

# The importance of time spent in the clinic environment and for health professionals

Francesco Ascolese <sup>1</sup>; Giuseppe Errico <sup>2\*</sup>

1. President of the Valetudo Foundation

2. President of the Institute of Psychology and Social and Health Research

\* Corresponding author.

E-mail address: [agenziarcipelago@gmail.com](mailto:agenziarcipelago@gmail.com)

*Echo of time.*

*I have seen my time flash of emotions sculpt existence without remorse, mute with screams, screaming in the wind.*

*I've seen him lie on the wounds of useless dreams like sneers.*

*I have seen my time cautious, a waste of breaths, a monument to the ungrateful.*

Antonio Marra

Through a careful clinical analysis, it is easy to observe how, in the patient's life experience, a different way of experiencing time emerges, compared to the chronological and duration of everything, with which we, health workers, habitually 'count' it (as when we take a certain time, or waste time or gain time, or allow ourselves time). "...Neither the idea of measurable time, in the normal field, nor the notion of disorientation in time, in the pathological field, could exhaust the phenomenon of lived time; they constitute only a very small part, that one of the most abstract aspects and therefore furthest from living reality, and consequently could not serve as a starting point for a complete analysis of time (Minkowski, 1971).

In the field of phenomenology, after Husserl, we owe to Heidegger the analysis between being and time. Heidegger, for example, offers us numerous ideas for reflecting on the time spent by patients in the health context. He interprets Paul's story by showing how the second coming of Christ is lived not as a relationship to a future event that has yet to happen, but as a specific dimension with which the Christian lives his present, continually decentred by himself, in this case living a time lived in sobriety and watching in waiting. The Apostle Paul never says 'when' will take place the second coming that the Christian awaits, rather he identifies in this expectation the 'how' of life (how to live in expectation the time lived). The search for a cure for health professionals, therefore, can never ignore the link that exists, in the patient, between when there will be healing (flow of time) and how healing will be obtained (experience or pathos), from the link between suffering and temporality. "The research on happening can in no way disregard its immersion in happening: the overall narrative can only refer to the happening of multiple happening, since no event can be hypostatized as inherent in the singularity, even when it is concerned only in its crossing of the singular interiority" (Piro, 2005).

This interpretation of the link between health care practices, time, as flow or duration, and life, as time lived (inside and outside the illness), of each person, helps us to understand how in the patient (especially the chronic patient) psychic suffering is intertwined with living temporality, how temporal duration is something very different from inner experience. Heidegger, taking up Augustine's Confessions, offers us a clear answer regarding the enigma of inner time: time is not something measurable in itself or a simple yardstick for measuring the things that pass during each event, because it is measured only in the psyche; More precisely, what we measure are the impressions and perceptions that things that pass leave in the psyche: "I measure the 'feeling' in the present existence, not the things that pass in order to arise. It is my 'feeling' that I measure, I repeat, when I measure time" (Heidegger, 1998).

Time in the clinical field and respect to patients, although it is the most obvious thing it is at the same time the most difficult to define in its psychic essence during a treatment pathway; It belongs to the original structure of the patient, as an experience of one's own facticity, of one's own living



and of understanding during an illness.

“...There is never a time made of tranquillity and relaxation, it is a continuous void repetition of content; time needs to be principality every time, leaning towards repetition it does not proceed towards the future: the past swallows existence, fixing it in the mechanisms of control and defense” Therefore, this discovery and enhancement by health professionals, of the value of time (not only the time to devote to the patient) takes on particular value in the context of the encounter between patient and professional, between clinic, health, and wellness: in every health facility, in the exact place where therapies and care are applied, the duration time is combined with the time lived by the patient (which goes back in time, that projects itself forward, that dwells on present things). The present tense of a patient who lives an illness, in many cases, takes on the structure of an imprisonment while the past appears immobile, uncertain, precarious: “The past is fixed, happened, the same for everyone. The future, open, still undetermined. Reality flows from the past through the present to the future, and the evolution of things is inherently asymmetrical between the past and the future. This, we thought, is the basic structure of the world.” (Rovelli, 2017)

After years of work in the health field, the authors are increasingly convinced that, with regard to care, it is necessary to understand, in dialogue with patients, the peculiarities of their inner time (the overlapping and mixing of temporal moments at the patho-affective level, the multiple and partial stages of the present, past, future)<sup>1</sup>, the chronodesis (the link to time horizons), the constitution and evolution of temporal stages.

Also taking into account that human existence goes through moments of pain and joy, we can consider human life as a temporal development within complex, unique and elusive events: the path of treatment of a patient does not take place exclusively in the context of time duration (time as a measure or calculation), but welcomes the lived-inner time itself, by collecting the signals and perceptions of the entire human community, of that specific place in which we live, taking on the appearance of a magma, it envelops every aspect of temporality. The patient, in general, cannot be considered in the abstract as an individuality but inextricably linked to his time, to his incessant binding and then splitting of the present, the past and the future. “We have to learn to think of the world not as something that changes over time, but in some other way. On a fundamental level, there is no time. This impression of the passing of time is only an approximation that has value only for our macroscopic scales, it derives only from the fact that we observe the world only in a crude way (Rovelli, 2004).

