DISTURBED FUTURES
PSYCHOPATHOLOGY OF TIME
BETWEEN PHILOSOPHY AND PSYCHIATRY

Interdisciplinary Workshop

Tuesday, November 17, 2015
Collegium Helveticum, Schmelzbergstrasse 25, 8006 Zürich
What is pathological regarding time experience and, more specifically, regarding human experience of the future – by all means the most important dimension of time? Is there a standard, neutral notion of the future, against which particular abnormal experiences could be assessed as such? Alternatively, is there, among the many context-dependent and value-laden notions of the future, a particularly “healthy” one?

These questions have been long debated in philosophy, outside of the medical context of mental health. Numerous distinctions between different “kinds” of future(s) have been made and explored, such as: determined future (Hempel), unpredictable future (Derrida), future as the Other (Levinas), progressive future (Koselleck), open-ended future (Arendt) or future toward-death (Heidegger). Philosophers have also analyzed problems related to conscious/unconscious horizon of expectation and to the contingency vs. necessity of the future. However, discussions of the deviation from “normality” have remained rare.

At the same time, psychopathological relevance of the varieties of lived time has been discussed within the field of phenomenological psychiatry. Investigating temporality as a pre-reflective structure of all experience and as a reflective attitude towards different dimensions of time, psychiatrists construed future experiences in terms of their abnormality, including phenomena such as: obstructed future (Gebsattel), others-determined future (Binswanger), disconnected future (Straus), uncontrollable future (Melges) or desynchronized future (Fuchs). Regardless of the real, ontological not-yet, future can be lived upon in many different ways, some of them apparently extreme, such as utopian future in addiction, presented future in mania, chaotic future in schizophrenia, fearful future in neurosis, repulsive future in phobias or constricted future in depression.

While it is widely agreed that having no future at all (as in the case of the time of the self coming to a standstill) is truly pathological, the variety of futures actually lived upon makes the question of the boundary between the normal and the pathological difficult to tackle. All the more so since the lived time is a collective phenomenon, subject to quickly changing socio-temporal norms, such as contemporary acceleration, resulting in general uncertainty of the shared future and the concomitant “neurosis” of our times.

The aim of the workshop is to bring together leading specialists in the interdisciplinary field of temporality studies in order to discuss these problems. Its key focus is to demarcate pathological future experiences from its non-pathological, even if unpleasant counterparts, while focusing on underlying, temporal foundations of mental disorders and taking advantage of philosophical notions of the future.
Speakers

Prof. Dr. **Claude Debru** (École normale supérieure, Paris)

Prof. Dr. Dr. **Thomas Fuchs** (Clinic for General Psychiatry, Center for Psychosocial Medicine, University Clinic Heidelberg)

Prof. Dr. **Anne Giersch** (Department of Psychiatry, University Hospital of Strasbourg)

**Dr. Alice Holzhey-Kunz** (President of the Society for Hermeneutic Anthropology and Daseinsanalysis GAD and Co-President of the Daseinsanalytic Seminar DaS, Zurich)

**Dr. Marcin Moskalewicz** (Collegium Helveticum, ETH Zurich/University of Zurich)

Prof. **Michael A. Schwartz** (Texas A&M Health Science Center College of Medicine, Round Rock, USA)

Dr. **Kurt Stocker** (Chair of Cognitive Science, ETH Zurich)

Prof. Dr. **Wolfgang Tschacher** (University Hospital of Psychiatry and Psychotherapy, University of Bern)

**David Vogel** (Department of Psychiatry, University Hospital Cologne)

Prof. Dr. Dr. **Kai Vogeley** (Department of Psychiatry, University Hospital Cologne)

Chairs

PD Dr. **Harald Atmanspacher** (Collegium Helveticum, ETH Zurich/University of Zurich)

Dr. **Elvan Kut** (Collegium Helveticum, ETH Zurich/University of Zurich)

PD Dr. **Hartmut von Sass** (Collegium Helveticum, ETH Zurich/University of Zurich)
Workshop Schedule

09:30–11:00  First session (Chair: Elvan Kut)

09:30–10:00  Elvan Kut
Welcome

Marcin Moskalewicz
Why Disturbed Futures?

