

Chapter 4

Time: An A-Theoretical Framework for Therapy and Healing

Hugh Jenkins

Synopsis Time is the insistent nattering monkey on my shoulder; one that is preoccupied with the nature of endless time when we say “time stands still”, and those episodic temporal events that seem here one moment and gone the next. With this in mind I bookend the chapter with two images: Norwegian midnight sun and the Northern Lights, to touch on our temporary temporal occupation of this planet. In the body of this chapter an image of dwarfed human habitation suggest another context.

Preoccupation with time predates Parmenides but only infrequently becomes the focus for therapy. Ideas about “time-limited” therapy can obscure the importance of the quality of time experienced: we see as if with “eyes wide shut”. Both statements are true; “We know what time is” and “We don’t know what time is”.

This chapter explores the importance of a temporal perspective in therapy, paying attention to ritual and time; ritual in therapy; therapy as ritual, as well as the spaces in between in moments of change. The often ignored “liminal” as a-temporal space for change opens alternatives that are non-specific to any particular model of therapy.

After reflecting briefly on psychodynamic and systemic models, and life cycle and transgenerational frameworks, the value to clinicians of exploring temporal

Hugh specialised in becoming a generalist as a psychotherapist, both in drawing on a range of therapeutic models as a way to avoid “orthodoxy” and in working with a whole range of presenting problems. His therapy is based primarily on the quality of the relationship between therapist and patient from which to begin. In his early practice this was in the community with families facing multiple disadvantages. He has lead or been extensively involved in training programmes in Hungary, Romania, and Singapore.

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perspectives from philosophy and anthropology is discussed. This creates a unique perspective on time in therapeutic healing, considering what is common to good practice and unique for each individual.

Timeless Time

Here with the Midnight Sun there is a sense of timelessness. The sun never sets; light is constant, forever; night and day are un-bounded. Inevitably the sun will wane, winter will come with its short dark days when the sun is no longer seen, but at this moment that seems incomprehensible. We are suspended almost in a liminal space (Stoller 2009), as is often the experience of patients in therapy sessions (Plate 4.1).

That Reminds Me of a Story ...

There is a story of a man who rode his bicycle through customs at the American Mexican border, carrying a rucksack and two panniers full of sand. Every time he did this, customs officers emptied all the sand out to find what he was smuggling; nothing, every time. This went on for some considerable time. One day, as the man was returning, he stopped to have a beer just before the customs post, and some customs officers sitting there said: “We know you are smuggling something but can’t find it. Please tell us, and we promise not to stop you. What is it?” “Bicycles” said the man.

Plate 4.1 Over Lofoten Islands: Norwegian Midnight Sun. Hugh Jenkins 2014



The Meeting of Three Ways: A Tripartite Structure

A simple tripartite image (Fig. 4.1) maps three perspectives for approaching time; philosophy, anthropology, and psychotherapy (Jenkins 2013). How might understandings of time from the first two disciplines enrich therapeutic practice?

This image recalls the meeting of three roads in the region of Phokis from Delphi, Daulis, and Thebes (Sophocles 1984) where Oedipus killed his father. Depending on where one stands, it is (Vickers 2007, p. 29–30) “a place of divergence or convergence. So it’s a matter of which way you happen to be travelling, a widening of choice, or a narrowing ... all roads will be travelled in the end. It’s only a matter of time”.

A three-way meeting point can be a place of unusual connections and choice. Choice means re-ordering ideas, perhaps how to respond when the sequential is experienced simultaneously or the fleeting present hovers tantalisingly beyond our peripheral reach. Such a convergence may feel like almost a “non-place” (Augé 1995) in its liminality. Therapy is a “liminal” space, inhabited by patient and therapist, located at the margins (Jenkins 2007). It is an ambiguous transitional territory of potential for psychological and emotional transformation, choice and uncertainty.

A short chapter can only touch on some general themes. If the reader’s curiosity is aroused to explore further it may become a fascinating personal and professional journey and open ways of seeing that always present were not previously evident.

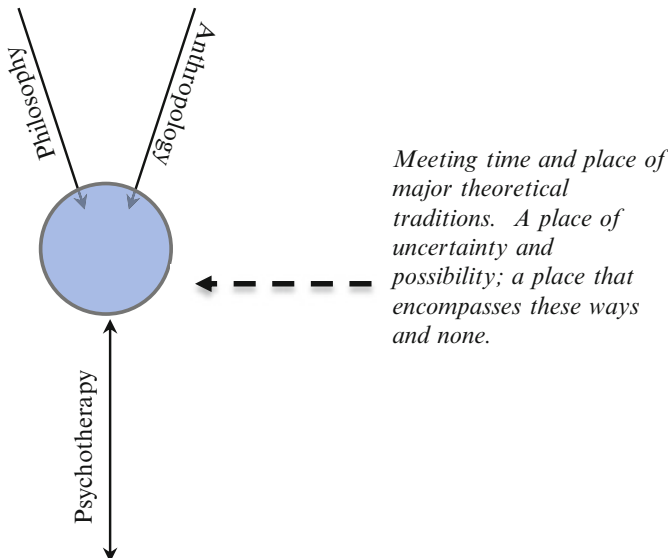


Fig. 4.1 Meeting of the three ways

“Time” is always present, though like the customs officials in the story, we may see it with “eyes wide shut” without recognition.

My professional practice is shaped in many ways by temporal perspectives. As a personal story, it is influenced by a childhood of multiple family house moves, multiple schools, including two boarding, a precarious balance between change and stability; an early apprenticeship for living in the marginal or “liminal”.¹ It helps me understand why exploring my family tree with my godmother was important; how to thread security or continuity into discontinuity. I had not heard of genograms, “family scripts”, “invisible loyalties”, or “intergenerational transmission”. I realise now that what I learnt from this is how to help people find *their* ways through ostensibly chaotic stories, to create hope from hopelessness; like the bicycle smuggler, to “see” what is there all the time but is so easily missed. The Romanian sculptor Brâncuși captures the essence of this process: (Georgescu-Gorjan 2012, p. 359) “It is not birds I sculpt, it is flight”. It is tempting to become preoccupied with the bird; its structure, weight, shape, colours, beak, talons—and to miss the essential; to miss flight.

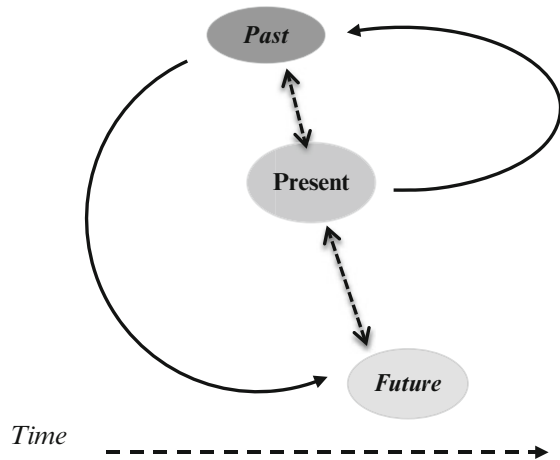
I have in effect attempted to capture this sense of “flight” (Jenkins 2006), often through gendered stories over generations, women to women; women to men, and similarly for men, their flight journeys, exploring how these scripts (Byng-Hall 1988, 1995) often (re-) play through current relationships. David Malan describes how his “triangles”, intrapersonal and interpersonal, “represented by a *triangle of time*” (Malan 1979, p. 80) inter-loop at different levels of description. These are temporal approaches, echoing Freud’s thinking about time, those early experiences that replay again and again in later life through a “compulsion to repeat” (Freud 1926: Vol. XX). Time and temporality underpin Freud’s work, how “today” becomes an attempt to deal with the past.

