Freud's later work, presents a new formulation in which "conscious" and "unconscious" are not conceptualized as such discrete realms. He questions how the unconscious can be made up of instinctual impulses if it selects what it admits to consciousness and makes us avoid thoughts or situations that we are resisting. (For Freud, the super-ego is located in both the conscious and the unconscious). Merleau-Ponty concludes that the unconscious is "not un-knowing but rather an un-recognized and unformulated knowing that we do not want to assume" (Merleau-Ponty, 1964: 229). It is this, Merleau-Ponty claims, which Freud leans towards in his later work, and he suggests that it may be better formulated as "ambiguous perception" (Merleau-Ponty, 1964: 229). The notion of "ambiguous perception" indicates that conscious and unconscious are dynamic positions in time.

### 10. Differences in Time

Fanon quotes Hegel's notion of "recognition" of the other as an independent self-consciousness: it requires that "they recognize themselves as mutually recognizing each other" (Fanon, 1986: 217). What does this mean for us in the consulting room in relation to our recognitions of the other's time? How are we ourselves living time as psychotherapists in the consulting room? Do we share the same time(s) as our patient? Can we recognize their experience of time without necessarily sharing it? Merleau-Ponty writes "... just as the instant of my death is a future to which I have not access, so I am necessarily destined never to live through the presence of another to himself. And yet each other person does exist for me as an unchallengeable style of setting of co-existence, and my life has a social atmosphere just as it has a flavour of mortality" (Merleau-Ponty, 1986: 364). Levinas takes this further by arguing that the subject and the Other never share the same time.

Levinas uses the term "the Other" for the other person whom one encounters in the "face-to-face" relationship. He argues that what is crucial about our relation to our death is that it allows us to be *in relation to* that which is absolutely Other; in recognizing the unknowability of death, we realize the otherness of the Other. The Other is, like Death, ungraspable and ultimately mysterious to us: "the Other is what I myself am not" (Levinas,

1987: 83). The Other's time disrupts my own and, as the Other as "future" reveals to me my relationship with the future. Our temporality is therefore intrinsically intersubjective.

Levinas conceptualizes the instant as an original moment which disrupts continuity and, as a "beginning, a birth" (Levinas, 1978: 76), is constituted by both evanescence (fading) and expectation. The instant does not in itself have duration. In each instant what is absolute is the materiality of the relationship between the subject's mastery of existence and the weight of concrete existence bearing down on the subject. This materiality is derived from the present. Each instant is "like a breathlessness, a panting, an effort to be" (Levinas, 1978: 79). According to Levinas, engagement with the world depends on the evanescence of the instant and the presence of the present bestows an appearance of being to the past and "defies" the future which cannot eradicate it. It is nevertheless free of the past; as ""the occurrence of an origin", the present "turns into a being" (Levinas, 1978: 79). What is crucial about the instant, moreover, is its "stance" (Levinas, 1978: 77). By this Levinas means that the instant enables the subject to "take a position" (Levinas, 1978: 81) towards the world, thereby coming into existence.

Levinas's notion that the Other is always in a different time is very relevant to the relation between patient and analyst. Otherness, as theorized by Levinas, exceeds rational understanding, a gathering into the "same" and requires an originality of response to the patient which allows for those individual possibilities that escape over-arching theories. Although patient and analyst both agree on the frequency and duration of the session in clock time (except in Lacanian psychoanalysis where sessions are of a variable length, contingent on symbolic signifiers) the lived time of the session is not however shared. In their speaking and their gestures, in the rhythms, gaps, unconscious slips and silences, both the psychoanalyst and the patient weave in and out of different times, between their pasts, presents and possible futures. Moreover, the difference between the times of the participants is itself critical to the psychoanalytic work. When, for the patient, the future closes down under the shadow of despair, the analyst must not only recognize the drudgery of an individual's suffering but also remain alive to new, as yet unconscious possibilities for the future. In holding open a different future, the analyst sustains the possibility of hope. In listening to the dread of what may happen in the future, the analyst may turn her/his attention to the patient's past. Incidents in previous sessions, memories recalled and reforgotten by the patient, each with their own horizons, seize the analyst's attention together with the personal associations which may elucidate or obscure the otherness of the patient's experiences.