10:00–10:30  Thomas Fuchs
Temporality and Psychopathology

10:30–11:00  Claude Debru
Some Aspects of Anticipation and its Disturbances:
from Future to Past

11:00–11:30  Coffee break

11:30–13:00  Second session (Chair: Hartmut von Sass)

11:30–12:00  Michael A. Schwartz
Temporality in Mania: Phenomenological, Neurobiological
and Therapeutic Consequences

12:00–12:30  Anne Giersch
Is time order in the environment or in our brain?
The case of schizophrenia

12:30–13:00  Kai Vogeley, David Vogel
Experience of Time in Autism

13:00–14:30  Lunch break
14:30–16:00  **Third session** (Chair: Harald Atmanspacher)

14:30–15:00  Wolfgang Tschacher  
**Disturbed Temporal Synchronization and Resonance in Psychopathology**

15:00–15:30  Kurt Stocker  
**Disturbed Future Thinking and Embodied Perspectives**

15:30–16:00  Alice Holzhey-Kunz  
**The uncanny truth of being temporal. An existential-hermeneutic proposal for differentiating between ‘normal’ and ‘disturbed’ future experiences**

16:00–16:30  Coffee break

16:30–17:30  **Concluding discussion** (Chair: Marcin Moskalewicz)

18:00  Speakers Dinner
Abstracts

Claude Debru

Some Aspects of Anticipation and its Disturbances: from Future to Past

Most of the philosophical and scientific tradition, from Galileo to Kant then to Einstein, is devoted to analyzing the concept of time as an « abstract », pure dimension of movement in general. However, considering time in this way (as a concept) doesn’t help to give a more complete picture of the experience of time (the « temps vécu »). In this paper I will mainly rely on two kinds of sources: 1/ the phenomenology of time consciousness (Husserl) with its description of the intrication between past and future; 2/ psychology and psychiatry (the normal and the pathological) with help of the general concept of anticipation. Psychology helps us to give a more concrete picture of the intrication between past and future. Regarding psychiatry, I will rely on Minkowski’s classical description of time experience in schizophrenics and on more recent data and discussions. I will also briefly discuss Armin Schnider’s observations on confabulations.

Thomas Fuchs

Temporality and Psychopathology

The paper introduces the concept of implicit and explicit temporality, refer-ring to time as pre-reflectively lived vs. consciously experienced. Implicit temporality is based on the constitutive synthesis of inner time consciousness on the one hand, and on the conative-affective dynamics of life on the other hand. It is also connected to a prereflective intersubjective contemporality. In contrast, explicit time results from interruptions or negations of the flow of implicit time. It unfolds into the dimensions of present, past and future.

On this basis, schizophrenia and melancholic depression are analysed as paradigm cases for a psychopathology of temporality. On the one hand, major symptoms of schizophrenia such as thought disorder, thought insertion or passivity experiences may be traced back to fragmentation of inner time consciousness. Depression, on the other hand, is triggered by an intersubjective desynchronisation and further develops into an inhibition of the conative-affective dynamics of life.
Anne Giersch

Is time order in the environment or in our brain? The case of schizophrenia

At a clinical level patients with schizophrenia display a disturbed sense of continuity. Experimentally, they are impaired in explicitly discriminating stimuli in time and in judging order at the sub-second level. Despite these impairments, we showed that patients do distinguish events in time at an automatic level, even when unaware of any asynchrony. Yet this automatic processing would be disturbed also. The results suggest healthy volunteers follow and anticipate events automatically in time, whereas patients would be stuck with the first event in a sequence of two. We will show recent results suggesting patients do not ignore the successive events, which are encoded accurately in time. In all this suggests that encoding events one after another is not enough to derive order. Deriving order (and continuity) would require to link and compare successive events. A disturbance of such elementary mechanisms, which might be akin to retention and protention as described in phenomenology, might impede patients from predicting events in the immediate future.