Thus a man who has spent his childhood in an excessive and to-day forgotten attachment to his mother, may spend his whole life looking for a wife on whom he can make himself dependent and by whom he can arrange to be nourished and supported. (Freud 1939. Vol. XXIII, p. 75–76).

It is not necessary to embrace Freud’s theories of repression or the Unconscious to accept such a view; but we need to see the familiar analytic approach with new eyes. In many ways future, present, and past and our relationship to these temporal dimensions is Freud’s framework (Fig. 4.2). It is such a simple template abstracted from scholarship in many disciplines about time. Brâncuși captures this process: “*Simplicity is complexity resolved*” (Georgescu-Gorjan 2012, p. 94). This in essence is the nature of psychotherapy and my underlying approach.

¹Liminal comes from the Latin, *limen* meaning threshold. It is that place which is in neither space, betwixt and between. The Roman double-headed god, Janus, who looks in both directions, is the god of doorways. Hence subliminal; below the threshold. *Liminal* is an important concept for this chapter.

Fig. 4.2 Future, present, and past: a simple template for dealing with complexity (Jenkins 2006)



Background: Setting the Scene

We all have ideas about time, time as subjective experience, and how our experience of time changes according to our state of emotional arousal. Like the bicycle story, it is there but we do not necessarily “see” what we see. We know that “time” has different connotations in different cultures, whether we “use” time or “take” time, or are “in” time, even what it is to be late or early (Levine 2006). Yet like the fish in water that has no concept of water or wetness, we pay little conscious attention to time or the so-called “passage of time” from moment to moment.

Some dispute time’s existence (Barbour 2000, 2008), or suggest time is not fixed but relative (Canales 2015; Einstein 1961). St Augustine famously wrote: “What, then, is time? I know well enough what it is, provided that nobody asks me; but if I am asked what it is and try to explain, I am baffled” (Augustine 1961, p. 264). When I look back on my career, I see how time in so many ways has been “the silent guest at the therapeutic table” (Jenkins 2013).

Recent History: Stepping Back

In the 1960s and 1970s in the UK many of us were strongly influenced by the work of R.D. Laing (1961, 1965, 1969; Laing and Esterson 1970). Psychiatric illness was no longer located discretely in the individual but in the social matrix in which the individual found her/himself. Current patterns and patterns of communication over time became the focus for intervention. Laing was influenced in his thinking by the work of anthropologist Gregory Bateson (1955, 1936/1958, 1960, 1964, 1969, 1970) in understanding behaviour through pattern, feedback, and communication in the individual’s familial and social context. Other anthropologists were

contemporaneously describing communication patterns (Leach 1976) as a way to understand other cultures. *Family Life* (Loach 1972), a powerful film of the era, reflects Laing and Bateson's thinking about "madness and the family". Laing and his followers challenged traditional psychiatry in the UK, as did Thomas Szasz (1972) in the USA. Julian Leff and collaborators took these ideas further in studies on Expressed Emotion (EE) (Leff 1979; Leff and Vaughn 1981, 1985).

Time is implicit in all therapy. However, little attention is given to qualitative changes in the patient's experience of time, nor time as a primary consideration. Descriptions of time are often given without explicit reference to the contribution of other disciplines. A notable exception in the systemic field is the work of Boscolo and Bertrando (1993). Texts on brief therapy rarely if ever give attention to the quality of time in healing; rather it is to the characteristics of therapy practised briefly.

In life cycle models (Carter and McGoldrick 1980, 1989; Jenkins 1981) time is to the fore in terms of stages; stages that have duration, as in adolescence (Jenkins 1981; Jenkins and Cowley 1985), or chronically disrupted families (Jenkins 1983); older people (Herr and Weakland 1979); or that are highly stressed for different reasons, such as when a parent is chronically ill or dies and a young person takes on "parental" roles beyond their years (Combrinck-Graham 1985). Transgenerational models emphasise a linear time where patterns of repetition are described over extended periods—inter- and trans-generationally (Boszormenyi-Nagy and Spark 1973; Bowen 1978; Lieberman 1978, 1979a, b), and the important work of John Byng-Hall bringing together attachment theory (Byng-Hall 1991) and systems thinking through family scripts (Byng-Hall 1973, 1980, 1986, 1988, 1995). These and many more form much of my foundational thinking.

Time to the Fore?

What happens when we put time to the fore, not as a novel model for psychotherapy, but to add an important dimension for all psychotherapeutic models? I have explored this elsewhere (Jenkins 2007, 2008, 2012, 2013, 2015a, b) putting time in the forefront and asking how the disciplines of philosophy and anthropology may enhance our practice as healers.

The ways we pay attention to time, depending on our model(s) of change, are mainly past or future. The future, we may say, has to pass through the present to become the past, as in McTaggart's "A" series (McTaggart 1927); from a nearer and nearer future to an increasingly distant past. This is a time that is fluid, changing, unlike his "B" series of "before" and "after", temporal moments that remain in fixed relationship.

In my practice I hold in mind a perspective of present, past and future (Fig. 4.2) irrespective of the therapeutic model. Too often the past remains painfully present for relationships in trouble and the future becomes impossible to envisage, especially in the intensity of individual (Jenkins and Asen 1992) or couples therapy (Jenkins 2006). This is often so in couple therapy (Jenkins 2006) with the complexity of "le tiers pesant" (Goldbeter-Merinfeld 1999, see Chap. 7 of this volume).

“Le tiers pesant” describes those multiple triangulations that the therapist must find ways to confront. They may be enacted in the room, or the “mind” of the individual patient, the couple or family, or the therapist may embody this third nodal point. In our work, the most difficult “time” to capture and describe is “the present moment”.

The present moment is the felt experience of what happens during a short stretch of consciousness. ... It is the experience as originally lived. It provides the raw material for a possible later verbal recounting (Stern 2004, p. 32–33).

This sounds simple and self-evident. It is “slippery” and forever fleeting.

What we usually overlook is that when we jump out of one present moment we simply jump into another (the next) present moment – in this case, the new present experience of wondering about the last present experience. But we act as if the second experience is from an objective perspective compared to the first. Actually it is still a first-person experience about trying to take a third-person stance relative to something that just happened (ibid).

Such is the complexity that so often has to be resolved. Only in the moment do we fully experience, yet when we try to describe or make sense of that experience (another present moment), we are no longer in it; present constantly becomes past (McTaggart 1927). Or more precisely we are immersed in a constantly fleeting quicksilver-like phenomenon that we can only *begin* to describe when no longer *in* the experience.

In order to begin linking this to practice, I describe two clinical examples, before returning to my development in the family and systemic field and the importance of holding models of “mind” that in Western thinking come from Freud and psychoanalysis and “mind” as Bateson (1970) describes, those transforms of difference in the whole recursive cycle of relationship: “The elementary cybernetic system with its messages in circuit is, in fact, the simplest unit of mind; and the transform of a difference travelling in a circuit is the elementary idea” (Bateson 1970, p. 433).

Clinical Vignettes

Dan. I saw Dan and his wife in couple therapy. In the previous session Dan described how well a weekend camping in the New Forest with his adult son from his first marriage had gone. Now, he seemed despondent about himself as son, husband, and father, and he became increasingly enraged. Instead of articulating it symbolically in words, he began to roar, punching the table beside him until it partly collapsed. Still shouting, he picked up a pot-plant, struck it on the half-destroyed table, shook it at me, and made to leave. I quietly said: “Please sit down, Dan”. After a pause he sat down, angry, now crying. Then came the story of all the men who had let him down; absent father, sexually abusing male teacher, his male therapist, me, among others; all those he wanted to annihilate. At that moment the invisible boundary between the symbolic therapeutic relationship, where he could talk out his despair, and the urge to act out his rage had blurred.