Taking charge of human suffering must be able to follow the rhythm and interweaving of the stages of the patient’s lived time, during each phase of treatment. It must be able to split, change the temporal parameters of reference (suffering tends to block the parameters of time lived), open up to new horizons; in short, dive into a transformational magma which leads to a healthy relationship with time. So it is possible to focus, as health professionals, in order to help the patient, on the present time, but without losing sight of the knowledge of his past (anamnesis), to start ourselves in a better future; a past that is linked to the present and looks to the future, so that we can be helped to overcome our problems; those problems that have always been personal problems, and will continue to be because they are all in the same time flow.

We are interested in what, at the clinical level, becomes the intentional perception of his time. The effort is to understand (and to make patients understand) how useful it is to consider what happens in relation to inner time, what temporal disorders (the failure of the temporal device) consist of during a crisis or a prolonged period of suffering. During this phase, various anxiety-provoking symptoms are expressed on a feeling level (anxiety, fear, etc.), and the negative essence of distorted, failed, inauthentic and inadequate contact with others, the moment of defective understanding of oneself and the surrounding world, is expressed.

To understand all this, we must, first of all, avoid the bad habit of thinking that the patient’s lived

<sup>1</sup> In other words, this means analyzing, during a condition of psychic suffering, the inner consciousness of time (the degrees of awareness and intentionality), how the patient places himself about temporality and the link to the past, the present, the future. The patient is helped to establish the link between n person and lived time, crossing the swamps of psychic suffering, between what is perceived in the present with respect to the past and the future, between his link to time horizons (chronodesis), and being immersed in hypertime (tyranny of the digital present).



time is a continuous flow on which consciousness stops to observe, the time experienced as linked to memory, as a variable that flows exclusively towards the future (from before to after).

Even if we never realize, the time lived in the present overlaps and mixes, overcoming or blocking in multiple and partial stages, with other times lived. If the psychic disorder is not excessive, a patient could move simultaneously towards the past and towards the future: a) in the phase of superimposition of temporal objects, it may happen that the time lived aims at the co-presence or temporal oscillation (in our case the past time transforms the present time or the present time surpasses the future and so on, almost as if the two temporal forms overlapped)<sup>2</sup>.

In the patient, whenever a certain effect or experience of time takes shape, it depends linearly on several independent causes, resulting in the sum of the effects individually produced by each cause or triggering reason. Inner time is in fact a lived time that oscillates, that is encountered in everyday life, it is not the time of nature, of the link to history. It is also necessary, for the purposes of a cure, to clarify the reciprocal constitutive differences between present/past/future, to grasp the deficiencies of the temporal texture that manifests itself precisely during the state of obscure suffering or crisis. "...Existence, being already always projected beyond what it is from time to time, towards what it can be and can make of itself, expands essentially into the future, therefore into time (Heidegger 1998).

For the patient, the distinction between past, present and future does not refer to stages in their own right and does not take place in a simple way: inner time, a constitutive element of the patient (as for every individual) is omnipresent, it manifests itself along phases (degrees), a continuum, which never ends, where the past is never definitively past but takes shape in the present (meaning) and where the present, in oscillating ways, is able to bring together the no more of what has been and the not yet of what will be. "The experience of time, therefore, takes the form of a fluid line on which the data of consciousness find order" (Corbelli et al. 2007).

Not only can we remember the past according to our desires, but we can also pause, stop inside to retrace again, emotionally, a sort of tranche of the past. Remembering an event, in the course of treatment, means returning, with less or greater success, to a period of obscure suffering. We find and rediscover time, in the same way that we find daily time to escape from reality, to dream, to project ourselves into the future, into actions, to contain pain, to go beyond everyday life. Thus the problem arises of accepting the present, while the past and the future do not in any way exhaust the time lived. The present time comes to unite with all human things, moving us towards the future. But it can do so to the extent that it represents an essential and new way of experiencing time. Its role cannot be limited to that of joining the past in the flight of time, nor to serve as an ephemeral springboard for personal impulse. To assert itself, the present time must represent a particular way of living. Sometimes patients don't even know anymore whether they are confronted with something that really happened, or something that never happened. They find themselves at a crossroads between the past (trauma) to be contained and a future full of anxiety: it is the defeat of clock time and the victory, even if painful, of time lived negatively. "The past, the present and the future intertwine and tear apart, shatter, without it being possible to grasp the reasons: and, again, memory and hope, past and future, are mixed with each other: without it being possible to distinguish them." (Borgna 2014).

As a result, for some patients, the time that has passed becomes a link with this fluctuating ambivalence: on one hand, it contains, for patients, the errors which, if they had the possibility of being remedied, could lead to a free existence; on the other hand, this constitutes the confirmation of failure, since there is no possibility of returning to live it. "Consequently, if the present is annulled in an endless instant, the future is compromised and impossible, since everything has already happened, decided, accomplished." (Corbelli et al. 2007).

<sup>2</sup> The psyche can evolve along both temporal directions: the psychic system can go forward or backward in lived time, simultaneously allowing us to remember or imagine the future. The psyche can evolve "simultaneously" through two processes that are the temporal inverse of each other. By "simultaneously" we mean that the system is in a state of superposition of both evolutions, the "forward" and the "backward". In other words, the occurrence of one does not exclude the other lived time, because both occur in a state of superimposition.



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