The psychopathological personality has lost, or has never achieved, the normal equilibrium which is constituted between interior and exterior forces. As a result, the psychopathologic personality conditions his world by "putting out of play" certain essential phenomena of life related to time and to space, such as chance or the unexpected. The events and changes of the ambient world become profiled on this structure.

From the phenomenological point of view, according to Minkowski, we should try above all to understand how the psychopathologic person *lives* his world. In all psychopathologic cases, some distortion of lived time or lived space has occurred, regardless of whether the disorder has an organic or a psychic origin. Although in normal life lived time and lived space can never be separated, certain mental disorders can be characterized in terms of a distortion of lived time, while others relate to space. It is normal to expect a certain continuity in life. The future, when it becomes present, betrays a certain similarity to the past. This gives rise to the idea that the future might be determined. However, we do not normally live the future in terms of a recapitulation of the past, nor do we anticipate events as inevitable when the evidence does not justify such an anticipation. The melancholic schizophrenic does do exactly this. His condition can be contrasted with that of a person suffering from mental automatism, who experiences a disruption in his experience of space and the external world. This disruption is sometimes expressed in the form of a feeling that others can penetrate the intimacy of the self (this disorder relates to the "dimension in depth," which Minkowski sees as the source of the individuality of the human being). This feeling of invasion of the personality is a result of a disorder which affects the degree of lived distance from persons and things that is usually experienced. Minkowski's description of the patient who had the feeling that someone could see into her completely, who said to the doctor, "You know it all," and who blamed her hallucinations on the possibility that she had been hypnotized is a prime example of this kind of spatial disorder.

In order to understand the relation between the normal personality and the psychopathological one, Minkowski deals with extreme cases, understood as ideal types, and concentrates on their essential nature. By means of contrast, these pure case studies provide insights into the manner in which the normal person lives and experiences the world around him. A phenomenology of human nature arose as a result of the comparison between the normal and the psychopathologic personality. This comparison is a necessity in the clinical situation. The psychiatrist must have a sense of the essential features of life. This sense of life is characterized by a horizon of familiarity. "What is new and different is recognized as unusual because it arises against the background of the ordinary. But no one has to teach us that the ordinary *is* ordinary, that the familiar is familiar; the very texture of commonsense life includes these typifications." [9] Although *Lived Time* begins with a study of the essential factors of time experience and ends with studies in psychopathology, it is the difference which Minkowski, qua clinician, observed when confronted with the psychopathologic personality that helped to reveal the essential features of lived time.

Phenomenology of Time

There are many ways of experiencing time, but all human beings experience time in some manner. If we attempt to understand the phenomenon of time in purely rationalistic terms, we fail to understand it. Minkowski is following Bergson's analysis of the irrational nature of time. However, Bergson's distinction between lived time and space in *Time and Free Will* does not account for the problem. Minkowski distinguishes between lived time and lived space and time and space as rational concepts. The immediate givens of experience have a janus-like character. Spatial and temporal phenomena as lived have aspects which allow us to conceptualize them. Succession, duration, and continuity are all aspects of lived time as well as of time as represented.

Bergson spoke of the spatialization of time. By this he meant that time as experienced is a continuous heterogeneous medium wherein the separate events merge together in a nonnumerical flow. This flux is synthesized with space by means of a "kind of Kantian synthesis." [10] Space is considered to be a homogeneous

9. Maurice Natanson, Introduction to *Collected Papers of Alfred Schutz* (The Hague: Martinus Nijhoff, 1962), p. XXIX.

10. Henri Bergson, *Essai sur les données immédiates de la conscience* (Paris: Alcan, 1938). English trans. by R. L. Pogson, *Time and Free Will* (New York: Macmillan, 1910), p. 94.

medium which among other aspects allows us to situate elements contained within it at given locations. Spatialization of time occurs when the elements of time are seen to be contained within this concept of space. They can thus be considered as discrete. They are, in this state, measurable. However, the notion of succession has been rendered incomprehensible. Time as represented in spatial terms does not recapitulate lived time.

Minkowski sees Bergson's analysis as enlightening. However, while most theories of time err by reducing time to static factors, by mathematizing time, by assimilating it to space, a completely dynamic conception of time is just as inadequate. This way of seeing the matter leads to just as atomistic a conception of time as the "spatialization" of time does. It leaves us with the conception of time as an endless series of nows which flash before us as the various changes in a kaleidoscope do, having no unity or coherence. The unity of the past, present, and future in life is more than simple succession. Time as experienced in life has a stable aspect as well as a dynamic one. According to Minkowski, Bergson recognized this deficiency in his conception of pure duration, and this was the incentive that led to his theory of "creative evolution." To Minkowski, Bergson's initial mistake consisted in conceiving of time and space as dichotomous. This dichotomy is based upon a failure to understand the nature of time as experienced. In life, time and space are never sharply separated. True, time and space (as mathematics and physics conceive of them) seem remote from our subjective experience because we are reflecting only one aspect of our experience of time. However, when we represent past events to ourselves by remembering them, or when we believe we are capable of structuring the future, when we project it in our imagination, our *sense* of time is more akin to Bergson's "spatialization" of time than it is to the immediate progression of our sensations, and our general impression of time is not the kaleidoscope of insistent perceptions, one following upon another willy-nilly. This is where the concept of lived space enters in. Consistency, stability, homogeneity, extension—all are aspects of experience.