Here, in T. S. Eliot’s words “Time present and time past/Are both perhaps present in time future/And time future contained in time past” (Eliot 2001, p. 3), he railed like a child. He lashed out at adults who again denied his elemental needs for comfort and affirmation while *simultaneously* fragilely conscious of the present.

Unlike patients who lose all sense of spatial or temporal location, his adult self was still accessible though momentarily overwhelmed by his primitive “narcissistic” hurt. This moment is not, as I will discuss, simply Parmenides’ instant out of time (Plato 1997). It is more complex. It embodies thickness and depth (Husserl 1991) where past obliterates and becomes present, where the present disappears and temporal boundaries dissolve.

June. The second example is June. I had known Chris and June for a long time and seen them together, and then Chris on his own. Later June asked if we could meet. As she described situations that frustrated and irritated her endlessly, leaving her feeling unappreciated, evoking childhood memories of emotional neglect, I tried to make sense of this story. Cognitively, she knew that Chris loved and admired her. I said:

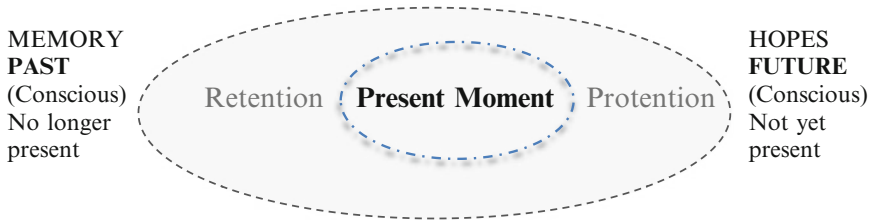
“You and Chris live in different timeframes. For Chris, events happen, things are said, mistakes are made, regrets even are expressed. For Chris that is the end of it. He gets on with the next thing. You are different. You remember, you connect events, history is important and you take a long-term view, you work very hard to make sense, and you reflect. It is that in important ways you live in different time or temporal worlds. Chris lives in *episodic time* while your time is *narrative* or *diachronic*. In this way you bypass each other, as if you spoke different languages.”

From then on, with this in mind, June could begin to make sense of their struggles; that Chris was not repeating her painful story of, nor “personifying”, a neglectful father whom she could never please.

Lurking in the background is another context; our psychology is our neurology. Simon Baron-Cohen (2003) describes how male and female brains differ. Antonio Damasio (2000a, b) describes our cerebral neurology, and therefore our mind. He links cognition and emotion and how we experience our worlds, while Solms and Turnbull (2002) address this from a neuro-psychoanalytic view. We experience time through our neuro-biology, and have scientific understandings of experiences of time, as for Chris and June. When we are deeply engrossed in a subject, or listening to music or watching a beautiful sunset, we lose track of time; an hour becomes an instant. Our brain waves change in these moments, changes that can be mapped with fMRI. None of this detracts from the visceral experience. Equally, when we are bored or having difficulty coping, a few minutes become an eternity. Our neurology, by virtue of our “wiring” linked in evolutionary terms to gender and states of emotional arousal, influence our experiences of time. It is not uncommon for a patient to reply when I say that we need to be finishing: “Really! I have only been here a few minutes.” Experiences of time change; the time of therapy and the time of the clock are not the same. As in therapy and ritual, the *mundane* or everyday experience of time become part of the *sacred* or *sublime*, which as we will discover is another kind of temporal space.

Resources: Philosophy

Plato describes the *instant* in *Parmenides*. This strange phenomenon may hold the key to what often seems mysterious about when and how change occurs in therapy; why it cannot readily be planned or easily grasped.



Husserl: time flows ineluctably towards the future



Fig. 4.3 Retentive and protentive aspects are constitutive elements of the present moment. They create a “thick” present

The instant seems to signify something such that changing occurs from it to each of two states. For a thing doesn’t change from rest while rest continues, or from motion while motion continues. Rather, this queer creature, the instant, lurks between motion and rest – being in no time at all – and to it and from it the moving thing changes to resting and the resting thing changes to moving. ... But in changing, it changes at an instant, and when it changes, it would be in no time at all, and just then it would be neither in motion nor at rest. (Plato 1997, p. 388).

In the healing encounter, the moment/instant of “will be”, “is”, or “was” can scarcely be grasped, yet it seems likely “change” occurs in this liminal space we call the *instant*. This betwixt and between lies outside the logic of (*chronos*) time, in an intangible temporal experiential field (*kairos*). Jane will describe her experience of such an instant when we consider ritual.

Edmund Husserl describes a “thick present”. This proposes time has “thickness”. All therapy takes place in the present, but not all presents are the same. The present for Husserl includes elements of past and future. The past is *Retention*; the future is *Protention* (Fig. 4.3). The three temporal perspectives all exist in the present, but the Present Moment is paramount. *Retention*, *present moment*, and *protention*, constitute every moment. “Retention” differs from active memory, requiring conscious recall; the not-yet-present of “protention”, unlike expectation, is also not held consciously. This tripartite present incorporates “no longer”, and “not yet”. This is reminiscent of Augustine, that there is only the present; the present of past, present, and future things.

Husserl’s “thick present” can contain an active present, past (and future). He cites the example of a musical note lingering “continuously held in consciousness” that “remains present”. Present in the past, “(t)he moment shades off and changes continuously, and according to the degree of change, [it] is more or less present” (Husserl 1991, p. 18). Present and past moments are a simultaneous “present moment of experience”, but the “past” is forever receding, “shading off” into a further and further past. This prefigures McTaggart’s (1927) *A Series*; a nearer and nearer future through to a further and further past without overlap.

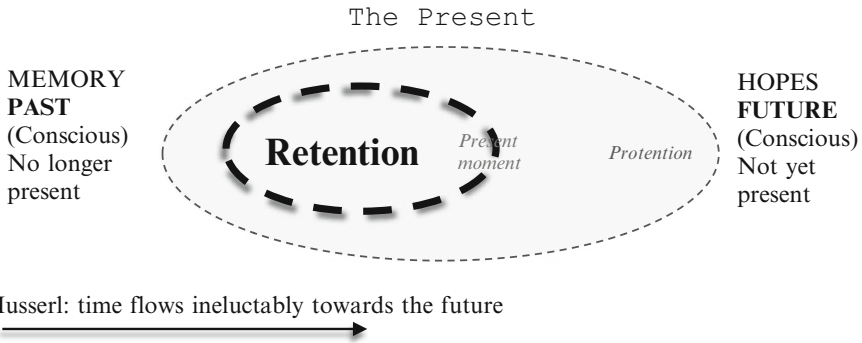


Fig. 4.4 The “thick” present; here “retention” dominates

In therapy the story is often different. Many patients experience a *past-remaining-present*; no “shading off”. Their present-of-the-past remains intrusive and constant, a time that does not heal and forever stands still (Hall 1989); time with a qualitative difference. A past event that endures “is present now and present constantly, and present together with the new moment ‘past’—past and present at once” (Husserl 1991, p. 19); a simultaneity of different times. Time emerging from relationship, since we are in time and not spectators, is not a succession of nows (*une succession de maintenant*), but in the thick instant “layers of time ... thicken” (*la couche du temps ... s’épaissit*; Merleau-Ponty 2011, p. 478).