The newness of the instant as theorized by Levinas is the promise of the opportunity for change in psychoanalysis. The appearance of an instant in which the past cannot be present and where the future does not yet exist offers the possibility of the taking up of a new position, of breaking the compulsion to attempt to repeat that which, in fact, can never be repeated. This taking up of a new position occurs in the relationship between the psychoanalyst and the patient, in the difference between them, in the time that points towards the future. It is an original unrepeatable instant in which both individuals are changed, consciously and/or unconsciously. The new position is a creation that is born between them and, in its freedom, it carries paradoxically the weight of responsibility to oneself and to others. Noreen O'Connor elucidates through her reading of Levinas how in analytical work we and our patients extend ourselves beyond the familiarity of understanding, "This is not a matter of tracing past intricacies which are already drawn in order to bring what is already "known" to conscious appropriation but is rather...a lived acknowledgement of a call to respond to the otherness which is intrinsic to each of our own selves - the face-to-face relationship". (O'Connor, 2010: 173)

### 11. Time and Language

Possible directions for the development of a theorizing of the relation between time and language in the psychoanalytic relationship are indicated in Freud's paper (1937), "Constructions in Analysis". This paper reflects an interesting tension between Freud's view of "truth" and its relation to recollection and his acknowledgement of the significance of language and temporality in the psychoanalytic relationship. Freud's argument is concerned with the truth of the analyst's construction of an event in the patient's past. However, he also writes, almost as if in parentheses, that

The time and manner in which he conveys his constructions to the person who is being analysed, as well as the explanations with which he accompanies them, constitute the link between the two portions of the work of analysis, between his own part and that of the patient. [Freud, 1937: 259]

This statement highlights the importance of the relationship in which constructions take place. It is necessarily temporal since its efficacy when presented to the patient relies on its timing at a specific point in the rela-

tionship, namely *when* such a construction can be experienced as meaningful by the patient and mutual recognition of this can be experienced.

The work of analysis occurs between the analyst and the patient with the analyst offering a possible construction and the patient responding with a further, spontaneous association. For Freud, the production of an association analogous to the analyst's interpretation indicates confirmation of the correctness or "truth" of a construction, which corresponds to a preserved memory. However, what is understated by Freud is the importance of constructions as recognitions and an opening out of possibilities through language, in the sense that we always say more than we know. These constructions are meaningful between the patient and the analyst, but they are also contingent, "truths" or, rather, perspectives which hold at a particular moment in time but which can also shift over time, to be replaced by new stories from fresh angles. Even if the construction points to the past, its production relies on the taking up of a new position within time: it allows for a separation from the past and, as a new articulation of an experience, it also opens out to possibilities of new ways of speaking in the future.

The theorizing of the phenomenological philosopher Ricoeur, regarding the relation between historical and fictional narratives, is particularly relevant to psychoanalysis. He argues that temporality and narrative are integral to one another: "...time becomes human time to the extent that it is organized after the manner of a narrative; narrative, in turn is meaningful to the extent that it portrays the features of temporal experience" (Ricoeur, 1985: 3). Ricoeur explores how the relation between historical and fictional narratives illuminates human temporal experience. He argues that history is an interpretation of the past: the past can never be known directly. Fiction is an imaginative process which "collides" with, and accordingly recreates the real world (Ricoeur, 1996: 142). Ricoeur concludes that human temporality involves an interrelationship between history's "indirect reference to the past and the productive reference of fiction" (Ricoeur, 1996: 143). Imagination on the part of the analyst is crucial if s/he is able to recognize the patient's shifting positions in relation to past present and future dimensions of time and if s/he is able to recognize ways in which the patient is different, not only that they are different.

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