Usually when time is considered from a philosophical point of view, the concepts that are thought to be temporal concepts, such as duration, continuity, succession, the modalities of time, past, present, and future, are conceived either as concepts of being or else in terms of change. This dichotomy between being

and becoming pervades the whole history of Western thought. The abstract concepts of being and becoming are thought to be more fundamental than our experience, which comprehends both the static and the flux. However, the more abstract concepts of time and space are founded upon our lived experience of them.

Minkowski begins his essay with a consideration of the most abstract aspects of time, such as succession, continuity, and duration, in order to indicate that all these factors are both spatial and temporal. The experience of space and, as a result, of material things in the world has its source in the fact that there are no purely spatial and no purely temporal factors.

To Minkowski, the concept of time is developed by the human personality in life. As the human personality develops and expands, the experience of time is naturally expanded and developed. Minkowski's analysis of lived time attempts to account for the fact that our conceptions of time and of space become more complete. Children and some psychopathologic persons, for example, understand the notions of "before" and "after," but they live primarily in the "now." With the emergence of the *élan vital*, the human personality is able to project itself into a future. Life is experienced as proceeding in the same direction as the environment. On the other hand, the *élan vital* has a spatial aspect. It is by means of the *élan vital* that the human personality can unite all of life's various projects into a unified whole, thus creating a life history. The development of the "personal *élan*" signifies a further extension of the personality. Here, again, two aspects of the human personality are held together within this factor. The "personal *élan*" is what makes it possible for a human being to affirm his own individuality as well as live and act in harmony with the environment. The harmony with the environment is achieved by virtue of the "superindividual factor" through which we transcend our own individuality. Our individual personality, on the other hand, is guided by the "dimension in depth," which is the source for our conscience and our basic tendency toward the good.

The two most fundamental attitudes in life are syntony and contemplation. Syntony is a term that Minkowski uses to express the vital contact with reality which is characterized by sympathy in terms of our relations with other men. In normal life our experience is more or less cyclic, vacillating from contemplation to activity. Contemplation is guided by the "dimension in depth,"

while activity in its proper sense is regulated by the "superindividual factor," the source for syntony.

The experience of lived time is always affective experience. The future and the past can be more or less remote from us. We experience time in two directions as well. The lived future can be seen as approaching our present. From this perspective we live the immediate future in terms of expectation. The mediate future is experienced in terms of hope, the remote future in terms of prayer. When the future is lived as an open horizon toward which we tend, the immediate future is experienced as activity, the mediate future as desire, and the remote future in terms of the ethical act. The realm of the immediate future is the "me-here-now," that of the mediate future, "I have," and that of the remote future, "I belong to." In all of these horizons space and time are united.

The future is the most important modality of time. The past is closer to knowledge than to life. We can represent the past, however, even if we attempt to predict the future or anticipate what we will do in the future; it eludes any attempt to exhaust it in terms of prophecy or prediction. We can spread out all of our past acts and the past events of our lives along a line in a uniform succession. In the case of the future, we have a more or less expansive horizon. This horizon expands or contracts according to our ability to act in terms of the future. The horizon of the future is more limited in expectation than it is in activity. We always experience the past in terms of a painful emotion. We can make use of our past experiences productively in activity, but, whenever we live the past as present, it is a painful experience; we experience either remorse or regret. Fundamentally, the past as lived should be that which is overcome, that which becomes obsolete in our progress toward the future. The true past is the forgotten. There is a gap between what we experience as present and what we represent as past. This seeming negation does not break up the continuity of time. It serves to fill out the meaning of the future.

The lived future, then, has two aspects. One is characterized by the perpetual unfolding of the *élan vital* and by the impulse of the personal *élan* toward the good. In this sense we participate with other men and in harmony with the world around us (lived syntony). The second aspect of the lived future is conditioned by our consciousness of the fact of our own death. Living beings are

finite. The future comes to them in terms of death. The duality of the direction of life is found in all aspects of our experience of time.

We have said that Minkowski uses the categorial frame of reference. His treatment of categories has much in common with what Merleau-Ponty has termed "the emotional categories of the environment." [11]

Minkowski and Phenomenology

Husserl's phenomenological philosophy, as Minkowski envisages it, provided the human sciences with a method that brought them close to reality. It is true that Husserl's phenomenological philosophy extends far beyond Minkowski's phenomenology of time and his phenomenostructural analysis in psychopathology. It is no less the case that Minkowski's metaphorical and rather loose presentation of ideas in the first half of *Lived Time* seems rather far from Husserl's precise and detailed analyses. However, many of Husserl's insights are to be found in Minkowski's work, insights which are developed both in Minkowski's psychopathology and in his "Bergsonian" approach to the phenomenology of time and space.