When Dan became enraged and “saw red” his past hurts, abandonments, and abuse flooded and as in Fig. 4.4 “retention” overwhelms any sense of present and obliterates any possible future; a timeless past-present. If we reconsider this visually, present and protention recede; “retention” engulfs, defining all experience past and present (and feared future). Jane’s account below brings some of these ideas to life.

Clinical Vignette

I saw Jane in therapy for over eight years. She had been regularly sexually and physically abused for forty-five years, suffering extremes of torture, imprisonment, broken bones, and three pregnancies during her adolescence by her father; aborted by her mother. Abuse by both parents continued during therapy. At the age of 68 they both received 30-year prison sentences for a lifetime of abuse.

At her suggestion, Jane took part in three research interviews about her experiences of therapy some two years after successfully ending therapy. At the beginning of the first interview I began:

HJ. “What were some of your experiences of being in the therapy room, especially with regard to your experiences of time? You remember that I sometimes said that bringing you back into the present, when you seemed to disappear, was a bit like pulling you back in at the end of a rope.”

Jane. “There were times when I wasn’t in the room. It was a bit like watching T.V. and it goes from one camera to another, it was seamless, it would slide. I was never aware of the transition, this was before we did BMW,² and I would suddenly become aware of what was going on, and suddenly I was in a different place; the sights and smells from a different place and time. There was never any thought, ‘how can this be possible’. I couldn’t think this isn’t possible because I was with Hugh, or that I was now a lot larger than then. ... It was like being in a dream but still awake, it was terrifying because of the scary things that were happening. It was a re-enactment of what used to happen. Somehow it seemed to be worse than it had been in the first place; it seemed more frightening than it had been at the time. I would end up where I had been before, a moment that was leading up to a bad bit that I knew was going to happen, when before, in the real time, I didn’t know beforehand exactly what was going to happen.”

“It was like reading a book that you have read before and only part remember. At that moment, I could see the future and that made it seem worse than it had been. I was not aware of you in the scenario while experiencing the terror. I was completely oblivious of that.”

In these moments all sense of time and place is lost and the distorted world of Alice in Wonderland is normal. It is essential for the therapist to have a way of understanding, experiencing even, these temporal confusions, and to be acutely aware of the moment-by-moment changes in the session so as to follow and help the patient recover from this world of timeless time and trauma. St Augustine’s description of the present helps.

Augustine (1961) speaks of there being only the present: the *present of past things* (memory); the *present of present things* (direct perception); the *present of future things* (expectation). Time of Jane’s present-of-past events freezes in the present. It is too present, and the present of present time in the session freezes, overwhelmed by the present-past and no present-future; Husserl’s retention engulfs, in an accumulating retention of retention (Merleau-Ponty 2011). Past, present, and future, are an undifferentiated “one”. All is “retention”.

We can call on Kant for a different simultaneity of different times; time as points on a line; “... we reason from the properties of this line to all the properties of time, with this one exception, that while the parts of the line are simultaneous the parts of time are always successive” (Kant 2003, p. 77). Imagine “crumpling” this line into a “ball” where otherwise distinct sequential temporal points become an undifferentiated knot. Therapy with Jane resembles un-crumpling the Kantian ball and re-extending the line to help her gain control over her constantly re-lived past and present trauma, no longer dominated or defined by her history. Through therapy, sequential temporal points become less and less experienced as simultaneous and undifferentiated in her healing.

In trauma and dissociation, as with Jane, we see a temporal breaking apart and compartmentalising of the intrapsychic structure to protect the individual’s integrity, at considerable personal cost. It is not a static but discontinuous state with splitting of mental imagery and affect, of flashback disconnected from the temporal context:

²BMW is a simple three-part ritual I created for her to help deal with moments of panic and dissociation that involves breathing (B), a personal mantra (M), and writing down (W).

“The memory of one’s life has holes in it – a full narrative history cannot be told by the person whose life has been interrupted by trauma” (Kalsched 1996, p. 13).

The discontinuous effect of trauma on memory when events are experienced episodically fractures time; it seems to freeze the moment. The individual experiences a sense of powerlessness; their temporal world changes utterly. Jane’s description of being in the therapy room, —her recurrent nightmares, intrusive recollections, and many other symptoms, including her dissociative states, —met the criteria for Posttraumatic Stress Disorder (DSM-IV DSMIV 2000 [309.81]: 463–468). However, an important element in understanding her trauma phenomenologically is the impact of time distortion, “the memory of one’s life (*that*) has holes in it”; “a full narrative history cannot be told”; all is incomplete.

Resources: Anthropology

That the nature, place, and experience of time is different in different cultures is well documented and not the subject here (Levine 2006). Rather, I will touch on Plato’s instant from the perspective of the liminal and then show how practices from one cultural context, the Balinese, can inform therapy. I will also draw on some of the anthropological literature on ritual and time for clinical practice.

Victor Turner suggests that the liminal occurs in unstructured space. If relationships are based on a structure of socio-politico-religious positions *inter alia*, “we must regard the period of margin or ‘liminality’ as an interstructural situation” (Turner 1967, p. 93). Change between states becomes possible in the “interstructural” moment. In the shift from one way of being, of quality of relationship or organisation, to another,

... there has to be ... an interval, however brief, of *margin* or *limen*, when the past is momentarily negated, suspended, or abrogated, and the future has not yet begun, an instant of pure potentiality, when everything, as it were, trembles in the balance. (Turner 1982b, p. 44).

Transition and transformation are often confused in systemic writing. Colin Turnbull suggests that through performance of ritual, “a transformation takes place, not a mere transition, and this has everything to do with our understanding of liminality” (Turnbull 1990, p. 73). The liminal is not an inert space even though unstructured in terms of “before” and “after”. Liminality is “the process of transformation at work. The technique of consciously achieving transformation is the process of entering the liminal state” (Ibid, p. 79) in the in-between, in the “instant” out of time, between two structured periods.

This captures equally the dynamic of therapy when the rational is subverted in an experiential shift, after which present and future are changed utterly, and one’s relationship with the past alters. In this subjective in-between description we enter a more complex world, between the “phenomenological experience of time and chronological time” (Perelberg 2007, p. xv). St. Paul’s (liminal) experience, struck

from his horse on the road to Damascus between two geographical places, between persecutor and convert, arguably changed the course of world history. His transformation phenomenologically was beyond rational explanation.

Leopold Howe describes how the Balinese calendar appears to return to “the same logical point” (Howe 1981) at different, regular moments, in a cyclical temporal sequence. It is a framework that I have found helpful working with couples. While “cyclicality does not entail non-durational time” in the Balinese calendar, there is a timeless quality of being unable to escape repetition. Eliade emphasises how in ritual time is annulled, only to begin again and again.

... every sacrifice *repeats* the original sacrifice and co-occurs with it. Every sacrifice is accomplished at the same mythical moment; through the paradox of ritual, mundane time and duration are suspended. ... to the degree that an act (or an object) acquires a certain *reality* through the repetition of paradigmatic movements, and not only those, but mundane time, duration, “history” even, are abolished ... (Eliade 1969, p. 49–50).³

Howe suggests: “The accumulation of these cycles is however usually of far less interest than the co-ordination of events within the cycle” (Howe 1981, p. 227). How patients “co-ordinate” events and relationships has therapeutic value. The “co-ordination of events within the cycle”, social relationships, and harmony, are more salient for the Balinese than Western preoccupations with measurable *chronos*. In the spirit-filled world “people and gods are part of the same massive cycle” (ibid, p. 229); they exist *in time*.