Alice Holzhey-Kunz

The uncanny truth of being temporal. An existential-hermeneutic proposal for differentiating between ‘normal’ and ‘disturbed’ future experiences

Since Sigmund Freud has introduced hermeneutics into the realm of psychopathology, we have the choice between two discourses when approaching pathological phenomena: the dominant medical one which is guided by the concept of ‘normality’ or ‘mental health’, and the psychoanalytic one which is guided by the concept of an ‘unconscious meaning’.

The leading question of this workshop represents the medical discourse, in so far as it starts with the assumption of normal respectively undisturbed future experiences and asks for criteria which indicate pathological deviations from them. When I pose the same question in a hermeneutic way, I cannot start with a normative concept of normality or mental health. Instead I need a hermeneutic concept which contains an interpretation of the hidden meaning not only of ‘disturbed’ future experiences, but of manifestly undisturbed ones as well.

For this hermeneutic task I refer to the existential concept of the human condition, especially to the ontological fact of not just being causally determined by the law of time like other living beings, but being inevitably aware of this truth and therefore being burdened, if not overburdened, by a frightening knowledge.

This gives me the opportunity to interpret ‘normal’ and ‘disturbed’ future experiences by exploring their specific relationship to the uncanny truth of being temporal.
Temporality in Mania: Phenomenological, Neurobiological and Therapeutic Consequences.

Characteristic disturbances of temporality in mania, readily apparent in the disorder, are nonetheless underemphasized in present-day accounts. For example, disturbances of temporality are not included among the criteria for a manic episode in DSM-IV, DSM-5, ICD-10 or the Beta Version of ICD-11.

Nonetheless, it can be claimed, as already expressed by Binswanger in 1964, that aberrant temporality is core to the disorder. Persons with mania live almost exclusively in the present and hardly at all into the future. Especially in the larger scheme of things, their future is already here. There is no “advancing, developing or maturing.” Anticipations have already been achieved, all that I strive for is basically present and readily at hand - if you will just get out of my way and be helpful and not an obstacle. A half century ago, Binswanger spelled out this temporal foundation for mania and summed up its consequence. The manic self, not living into the future, “is not, to borrow a word, an existential self.”

In this presentation, the author will further describe phenomenological characteristics of such a self in mania as well as in its attenuated form, hypomania. Subsequently, he will outline findings from contemporary neuroscience that correlate with the above phenomenology. Importantly, these findings complement and clarify rational present and future therapeutic interventions. The ever advancing science of chronobiology can increasingly characterize human biological clocks anatomically, physiologically and functionally. Of critical importance in mania, clocks in our brains afford receptor sites for the lithium ion. Furthermore, It is now well established that lithium is a potent inhibitor of the circadian rhythm regulator glycogen synthase kinase 3 (GSK3). In consequence, lithium will impinge upon and alter the biological cascade that follows. By taking a close look, step by step, we can begin to comprehend implications for mania as well as for its treatment with lithium. We can begin to see how lithium disrupts mania rhythm dysregulation and can restoring a more “normalized” temporality. The consequence is no less than the return of the existential self. We will also briefly glance, in this presentation, at the window that the comprehension of lithium cellular efficacy offers for future developments of more specific and safer treatment options “after lithium.”

In conclusion, this presentation aims to clarify: 1) Core phenomenological temporal experiences in mania. 2) Correlations between the manic experience and neurobiology. 3) Consequences for current and potential interventions at personal, therapeutic, social and biological (including pharmacological) levels.
Disturbed Future Thinking and Embodied Perspectives