Minkowski calls his study of time "phenomenological studies." We should attempt to discover his reasons for doing so. We should also try to understand why he rejects much of Husserl's phenomenological philosophy. To Minkowski, Husserl's phenomenological philosophy contributes in a similar way to that which other thinkers at the same time were contributing to a more human psychology, a more human philosophy. For him, Husserl's phenomenological philosophy has a profound effect upon psychology as a science, as well as on philosophy. The following remarks are intended to shed light on this influence and not to present a discussion of Husserl's philosophy. It is not a discussion which pretends to do justice to any one of the themes as Husserl developed them.

One of the main themes in Husserl's first philosophical work, *Logical Investigations*, was a rejection of psychologism. Husserl's

11. Maurice Merleau-Ponty, *Phénoménologie de la perception* (Paris: Gallimard, 1945). English trans. by Colin Smith, *Phenomenology of Perception* (London: Routledge & Kegan Paul, 1962), p. 380.

our being, permits us to come into intimate contact with our own selves—in sum, to reflect without its being necessary to specify the purpose of these reflections in any way. No, decidedly we do not want to answer this question, since in answering it we would be setting up a program, that is, we would be describing something to be done more or less quickly which would give a hold to technology again, forge a new link in the chain to which we feel riveted; in sum, we would remove from free time all that is unforeseen, indefinite, mysterious, and creative for which we experience such a need.

Here science meets technology. Proceeding by abstractions, it puts aside a number of phenomena which appear refractory to discursive thought. In applying the same methods to time as to intelligible space it immediately deprives time of its natural richness, as Bergson has shown. And to the extent that it progresses, to the extent that it formulates more and more general laws, it only departs further from the living source from which it sprang, to lead in the end to conceptions which, compared to real life, are only the ultimate expression of this increasing abstraction. Here too we cannot help but feel the need to retrace our steps. The progress of the exact sciences as well as that of technology fills us with admiration but not with ease. Tired of progress, we feel the desire to turn our eyes away as much from the ideal of rapidity and of time filled to the limit as from the "fourth dimension of space," to put the machine in reverse in order to turn our eyes toward. . . . But toward what would we turn them? Here again hasty answers should be suspect. "Toward nature," I would almost like to say, with the condition that such an answer is never taken too literally, that the need to return to the past is not replaced by a program having for its end the revival of the good old times or the return to a more primitive life. In that case we would be caught in our own trap. The return would at the outset be assimilated to the past of history and would assume, before any analysis of the phenomenon of time had been attempted, that this return ought necessarily to have that temporal meaning. In reality, this past when it was present had nothing more seductive in it than the present which overwhelms us, and we speak, I believe, of the good old times only because we project into them, without realizing it, what our present seems to deny us. Further—and this argument is far more important—we could not, in any event, situate our ideal,

composed as it is of creation and the future, in the past. That would be contrary to its nature. We wish neither to deny nor to renounce, to destroy nor to return. This would only be new evidence of barbarism. Consequently, the desire to return can signify only one thing for us: to make contact again with life and with that which is natural and primitive in it, to return to the first source from which not only science springs but also all the other manifestations of spiritual life. It would mean that we could again study the essential relations which are found primitively, among the various phenomena of which life is composed, before science has fashioned them in its manner. We would attempt to draw something else from them than science has without becoming immersed either in a primitive naturalism or in a mysticism which is very often as far from reality as science is, and, in the images to which it has recourse, just as rationalistic. We wish to look at what we see without instruments and to say what we see. Contrary to appearances, this is a very difficult task.

This is how Husserl's phenomenology and Bergson's philosophy were born in our times. The objective of the first was to study and describe the phenomena of which life is composed without allowing itself to be guided in this research by any premise, whatever its origin or however legitimate it might appear. The second, with remarkable daring, opposed intuition to intelligence, the living to the dead, time to space. It was not long before these two currents exercised a profound influence over all contemporary thought. This is because they corresponded to a real and deep need of our being.

In reference to the concept of time in particular, these two approaches helped us to realize that the conquest of time—far from being reducible to the gaining of some extra leisure—must consist in a critical revision of our entire attitude in regard to this phenomenon. Now, it appears that this is the price we must pay if we are to free ourselves from the slavery to which modern culture subjects us through the idea of time that it imposes upon us. It is not a question of having free time but of learning how to live and to breathe freely and spontaneously in time. The problem of time, in spite of its abstract character, thus becomes a very vital and personal problem for each one of us.

For me, this problem has been the central point of my scientific preoccupation for many years. In July, 1914, on the eve of

the mobilization, I was completing a study on "The Essential Elements of Time-Quality." The expression *time-quality* indicates the singular influence that the work of Bergson had already exercised over me at that early date. Since then the influence has only increased. It was so extensive that very often in rereading Bergson's works I found ideas that I had believed to be mine, and more than once, seized with doubt, I wondered if I would ever be able to add anything of my own. Bergson himself helped me to allay these scruples. "A philosophy of this type," he wrote, "is not established in a day. Unlike systems properly so called, of which each one is the work of a man of genius and is presented as a whole to take or leave alone, it can be constituted only by the collective and progressive effort of many thinkers, many observers, perfecting, correcting, redressing each other." These words encouraged me to persevere in my efforts.