Cycles of experience *do* accumulate in people’s lives, often like silt imperceptibly changing a riverbed. Over time (duration) events are co-ordinated (without conscious or intentional process) so that repeated linear events acquire circular and patterned connections with some predictability (Keeney 1983). When the therapist is able to introduce a different temporal cycle of diachronic connection that challenges the patient’s episodic compartmentalization, a powerful shift in relationships can occur. June was helped to see Chris’ episodic world in contrast to her more relational diachronic realities, *and* she began to contextualise Chris’ episodic behaviour as belonging to him, and not attribute it to her early history of emotional neglect whereby she would then confuse those temporal realities of her-past-of-present-things-present.

Figure 4.5 presents these two kinds of time: durational (cyclical) of repetition and time of the “logical point”. The same number on the revolving circle and the straight-line represent the “same point” from cyclical and linear views. The intervals *between* two or more “points” represent “duration”, (a *lawas* in Balinese or particular length of time). The rotating circle represents “cyclical time”. A complete cycle is six “*lawas*” from 1 through 2, 3, 4, 5, 6, and “back” to 1. Points marking duration echo Plato’s discussion of number in *Parmenides*.

³ ... tout sacrifice *répète* le sacrifice initial et coïncide avec lui. Tous les sacrifices sont accomplis au même instant mythique du commencement; par le paradoxe du rite, le temps profane et la durée sont suspendus. ... dans la mesure où un acte (ou un objet) acquiert une certaine *réalité* par la répétition de gestes paradigmatiques et pas cela seulement, il y a abolition implicite du temps profane, de la durée, de l’ “histoire” ... (Eliade 1969, p. 49–50).

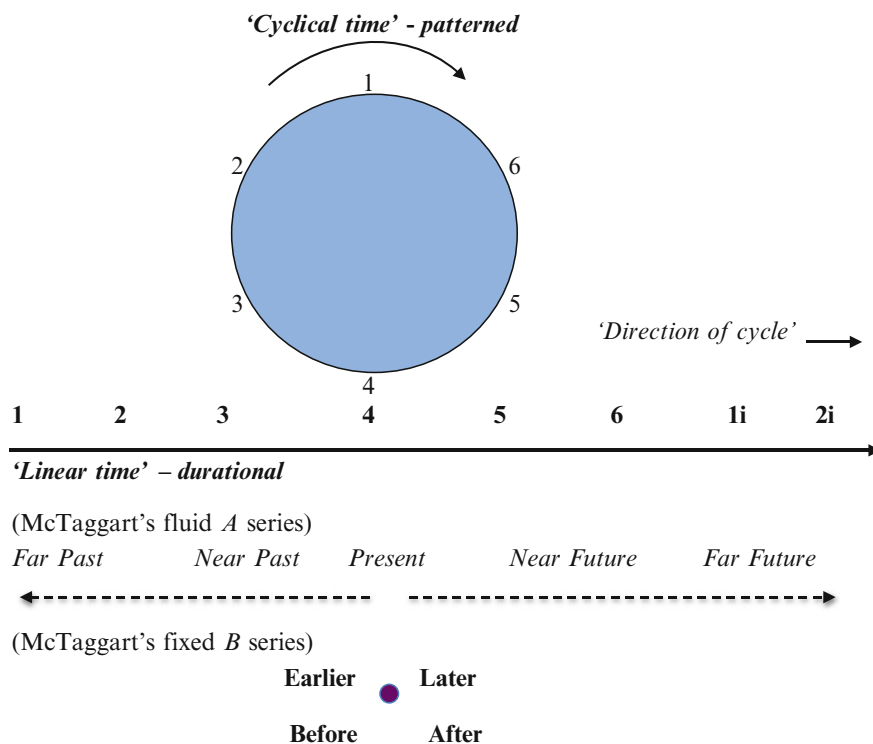


Fig. 4.5 Cyclicity/linearity: complementary perspectives

So of all the things that have number the one has come to be first. ... But that which has come to be first, I take it, has come to be earlier, and the others later; and things that have come to be later are younger than what has come to be earlier. ... (Plato 1997, p. 385).

Plato's *chronos* number does not hold up in trauma as we saw; that which came first too often becomes present in the "number of now", as the Kantian length of string with knots in simultaneous sequence that when scrunched into ball really are experienced in undifferentiated simultaneity. We see some of this in Fig. 4.5, when number 1 repeated is not the same number 1.

The "new 1" at the start of the subsequent sequence is not the "same 1" marking the "beginning" of the cycle. It is at the same *logical* point but is at another *chronological* number point "along the linear time line" of number. This *different* 1 we can call 1i, then 2i, 3i, 4i, and so on. A further cycle becomes 1ii, 2ii, 3ii, and so on incrementally at each *logical point* and subsequent *durational* point of repetition; "when a cycle ends it does not return to the same *temporal* point; it returns, and this is a very different thing, to the same *logical* point" (Howe 1981, p. 231). In Balinese culture the cyclical aspect of duration predominates over linear'. Our Western cultures often emphasise duration and how to "use" time, while the Balinese tend to be *in* time. The difference between *using* time and *being in* time is important for thinking about time in psychotherapy. The patient in the session who loses all sense of

duration is *in* time and in that moment more susceptible to change, in a “sublime” or “sacred” moment.

In couple therapy I find many examples of couples returning to “the same logical point”, either in their current relationship in their history of relationships, and/or in family and cultural histories that affect attempts at intimacy, autonomy, power, nurturing, and so on. From a different model, this would be Freud’s “compulsion to repeat”. Therapy becomes a process to uncover these temporal patterns to help the couple block their preferred but failing ways of resolving their difficulty, and develop alternative ways to *be* and to relate.

Ritual

Ritual and ceremony are often confused: “Ceremony *indicates*, ritual *transforms*, and transformation occurs most radically in the ritual ‘pupation’ of liminal seclusion – at least in life-crisis rituals” (Turner 1982b, p. 80–81). Therapy and ritual are performative, intentional activities, concerned with continuity, transformation, and change (Jenkins 2013).⁴ Both are structured and socially embedded in their culture. Ritual involves “more or less invariant sequences of formal acts and utterances not entirely encoded by the performers” (Rappaport 1999: 24). Rites of passage intend transformative, irreversible change, such as circumcision, the Jewish bar mitzvah, marriage, or funeral rites.

In ritual generally, and rites of passage particularly (Gennep 1960; Turner 1969), an important element is the initiate’s experience of time suspended, of being beyond everyday time (Stoller and Olkes 1989). A general description suggests:

Ritual ... functions on a psychological level. It provides a coherent framework for the disorienting aspects of human life, such as illness, danger, and life changes. It gives people a sense of control over disturbing and threatening events; an exorcism may not actually drive out any spirits, but it can drive out the sense of helplessness and despair associated with an illness. (Barfield 1997, p. 411).

Ritual brings cohesion to situations that otherwise risk disorder and chaos. Paradoxically, the task is often to ensure stability in the external world by channeling instability for socially sanctioned change, similar in many ways to therapy. The patient enters a symbolic reality and “feels a widening of the space in which he lives ... so that the past appears more coherent and the future more inviting” (Lifton and Olson 2004, p. 38).

Therapeutic ritual must encode avenues for change, for “the stability promoted by ritual is not an inertial inheritance but a continually renewed endeavour” (Torrance 1994, p. 70). Excessive system change creates systemic runaway and entropy, while excess stability risks system negentropy (Bateson 1973; Beer 1974). In ritual, anthropologists speak of time as “sublime” or “sacred”. The sublime time

⁴A complex ritual interweaving past, present, and future to stop nightmares that had plagued the patient for over 40 years is described in Jenkins (2013: 262–265).

of ritual refers to events occurring outside the ordinary or “mundane”, often in a location set aside. Although part of socially sanctioned transformation, these activities take place at the margins (Stoller 2009) in an in-between “liminal” spatial and temporal space.