The term “embodiment” stands for the relatively new finding that cognition (thought, emotion, language) is not only processed in the brain, but is also unconsciously structured by the sensory and motor system. Some first studies suggest that a single future thought involves what we might call three different “embodied mental perspectives.” In an (embodied) field/observer perspective, an episodic future thought is cognized either as if one were looking at a future image from within one’s body (field perspective) or from a mental perspective that is outside one’s body (observer perspective). Excessive observer memories can relate to depression and schizophrenia. In an (embodied) ego/time-moving perspective, one either conceptualizes oneself as moving toward the future with the whole body (ego moving) or as the future moving toward one’s body (time moving). Time-moving perspectives can relate to depression, anxiety, and a low sense of self control. In an (embodied) specific/overgeneral episodic future perspective, one retrieves a future scenario either as a distinct (specific) or an indistinct (overgeneral) event. Overgeneral episodic future thinking is thought to relate to overgeneral episodic memory – which has been found in a number of psychological disorders, for example in depression, post traumatic stress disorder, schizophrenia, people with suicidal thoughts, and bereaved adults with complicated grief. Thus each of these three embodied perspectives relates to potentially pathological future thinking. I will present a currently ongoing study where we investigate whether these embodied perspectives might be reflected in oculomotor (eye-movement) correlates in people with post traumatic stress disorder, and discuss potential implications for psychiatric and psychotherapeutic settings.

Disturbed Temporal Synchronization and Resonance in Psychopathology

I will present quantitative research that addressed, using the video-analysis tool MEA (Motion Energy Analysis) and actigraphy measures, how social (including therapeutic) interaction is embodied in nonverbal behavior. In psychotherapy, the quality of alliance was found represented by the degree of nonverbal synchrony between therapist and patient. Synchrony was associated with personality features of patients such as attachment styles and interpersonal problems. In schizophrenia patients, nonverbal synchrony with healthy partners during role plays was significantly related to symptom profiles. A recent elaboration based on MEA concerned the definition of a duration measure of the social present (“nowness”) in communicating dyads. We defined the social present as the extension of the temporal window within which the nonverbal motion streams of interactants were significantly correlated. This suggested that beyond the mere amount of movement, the degree of resonance / synchrony is a pivotal predictor of features of social interaction, of individual emotional responses, as well as an objective and sensitive indicator of the severity of psychopathology.
Experience of Time in Autism

Understanding temporality as the experience of time is a key constituent of our subjective experience as it allows us to refer to the different dimensions of time, namely past, present, and future and enables us to differentiate memory contents from actual sensory experiences and to prepare goal-directed actions. An interesting convergence arises from the proposal of cross-temporal contingencies as the neurophysiological basis of human consciousness implemented in the prefrontal cortex (J. Fuster) and the philosophical analysis of time consciousness (E. Husserl): Firstly, both approaches i) propose a tripartite conception of time experience in three different temporal domains of the past, the present and the future, and both ii) refer to the present as an extended duration that integrates information from the recent past and the future. Although the experience of time is of central relevance for psychopathology, qualitative approaches to study the inner experience of time have been largely neglected. We present qualitative data based on content analysis (P. Mayring) obtained from 25 subjects with high-functioning autism (HFA) and 25 control persons. Both diagnostic groups experience time concordantly with respect to i) the tripartite structure of time, ii) the experience of “now” as an extended time period and iii) affect-related change of velocity of passing time. Persons with HFA experienced i) the present as a specifically performed activity (but not as an undefined “now” with variable duration), and ii) the future as generally threatening if not filled with routine or stereotyped activities (but not experienced as uncertain and usually associated with hope). We speculate that the diverting or entertaining quality (“kurzweilig”) of the present in the absence of the experience of being boring (“langweilig”) in HFA subjects could indicate the lack of a “default mode” and instead a continuous experience of an “effort/activity mode” in the subjective experience of persons with HFA. This could allow to fully focus on and to immerse oneself in the present and to mask or to suppress the threatening experience of the future or the time passing by. The qualitative study potentially allows to develop new and innovative strategies to approach the subjective experience of persons with mental disorders with the aims of a better understanding and new therapy strategies of the mental disorders studied.
Venue

Collegium Helveticum, Semper-Sternwarte, Schmelzbergstr. 25, 8006 Zurich

STW: Collegium Helveticum, Schmelzbergstr. 25, 8006 Zurich

Contact

Marcin Moskalewicz: moskalewicz@collegium.ethz.ch
moskalewicz@gmail.com

Registration

Please register before November 13, 2015: reservation@collegium.ethz.ch

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