The study of which I was just speaking never saw the light of day. The war relegated philosophic thought to the background for many long years. We lived a life founded on values which were completely at odds with those of peacetime and which were indeed utterly incompatible with them. Yet philosophic thought was never entirely stifled. At times, with the help of a momentary *détente*, it tried to recreate itself. Thus in 1915 I sketched out two studies, the one on the "Fundamental Characteristics of the *Elan Vital*," and the other on "Memory and Oblivion"; and in the course of the winter of 1916–17, in a calm sector of Aisne in a relatively comfortable shack, I tried to draw up the general outline of a work on "The Phenomenology of Death." Finally, after the armistice, I attempted to establish the detailed framework of a more important work, which I had intended to title "How We Live the Future (and Not What We Know of It)." This work was to have for its purpose the systematic study of those phenomena which are directed toward the future, the relationships among these phenomena, and the way in which they participate as a whole in the contexture of the lived future. For me a fundamental truth emerged more and more from this research, to wit, the intimate connection (if not to say, the identity) existing between the lived future, on the one hand, and the ideal or, if you prefer, the ethical tendency toward the good and the better, on the other hand.

All these studies, however, remained mere outlines. During the war we were waiting for peace, hoping to take up again the life that we had abandoned. In reality, a new period began, a period of difficulties and deceptions, of setbacks and painful, often fruitless efforts to adapt oneself to new problems of existence. The calm propitious to philosophic thought was far from reborn. Long, arid, and somber years followed the war. My work lay dormant at the bottom of my drawer.

This is certainly not the place to expand on the bearing of the psychological problems of the war years and the postwar years. I excuse myself for this digression. I resort to it only in order to draw attention to certain facts of my personal life which I believe will aid in the better understanding of the genesis and general orientation of this work. The war changed my life profoundly.

I finished my medical studies in 1909, but then, drawn toward philosophical problems, I moved further and further away from medicine. I was even on the point of abandoning it entirely. The war led me back to medicine and, more particularly, to psychiatry. After the war, professional duties, examinations, and everyday concerns left me very little leisure and even less peace of mind. There could be no question of philosophizing in these conditions. My studies concerned the questions of clinical psychiatry and psychopathology. The plans for my work on time stayed in my drawer. But though these thoughts were stifled for a prolonged time, they could not be completely silenced. They acted like phantoms, they seemed to reclaim their rights to live in the open, and it is thus that the psychopathological notions that I tried to bring into focus, such as vital contact with reality, immediately betrayed a great affinity to Bergsonian ideas, just as the study of the modifications that could occur in the notion of time in the various psychoses never ceased to occupy my attention. I thus let my thoughts infiltrate my psychopathological research. I did it, I admit, with some hesitation. Since at that time the data that I had collected before on the subject of time had not yet been published, the attempt to apply them to psychopathological facts remained necessarily lacking in basis, fragmentary, incomplete, sometimes incomprehensible. Perhaps I believed at that time that the problem of time would be diminished if it were felled from the heights of philosophical thought to the inferior level of observable facts and, more particularly, of pathological facts.

Now I see things differently. I am grateful that life obliged

me to take a long detour. Psychiatry brings us closer to life; it can serve as a corrective, not to philosophical thought, but to the philosopher who deals with psychiatry. Today, when I read my notes from before the war, I believe that I ran the risk of foundering in abstract and nonviable speculations. On the other hand, the very fact that the general data of time could be applied to psychopathological facts not only did not degrade these facts but, on the contrary, by rendering them fecund, animated them with new life. Today I am persuaded, more than ever, that a whole series of psychopathological manifestations can be understood and examined more thoroughly from the vantage of the phenomenon of time and that the constant confrontation of the normal and the pathological, considered from this point of view, is the principal, if not the only, avenue through which we can sufficiently broaden our studies related to this phenomenon. Pathology, by showing us that the phenomenon of time and probably also that of space are situated and organized differently in the morbid consciousness than we ordinarily conceive them to be, puts the essential characteristics of these phenomena in relief, which, because we are so close to them in life, could pass unperceived or could be considered completely natural. As a result, pathology is for me no longer only a kind of last recourse, allowing me to put my general conceptions into circulation, through a little smuggling, but has finally become a precious source from which I have been able to draw my best thought. Today I could not work otherwise than life has obliged me to do.

I could say just as much about another long detour that was imposed on me. Having lived and studied for several years in Germany, I acquired the habit of writing in German. Since the war I have been writing and thinking in French. In order to create a unified work, I have had to translate all my earlier notes. *Translate* is not the appropriate word. Language is not an inert instrument but a living organism. It would be more exact to say *transpose* where it is a question of general and personal ideas. Faced with the considerable differences between thought itself and its expression, and finding that these differences tend to become insurmountable, we often see the whole question concerning their relation decided by means of a rigid opposition of the terms "profound" and "superficial." But life often makes it its business to enlighten us on this point. We learn to understand that the so-called superficial can have its own depth, while,

on the other hand, the profound, pushed too far, risks becoming totally superficial. However that may be, from the first, when I decided to organize all of my thoughts and my notes into a whole, I found myself facing such difficulties that more than once I was on the verge of abandoning the task completely. I have tried, however, to surmount these difficulties; and today, as I did with psychopathology, I am inclined to see this second detour as more an advantage than an obstacle.