Clinical Vignette: Jenny, a Ritual of Obliteration and Renewal

Jenny’s story incorporates the main elements of all ritual. It is a single powerful act that requires the performative and an element of ordeal. It helps her “fix” time and re-establish a clear “before” and “after” in her life.

Jenny’s partner had betrayed her. After having a child by her he began an affair with a married woman with whom he subsequently had two children. In her late forties, Jenny saw little hope of more children. Her hurt was palpable. There came a point in therapy when I asked her to handwrite her story about the relationship as an ‘obituary’; an obituary always has a beginning and an end. I wanted her to her to create a direct, visceral relationship with her account by writing it out. She was free to say whatever she needed, as no one outside therapy would see it, thereby increasing the intensity of the process. She should determine how long it should be, giving her control of the process.

Jenny did this, and as suggested brought it to the next session. I asked her to read it aloud in her own time; particular points and themes were explored. This helped concretise and legitimise her anger and the other feelings she had struggled to articulate.

As a second “assignment”, an ordeal, I asked her to find a time when she could go somewhere isolated but safe with her “obituary”. She should read it aloud as many times as she needed until she no longer felt overwhelmed by her pain in its inchoate rawness. She was then to burn it; ashes to ashes, with all the primitive socio-cultural associations of burial, annihilation, and finality, leaving it behind physically and emotionally by her action. I had instructed her to find somewhere beyond the city boundary as part of the “ordeal”, to heighten her commitment to the process and sense of completion. This becomes a “sacred” space outside the “profane” space of the city. It is physically beyond her familiar, a liminal place for her. I gave her structure, specific directions, and an experience of ordeal for her healing.

At the next session I asked Jenny to describe what she had done. This was further to “fix the moment”, reinforce her sense of control and celebrate her completion. She recounted the whole process in considerable detail. She paused, then added: “Then I took my jeans down and peed on the ashes.”

This is a complex ritual involving;

- A transformative experience of letting go.
- Active performance.
- A symbolic burial, initiating her journey from victim to survivor.
- Incorporating aspects of “redemption” and purification as she cleansed herself of feelings of toxic self-loathing, anger, and impotence.
- A deeply primitive act of annihilation, irreversibly reinforced with her potent body fluids.
- An irrefutable definition of her “before” and “after”.

The basics of ritual are here. By standing over and urinating on the ashes of the relationship, she used the potency of her body fluids and their physical symbolism for total obliteration. In this annihilation we see an ending of time, fixing the event and that painful part of her history as now past. It opened the possibility of a “new time” and future. The consequences of her ex-partner’s infidelity continued to live with her but a more self-assured Jenny began to emerge. It “drove out the sense of helplessness and despair associated with her situation” (Barfield 1997, p. 411).

The “obituary” was a “one-off” ritual. It took planning. It incorporated powerful performative elements of privately writing it, publically reading it aloud, repeatedly reading it aloud in a chosen “sublime” place, annihilation, and finally fixing it in a particular moment by then recounting it in therapy. In her “reporting back” she symbolically replayed the physical and emotional beginning of her new life. It was a rite of passage.

We know that “major rituals ... aspire to annihilate measurable temporality ... to redress the failures of the present ‘time’ ... and to restore the primaverbal past as paradigmatic reality” (Turner 1982a, p. 228; See also Turner 1982b). Jenny’s journey from her familiar urban everyday context to “un espace sacré” (Eliade 1965, p. 26; see also Eliade 1969) was charged with potentiality, a transformative experience. I suggest that in “the ritual of psychotherapy” there exists an instant of potentiality that can only be resolved actively as change. The problem or crisis is momentarily *detached* from the moment before, is not yet *attached* to the instant after, and hovers in a fragile, liminal in-between (Stoller 2009).

Such an instant is frequently experienced as being out of time by the patient. Change occurs in the spontaneous detached-not-yet-attached instant. Plato’s “instant” is a conceptual framework for grasping the fleeting moment for potential change; “in no time at all” while *simultaneously* “the one partakes of time”.

A simple example captures some of this. Jane had never allowed me to hold her coat as she left, since to do so requires turning one’s back with the second sleeve and becoming completely vulnerable, an impossibility for her, with a life-time of physical and sexual abuse. She describes her experience of this moment in the research post therapy interviews.

H.J. “There was the issue about whether you could let me hold your coat to help you put it on. What happened there?”

Jane. “When I couldn’t let you do that, I thought, like, how difficult can that be? When it happened it was really good. After, I wondered ‘Why did I get myself in a mess’ and the next time it was back to square one. There was a point before when it was totally impossible. Then, like a binary system it was suddenly OK. You distracted me enough for me to do it, so that I wasn’t exactly paying attention, because you got me thinking somewhere else, so I did it without me psyching myself up for it. I was concentrating on what you were talking about and not on what was about to happen. Somehow, for a moment I was not quite there, and then it was done. And it was good.”

Jane realises that my structured, carefully timed distraction of her conscious attention placed her momentarily in a different temporal space. When she “was not quite there” in temporal terms, in spatial terms she could allow me to hold her coat, but without being aware. This took place “outside therapy” in the waiting room, a liminal in-between space between the consulting room and the outside world,

between the *sublime* space of therapy and the *mundane* outside world. Boundaries, physical and temporal, are important (Jenkins 2014), but while it is simpler in some ways to attend to physical space, time (and timing) is more intangible. Later, putting her coat on with help became one of her “piece of cake” achievements, part of the humour that helped make the previously unspeakable more survivable.

Simple though it was, I planned this as a performative event with an element of “intentional ordeal” (Haley 1963). Not defining this as “ritual” or “therapy” made it less daunting. Part of the distracting involved my active playfulness, thus changing the frame. The act of helping Jane with her coat becomes “sacred” in this specific context. Therapy occurs as much in the accumulation of informal small events as in more formal, conscious interventions.

Rites of Passage: Temporal Phases in Therapy

In this section I suggest a way to think about therapy as a temporal process, taking the literature on rites of passage. Psychotherapy and rites of passage have much in common. In systemic vocabulary, psychotherapy is concerned with “second order change” (Bateson 1955, 1971; Hoffman 1985) and the same intended outcomes, as for Jenny above.

Gennep (1960) described three phases of a rite of passage: *séparation* (separation); *marge* (transition) the liminal phase; and *agrégation* (incorporation). Rites facilitate the passage to the “sacred” (“sublime” or “ideal”) and back to the “profane” (mundane). “The sacred is not an absolute value but one relative to the situation. The person who enters a status at variance with the one previously held becomes ‘sacred’ to the others who remain in the profane state” (Kimball 1960, p. viii–ix). DiNichola speaks of the patient who comes for help: “People in this situation are liminal: at a threshold ‘betwixt and between’ the old world they know and the new one they are experiencing. ... this is an ambiguous state” (Di Nichola 1993, p. 53).

In a filmed interview on ritual (Timișoara, 2011) Andreea describes the morning of her wedding, about to become a pastor’s wife and her impending change of status through this rite of passage:

H.J. “So, we must come back to the wedding. As Andreea the pastor’s wife, you lose something of your identity in a sense.

Andreea. “Yes, I did. My independence, complete independence. Yes.”

H.J. “So, what you’re telling me is that the marriage for you, and maybe for him, meant letting go of certain things, of independence, of doing what you would like when you like.”

Andreea. “Yes, when I was thinking of rituals, I have a brainstorm, which was this exactly, what a ritual marks the end of something, the beginning of something else. You give away and you receive.”

As Andreea says, a “rite of passage” is dynamic, an active process, whose function is “to transform one identity into another” (Kapferer 1983, p. 179). It facilitates an intended move from one state to a newly appropriate one.

Working in the In-Between

We can take this three phase thinking about the in-between and the liminal further. Anthropologist Edmund Leach draws attention to the betwixt and between moments *between* the betwixt and between, from pre-liminal to liminal, and from liminal to post-liminal. Such boundaries are artificial distinctions for the otherwise continuous (Jenkins 2014). In the no-man’s land *between* boundaries lie ambiguity and uncertainty.

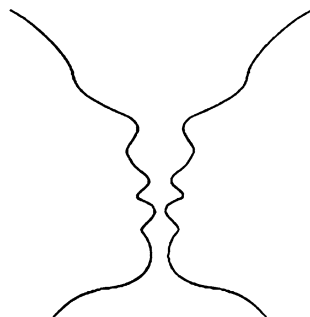
A boundary separates two zones of social space-time which are *normal, time-bound, clear-cut, central, secular*, but the spatial markers are themselves *abnormal, timeless, ambiguous, at the edge, sacred*. ... The crossing of frontiers and thresholds is always hedged about with ritual, ... (Leach 1976,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

The uncertainty of the *limen* often evokes discomfort. I suggest that in this dynamic liminal tension, transformational events readily happen *between* therapy sessions. The interval *between* sessions becomes an active marginal time of potentiality, what Turner, quoted earlier, termed “the ritual ‘pupation’ of liminal seclusion – at least in life-crisis rituals” (Turner 1982b, p. 81). Jane described an in-between instant where the therapist intentionally blurred the boundaries. We read: “You distracted me enough for me to do it, so that I wasn’t exactly paying attention, because you got me thinking somewhere else, so I did it without me psyching myself up for it.” Similarly, time between sessions can become an in-between moment where the patient is “distracted” by their everyday life, and thus being “not quite there” allows the unexpected and the unplanned. Milton Erickson actively used the in-between of sessions in many ways for the patient to behave differently (Haley 1973, 1985). The well-known face-vase-face figure captures some of the ambiguous nature of boundaries (Fig. 4.6).

Lines define lip, mouth, nose, throat, vase, vase stem, forehead, a bowl. The lines simultaneously “frame” inside and outside: this is face; this is vase (*vide*, this is play; this is therapy; this is fight, this is not fight; this in instruction, not instruction), or this is *not* face, *not* vase, creating a fluidity of constantly morphing realities.

When considering what to focus on—faces or vase—perhaps the question always is: what is the story, the story of therapy in and outside the session. In the image of

Fig. 4.6 Vase—faces gestalt



Lille Molle (Plate 4.2), what is the story? This image has its own story. Originally the small dwellings at the foot of the mountain had clearly defined windows, roofs with strong colour, walls that stood out more. All this distracted the viewer. Surely the story is the mountain rising sheer out of the water, the clouds and the fjord even? By subduing the human habitation the story changes, but it is and always should be: both-and.

In this context Fig. 4.7 proposes a rites of passage dynamic of psychotherapy. The overall duration of therapy is liminal. Focus may be on one area, but always in the context of other, less immediately dominant areas; the huts in the shadow of the mountain, Lille Molle. It supposes treatment as a unity as if ritual were internally homogenous without variation or rhythm *within* its structure.

Treatment is *liminal*, a sublime period; transformation is possible. Its chronological time and the phenomenological experience of time from within are different kinds of time. Therapy can be highly stressful. It represents *separation* from the

Plate 4.2 At the Foot:
Lille Molle, Lofoten
Islands. Hugh Jenkins
2013

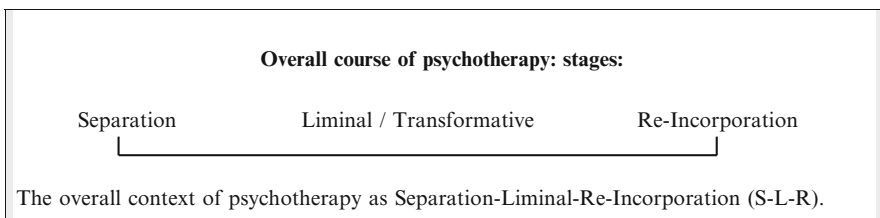


Fig. 4.7 Psychotherapy: a rite of passage structure

mundane. For example, at the start of his second session John reflected about his experience of the first meeting. He had found beginning to confront his personal experiences and relationships “traumatising”; he had left the session “exhausted”. Beginning therapy was a visceral ordeal in the physical, emotional, and psychological separation from the familiar, in the presence of the unknown.

As therapy ends a process of re-integration must be achieved, separating from the psychotherapist’s continuing involvement. Casement (1985, 1990, 2002, 2006), Sandler et al. (1992), Sandler et al. (1997), and Yalom (1989, 2001, 2006) discuss separation and ending as critical, transformative, and integral aspects of treatment. Ending symbolises a moment of re-incorporation to the world of the everyday, leaving the sublime behind.

Each session, to which attention rightly is given, is potentially transformational. However, the “ignored instant” or time *between* sessions suggests another kind of temporal space *out of time* from the sessions, which themselves are *out of time* from the mundane everyday. This becomes a betwixt-and-between time *between* betwixt-and-between. Transformation may occur in that *in-between* period “spontaneously” from the session or through the psychotherapist’s explicit intentionality through ritual or ordeal-like tasks, as Jenny experienced (Jenkins 1987). Just as the traditional shaman’s activities are intentional (Stoller and Olkes 1989; Vitebsky 1995), so too are the psychotherapist’s in psychoanalytic (Sandler et al. (1992); Sandler et al. 1997) and systemic fields (Palazzoli et al. 1980; Penn 1985; Tomm 1987a, b, 1988).

Jane describes her experience of in-between session periods and the effects of timing and length. It clearly was not an inert period.

H.J. “What did you think about the time and spaces in between our sessions? How did you experience them at different times, stages of our meeting?”

Jane. “After meetings it could be worse. I needed time to settle. Sometimes it was worse, or sometimes it was better. Everything was there and I couldn’t ignore it, and it was as though it was happening then, but better for the same reasons because I could feel in control of the situation. But then it would go in the opposite way, and swing and feel as though I was losing control of it. The space in between was better to give time to sort things in my head in between.”

H.J. “What was important about the intervals?”

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

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

Jane. “I think it was very much in my mind, or at the back of my mind all the time. It was like it was all the time because the things we talked about here, I could use as a tool in between. Going first thing in the morning allowed me to get over it a bit and to focus on going to work. Evening sessions were more difficult because I’d get in a mess.”

Interval time between was complex. It gave time to reflect, but also to act. For example, speaking to the police and later a lawyer to give her “evidence”, were momentous tasks that required courage to break their power - in simpler societies we would call them spells (Stoller and Olkes 1989) - of believing she deserved all that was done to her was long, painful, and traumatic. Timing—early morning or late evening—had different consequences.

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

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

Collaborative agreeing of time intervals was important. Feeling in charge was especially significant for someone who had been and continued to be abused. The agreed variable nature of time *between* sessions gave Jane a sense of control and autonomy; *timing of sessions* had a significant impact on how she coped. She had responsibility for knowing what she needed when leaving an ansaphone message each Sunday evening to say whether she need a call back. Significantly “It was knowing you were there” and the importance of time constancy that was most important. A central premise for therapy was that eventually she would internalise that figure of constancy of the therapist and that would signal the end of the work.