When a work evolves over so long a period of time, some drawbacks ensue. We become as much, if not more, attached to ideas than to living beings. We see them disappear with regret. We do not abandon them entirely even when they seem obsolete. From the moment that we attach a great value to them, they mark a stage in our personal evolution; and because of that we tend to save a place for them in our work. We let them penetrate it even at the risk of rendering it less clear, more burdened with details, than it ought to be.

Thus it can be seen that in its origins this work comprises disparate sections which were formulated over a period of twenty years. Certain of these sections were inspired by philosophical problems; others were due to the study of psychopathological phenomena; some were previously published as articles; others remained for years among my personal papers. In those circumstances, these sections seemed at first sight to constitute a muddled and incongruous medley. I have made every effort to recast them into a whole and to synthesize them. I would like to think that I have at least partially succeeded.

I thought of the word "chronology" to describe this effort of unification. This word would have been completely correct here. But current usage employs the word in a completely different sense—the most banal sense. Thus I have given up the idea of using this word to introduce my work. But some day, perhaps, we will be able to speak of "chronology" in the proper and profound sense of the word.

It is this mental base of the senile person that we wish to study. Moreover, we will do it in accordance with the orientation which we give to our psychopathological researches. We will not be content simply to establish memory and judgmental disorders in seniles but will attempt to point out, at the same time, what it is that *remains intact* in them and conditions their psychic manifestations, which, deficient as they may be, still express certain mechanisms of the mental life of these subjects. Let us begin with an example.

The patient is 74 years of age. She has been in the hospital for several days. She was brought here by her family. She had to leave her apartment on Rennes Street, which she had occupied for many years.

Seeing us, she begins by telling us that she has just rented an apartment; before that she had lived on Rennes Street for a very long time, but she can no longer remember her house number.

Q.: When did you leave your apartment?
R.: Two years ago.
Q.: Where did you go then?
R.: Why, here, where I am.
Q.: Where are you?
R.: I don't know; but of course I've been here (indicates the room by a look) since I've had so many troubles.
Q.: How long have you been here?
R.: Eighteen months or two years.
Q.: But where are you?
R.: Why, here, where I live now.
Q.: When are you going to go back to your apartment?
R.: Soon. I have just seen the apartment with my niece. (Her niece had actually come to see her recently but had not gone out with her.)
Q.: But where are you?
R.: The room doesn't matter. I have come here to wait.
Q.: Who is that woman? (The patient shared her room with another patient.)
R.: That's my maid, for the moment. I am angry with her, she is bad. But this will not go on very long. I'm going home in a day or two. I used to rent it for sixty francs, but now I have raised the rent. (The patient begins to fabulate.) People come back and people move out. That was my son that came this morning. (She had not really seen her son.)

He told me "I have found something good on the corner by the Gare du Nord." He will come back tomorrow.
Q.: But you didn't see him this morning.
R.: Oh, then it was last night. It will seem good to be in a nice house. He said to me, "You are going to be happy there." I will be able to get all of my furniture back, which is in storage. I think I am going to be happy as a king.
Q.: Where is this apartment?
R.: It is over there, very close to the Gare du Nord. It is precisely the same apartment that I lived in before. And it has just become vacant; on Rennes Street.
Q.: But Rennes Street is near the Gare Montparnasse, not the Gare du Nord.
R.: Perhaps it is near the Gare Montparnasse. Oh, he is a good boy. He was glad to find that this apartment was for rent.
Q.: Who am I?
R.: I don't remember your name. I've seen you writing many times, that's all that I know. (I take notes in front of the patient, and this is the second time that I have done so.)
Q.: You have seen me writing?
R.: Oh, yes, many times Here at first, and over there also, before. You also live near the Gare du Nord.
Q.: You know me?
R.: I've known you a long time. My son told me, "Everything is just the way you left it." Then, too, I have the same concierge. She is also glad to see me again. It is good to be able to find a servant who was with you before for twelve years.
Q.: How long have you been here?
R.: For eighteen months, it seems, or more.

(At another time our patient fabulated on another theme:) My son came this morning; he just left five minutes ago. He came to ask me for money, and he took everything out of the closet. It's this way for three weeks. It is unbelievable.
Q.: For three weeks?
R.: He came this morning, yesterday, and the day before yesterday. He asked me for sixty francs. I said to him: "You are always asking me for things." With him, it's always the same. The other day he asked me for another hundred and fifty francs. Twice I gave him a lot of money, and he's still not happy. As he was leaving, he said to me: "From now on you will have to give me even more money." I ought to go to Paris tomorrow. I was so happy there. I still have my apartment there that someone is keeping for me. I will go there when

I leave here. I have cried all afternoon. If you had only heard how he spoke to me.