Figure 4.7 re-configures this structure for each therapy session. Each session isomorphically mirrors the larger whole. The liminal space of each session is “boundaried” by a beginning (separation) and ending (re-incorporation). However, the intervals “boundaried” by and *between* each session have their own liminal quality and ‘rhythm’ (Hubert 1999): five times a week, weekly intervals, every 2/3 weeks. These are not inert periods in expectation of the next meeting. They are replete with potential for planned or spontaneous change. The example of Jenny’s ritual of obliteration is an example.

Each S-L-R sequence represents an individual session, a particular separation from the mundane. Intervals *between* sessions embody a different kind of liminality. Session–interval–session becomes figure and ground in dynamic flux, each defining and re-defining the other, like the face–vase–face gestalt (Fig. 4.6). Each interval has its own S-L-R (Fig. 4.8). Interval–session–interval becomes an alternative counter-point sequence, like music’s rhythms.

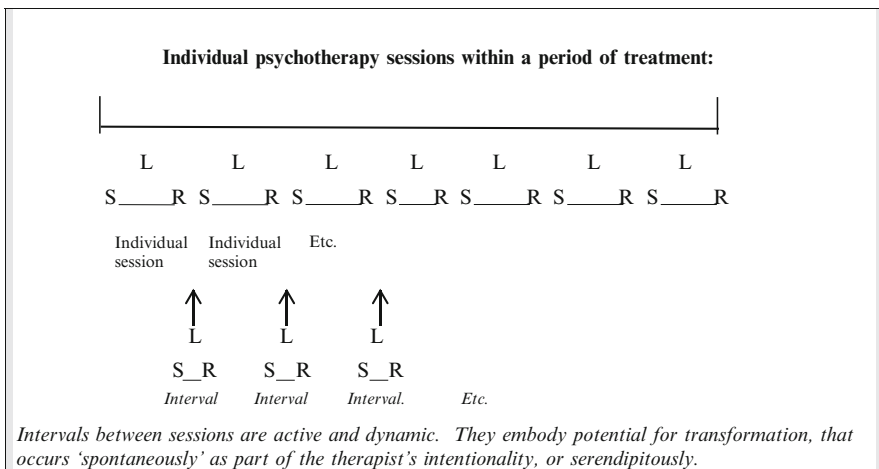


Fig. 4.8 Each session is a microcosm of the larger gestalt of therapy

As we know in basic general systems thinking (von Bertalanffy 1968) the whole is more than the sum of its parts. So in deconstructing this rite of passage structure into its component parts something of the whole is inevitably lost. We must therefore return to the whole, to experience the tonality and totality of therapy.

Reflections

The analytic invariant of time and place over a long period of months or years is a sublime, liminal state, an experience of different kinds of time; of no time, “the anti-temporal character of ritual” (Turner 1982a, p. 237). Systemic therapy is likely to be more variable in frequency of sessions, planning longer intervals in between when the patient cannot immediately bring material back to treatment. Palazzoli and her colleagues (Palazzoli et al. 1978) discovered that this creates a different kind of tension, more likely to precipitate crisis (Jenkins 1989) and change in the family as they could not readily rely on the therapist to hold them. In effect, psychoanalytic and systemic models create different kinds of time during and between sessions.

Therapy through process and structure shares much with age-old healing traditions. What scholars have to say from their researches into ritual opens up ways to understand therapy, the nature of change, and the experience of being a patient. Of particular interest are ideas about the mundane/profane and the sublime/sacred; the nature of ordeal, and change or transformation.

The sense of uncertainty or imminent chaos as part of a liminal state, the sense of time slowing down and experiencing oneself out of time, are brought into sharp focus. The idea that the liminal is a dynamic phenomenon (Kapferer 2004), occurring in interstructural points (Turner 1967) provides powerful concepts for psychodynamic and systemic therapists. In order to cross thresholds (Leach 1976) we need structures and procedures to navigate these ambiguous areas.

This chapter has travelled a long way from 1971 and R.D. Laing, the period of the early ideas of Minuchin (1967; 1974) and Haley (1963; 1976) emphasising working in the present with family structure. Over the years I have re-connected with my concerns and interest in time, our experience of it, and its place in making sense of my life, the lives of my patients, and the inner world that psychodynamic models help articulate. If we are to be “systemic” as I understand the term, models that encompass the relational and interpersonal *AND* that provide ways to conceptualise the internal system of mind (Jenkins 1990; Jenkins and Asen 1992; Jenkins and Cowley 1985) are essential.

The peculiar nature of the Plato’s “instant” may now have an extended duration in the liminal. It is not *chronos* that we experience or measure, but *kairos*. The inner process of what happens structurally and externally to the patient, or initiate, is they become “invisible” in this period of pupation (Turner 1967, p. 96). The therapist is architect and brick-layer, conductor and companion, immersed a-temporally while simultaneously holding other temporal foci in mind.

We have considered the internal structure of time, a thickness of the present; the present of past, present, and future things; that the “same logical point” marks pattern and can be an indicator for stuckness, a different take on Freud’s “compulsion to repeat”. From an archaeological view, Freud’s work is profoundly time based, whether his idea that “there is nothing in the id that corresponds to the idea of time” (Freud 1933: Vol. XXII, p. 74) or the phenomenon of transference in analysis, the temporal confusion of the patient attributing to the analyst events, emotions, attitudes, from an earlier period and other contexts to the present of the consultation room; a simultaneity of different times. Such, in essence, was Dan’s moment of rage as he crossed the boundary from talking out to acting out.

The timelessness paradox of ritual parallels psychotherapy. Traditional ritual emphasises stability and continuity, a loyalty to one’s ancestors that requires change to ensure continuity. If in ritual it seems that the weighting tends to stability, in therapy the focus must fall towards change in a context of over-arching stability. In this dynamic tension the quality and perceptions of time may appear less obvious. As an aside, loyalty to ancestors and stability in the emerging field of psychoanalysis began early while Freud was still alive, and continues. This is well described in the letters of James and Alix Strachey (Meisel and Kendrick 1986). Fortunately it is less a debate in family and systemic psychotherapy today than 25 years ago.

If we lack ways to describe and take account of time and timelessness we are left with an “absence” that subtracts from understanding the experience of patient and therapist “meeting in the moment” (Jenkins 2005). In developing these ideas I have given importance to “the interval”, not as the inert time-space of after and before but as dynamic, changing, elusive, and powerful, like human experience of time itself; like therapy and healing.

My explorations of this “meeting in the moment” that we call therapy (Jenkins 2005) through to asking to what extent philosophical and anthropological perspectives on time may assist to better understand the therapeutic encounter (Jenkins 2013), are part of a personal and professional journey. None of this makes claims for, not wishes to consider, new models of systemic psychotherapy; I have always avoided as much as possible the traps of orthodoxy (Jenkins 1985).

Time is and will always be fleeting, experienced in so many different ways. I began with an image of timeless time; the sun never setting but always against the backdrop of another winter and darkness. In the northern darkness the eternal constant changing of the Northern Lights (Plate 4.3) reminds us of our fleeting temporality on this planet; their presence unpredictable; their form ephemeral. From the light of summer when we “have all the time in the world” we return to darkness bathed in lights that can never be grasped. What sense is there to say: “While we have time” (*Dum tempus habemus*)?

So, to return to the beginning, which I trust is no longer the same beginning as at the start. *Dum tempus habemus* is a school motto I have carried in my head for over 50 years. But is only a part, for it continues; “*operemur bonum*”, “let us do good”. Surely this is an apt motto for every therapist, to be always aware of what little time we have and how best to occupy it: as smugglers of time perhaps?

Plate 4.3 Permanent impermanence: Northern Lights. Hugh Jenkins 2014



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