Q.: (Here we note several additional answers obtained from our patient during her stay at the hospital.) How is everything going?

R.: Oh it's been all right since this morning.

Q.: Do you know me?

R.: Oh, yes I've known you quite a long time. I've known you for two years, perhaps. It seems to me that I have known you for a long time. Didn't you come to see me on Ternes Street?

Q.: You have seen me before?

R.: Oh, yes.

Q.: Where?

R.: Here and there. Go on, I'm not crazy. I haven't lost my memory.

Q.: Where have you seen me?

R.: On the street. Around where I live. We walked together for some distance, day before yesterday.

Q.: Whose house is this?

R.: Here? I don't know. I don't think it belongs to my children.

Q.: What kind of place is this?

R.: Here, but I come here every afternoon.

Q.: For how long?

R.: Oh, for two months. (Pointing to the patient who is with her:) Look what I've had to put up with for a long time already.

Q.: How are you?

R.: Right now it's not much fun.

Q.: Why?

R.: Because I don't like it here, but I am going to move soon. My children have some plans to take me away from here. Besides, I have dinner at their house very often, but today I wasn't feeling very well. They will come in a little while, I think. I'm not going to stay here; I am going to go back to my old house. My children stayed with me for a long while. Besides, perhaps I will be able to see them again soon, because they sometimes come to have dinner with me. I'm not very unhappy, because people come to see me. Also, I go out every day. I go to Mass. I used to have a little maid here, but she got married. (All this is an invention. The conversation took place several weeks after the patient had come to the hospital. During these weeks she had never left the hospital.) Yesterday, the day before yesterday, I went out with my children. Then Louise will come in a little while.

This is an ordinary case history. In effect, this is a simple case of senile dementia. The deficiency appears very clearly in the form of a very marked disorientation in time and in space as well as a gross memory disturbance. At the same time, we find that she has false remembrances and multiple fabulations, symptoms which are also quite frequent in these cases. I have obviously not undertaken a close study of our patient's mental state in order to point out such symptoms, which are known to all. What interests us here are the psychological mechanisms which, remaining intact, are reflected in the last vestiges of our patient's mental life.

First of all, we can easily see that the fundamental notion "me-here-now" is intact and appears to be active. This is what allows our patient, in the absence of any remembrance and as a consequence of any precise knowledge, to say, when asked where she is, "Why, here, where I am," or again, in indicating by a glance the room she occupies, to say "I am here," or, finally, "Here, where I am living now." To the "here-now" is opposed an "over-there-before-or-after," a notion to which all that is not "here-now" is completely subordinated. The development of this notion conforms completely with what we have said about intellectual impoverishment in comparing the terminal states of general paretics with those of schizophrenics.

However, we can push our analysis even further. In this context we point to a *marked tendency to constantly situate oneself in time*. Reviewing our patient's responses, we see that they abound in expressions of a temporal order, such as *formerly, since, always, in two or three days, right now, five minutes ago, many times, yesterday, the day before yesterday*.

This tendency manifests itself in many other ways. Our patient also very often adds indications of a temporal order to responses which do not require it at all. These responses even sometimes surprise us for this reason. When we ask her where she is, she answers, "I have been here ever *since* I have had so many troubles" or, again, "I am here *in the meantime*." The patient with whom she shares her room is her maid *"for the moment."* When she is asked about her health, she tells us: "I've been all right *since* this morning," even though there is nothing about the present day which basically differentiates it from the day before or the day before that. Moreover, the fabulations themselves express the same tendency. We have always consid-

ered the fabulations of seniles as compensatory mechanisms. We have spoken in this sense of "filling-in" fabulation. But for this "filling-in" to be produced so frequently, there must be a particularly active tendency behind it that drives the patient to create this fabulation. The notion of time, insofar as it is empty of precise mnesic images, must impose itself on the mind and attempt to fill up this void at all cost. Seniles do not invent simply in order to respond at random to the questions posed. They do not develop Ganser's syndrome or any equivalent syndrome, nor do they present us with infinitely rich accounts filled with irrelevant new details, as mythomaniacs do. They always invent in a *certain way*. They always invent in *time* and thus express the existence of a factor which is particularly capable of evoking and maintaining the notion of the past and of time in general completely independently of memory in the usual sense of the word.

We present another aspect of the same thing when we now notice that the patient's thought has no extension in space. She almost never makes use of relations of contiguity. How different this is from schizophrenic thought, which only feels at ease in things that are spatial and abstract. I recall, as an example, the patient whom I described earlier—the one who presented both depressive and schizophrenic symptoms and believed that someone was going to put all the garbage and refuse in the world into his stomach. He interpreted everything he saw from this point of view. The address band that encircled the newspaper *Le Figaro*, which he received every morning, made him think of all the bands of all of the other newspapers that were distributed every day and then of the bands of all the daily newspapers in France. A subway ticket evoked the idea of all the railroad tickets, bus tickets, and tramway tickets, just as the sight of someone spitting became the point of departure for considerations of everyone who was spitting in all the tuberculosis sanitariums and then of the refuse of all hospitals. There is an abyss between this mode of thought and the one we observe in our patient, an abyss equal to the one which separates lived time and rational space.

Certainly, factors of a spatial order intervene in our patient's words. Obviously, it could not be otherwise. But when we investigate them more closely, these factors play a weak and secondary role. There is nothing geometric about them. They are subordinated to time in the sense that they intervene precisely in the

concise form of the opposition between "here" and "there" solely as the necessary element of *change* or of *movement* which is capable of establishing a connection between the present and the past. The *here* and the *over there* are not opposed to each other in the same cross-section of time as is the case, for example, when we say "Here it is raining" and "Over there the weather is fine." On the contrary, they serve only to introduce as much dynamism as possible into the subject's life. This is why the patient, in spite of the statement that she has been in the hospital for two years, believes that she has seen me "somewhere else," "here and there," "on Ternes Street," as well as why, in order to animate the "here," she experiences the need to say that she has been here "every afternoon."

This said, we can now try, in a more detailed way, to determine more precisely the elements which concern time and which determine the inner structure of our patient's fabulations as well as her other manifestations.

In comparing schizophrenics with general paretics, I called attention to the frequency with which the latter have recourse to expressions such as *in a little while, right away, previously,* and *soon,* and I emphasized the primordial place that the notion of *immediate succession* occupies in their mental life. We were in agreement with Tison when we said that their psyche is conquered by the elementary dynamism which, turned above all toward the *future,* is expressed in the initial phases of the disease by the delusions of grandeur and fantastic projects that are so frequent with them. We found this same dynamism, at an advanced stage of the disease, at the core of such responses as: "I wait for events, and I do things"—answers which our patients sometimes give us when we ask them what they are doing.

In spite of the same predominance of factors having to do with time in the mental life of demented seniles, things do not occur in exactly the same way with them. Here, the *past* exercises its grip more than anything else. The frequency of the fabulations is in itself a sufficient proof. Certainly, the future is not entirely excluded from our patient's talk. But when we look more closely, we see that it is entirely subordinated to the past. She establishes a connection between the past and the future simply by projecting her fabulations onto the future (her son has just come to see her and will return tomorrow; he took money from her and said, in leaving, that she would have to give

to continue to make the same movements and to walk further. I feel incapable of changing my direction. I no longer have that something which projects itself ahead. This is why there is an absence of logical progression in my actions. When I do something, I can no longer represent to myself the act which ought to follow it. The only small satisfaction that I have now is to try. But it is as if I were trying in darkness. My present state is contrary to what I have been before. I always liked to have a definite goal, a direction. Now I go on blindly. I don't have any more motivating ideas, ideas which tend to be expressed through acts. Sometimes I feel the need of getting out of bed, but I don't know what to do next. I have the impression of giving in to idiotic desires, for example of getting up, of going out, etc. I am struck by the fact that unconscious things become conscious, for example every movement that I make while washing. I thus have the impression of being always concerned with petty details, such as combing my hair, bathing, and so forth, without ever getting to the important things. I do not complete what I have started. It is atrocious. I ring for the maid to close the window, but when she comes in, I do not tell her to do it, but I start out by asking her if it isn't cold in the room without having had the least intention of asking her that question.

G. Disintegration of the Notion of Time [11]

a) Feeling of displacement in relation to the rhythm of ambient becoming

Since my attack began, I have always been persuaded that my sickness has to do with time. I feel displaced in relation to life. I feel time flee, but I don't have the sensation of following the movement; I have the feeling of turning in an opposite direction than the earth. I lack a reference to time; this is why I have the feeling that I called "being elevated"; I relate my acts to the time of day and not the other way around. That is, because I have finished doing something, for example, getting dressed, I know that it ought to be a certain time; the contrary ought to occur, that is, from the fact that it is a certain hour, I ought to know that I have a certain thing to do. I have the sensation that time passes very fast, faster than it does for others, too fast, and it is atrocious.

11. We have been concerned with time in the preceding paragraphs and especially in the last, where the patient complains of disorders related to the duration and succession of acts. It is evident that in his psyche all the symptoms that we attempt to separate from one another in a systematic analysis have become confused. As a result, we will be unable to avoid repetition at times in this account.

I feel the desire to act, but this produces an opposite reaction to that of normal people; the phenomenon of stopping surges up and causes a complete discouragement. I have the feeling of the type that goes negatively in relation to time, I have the sensation of a negative void. I experience the need to hang onto myself like a raft, but I do not do it. Thus I am gripped by anguish, I am afraid for myself; but this is not a moral fear; it is a bestial fear, the fear of a beast who is no longer there.

b) The incapacity of assimilating movement

I am incapable of assimilating either movements or the speed of events that occur around me. When someone does something beside me, I am completely disoriented because I am incapable of following the movement. When I go out and I see other people walking, I feel a sensation of stopping, because I cannot follow their movements, I cannot see them or perceive them; I see a tree, but I cannot see an automobile that is moving at all. Because of this state of affairs, the suffering caused by my daily walk is so violent that I cannot even express it. Silence and rest alone give me a little contact with the environment. When someone tells me that it is late and that I have to hurry and finish my bath, for example, this provokes a feeling of complete distress, and I have but one desire, to stay in the bath.

c) Splitting of time and absence of penetration and of organization of successive facts in time

I live in instantaneousness. I don't have the feeling of continuity any more. I have the sensation of a void before me, of a void in the immediate future. At every new instant that I live, I have the feeling that I have just fallen from the sky. It is devilish, the number of sensations that I have during my walk. When I finish something, I have the feeling that it is the last thing that I will do. When I do something, I have the feeling of not being able to do anything else afterwards and of doing this thing, going to dinner for example, for the last time. When I take notes for you, it is always the last note taken that seems the most important to me. I do not remember whether I went out yesterday. I only know that I had the impression of going out for the first time today.

d) Incapacity of participating "contemporaneously" with ambient events

When I pick up the newspaper, I always have a disagreeable impression. The date reminds me of the passage of time; then I find events there in which I do not participate. Someone has put me in the hospital, but I remain a stranger to this event, as if I

were unconscious. I have the sensation of a void in relation to the whole time of my illness. I feel time flowing, but I have no notion of how much time has passed. There is nothing precise about this whole year that I have been sick. I remain as if everything had stopped, as if nothing had evolved, nothing had moved, since the onset of my illness. At dinner I speak of a companion, I say that I had been in his home in the past; then I have the impression that it was only yesterday, as if the time of my illness did not exist.

e) Absence of the notion of progression in time, normally connected to the reiteration of similar facts, and the grasp of repeated acts

I no longer feel the passage from one day to the next. I no longer have the sensation of waking up in the morning. I no longer have the sensation of waking at all. I do not feel any passage to wakefulness. I have the impression of being someone in a state of somnambulism or of lethargy. The only impression that I have in the morning are the noises heard the night before; then I find that I am in the same fix; I have the anguish of having before me a day just like the one before. Before, when I woke up, I had an image of the day that was going to be, of what I was going to do during this day. Now, I no longer have such an image; I no longer have the sensation of waking. As soon as I wake up in the morning, I have the idea of recurrence, of the eternal. First of all there are the noises that I hear every morning; then memories surge, such as those of the bath that I take every morning, the doctor's daily visit, and so forth. No other idea comes to mind. In the evening, when I am going to bed, I think that tomorrow I will read you the notes that I have taken concerning my condition during the course of the day, that the following day I will want to explain to you once more the same thing, and that it will always be like this. Since I have already gone out with you several times, and each time we have gone to the Luxembourg Gardens, now, as soon as I go out, I feel compelled, as if I could not go in any other direction. For several days I have eaten with my parents, and I have the sensation that I could not do otherwise. I do not think I could live now without a bath, without gymnastics, without all of the other unimportant things that I am in the habit of doing every day.

f) Disorders in the function of presentification.[12] *Deficiency in relating the lived present, past, and future. Absence of perspective on the past, and influence of memories; anticipation and stopping the act projected by the intellectual image of this act.*

12. I have taken this expression from Pierre Janet, keeping in mind the way he describes and conceives of the function of presentification.

I exist in the present only in idea but neither in feeling nor emotively. I am obsessed by the past. The images of my past go by like the scenes in a cinema, but I do not attach them to the present; I observe them like a spectator. When you are supposed to come, I always think in advance of the things I am going to say to you; I am never in the present. Often there is in me a kind of rolling by of past events. I experience past events completely, as if they were present. It is a half-dream of the past. It is atrocious, but it makes me feel relieved at the same time. A constant progression of the past occurs in me. This progression becomes a true obsession, which stops when I act. Yesterday, when I went to the table, I had a true "image" of the condition in which I found myself face to face with my father before I became ill. I became ill primarily out of the need for independence, which I tried to overcome. Sometimes during a meal I feel myself forced to lead the conversation to the faults that I thought my father had committed against me before and during my illness; I feel the need to argue with him. When I evoke these memories, I feel compelled by them. I cannot stop. These are true hallucinations of the past. I see the images filing before me. I tell myself that it is impossible that I should have lived all of that. The memories that file by in front of my eyes are more images than ideas. I don't have any real ideas. I am led by "idea-memories." When I decide to do something, for example go to dinner in the dining room with my family, what dominates me is the idea of being capable of what I did before my illness. But when I then "fall" into the phenomenon I was describing, I then see that I have decided something which basically does not correspond to anything. I remember things that I was able to do before, but the thing I have decided to do doesn't correspond to any real desire. It is the idea-memories that direct my decisions. When they had to call a doctor for me, I preferred that they call you, because I had already seen you before. I have a tendency to give a complete account of the past. When I am at the table, I make some remark; then I involuntarily try to attach it to a past event. This is why I tell you I am neutral; the word "neutral" evokes the idea of a benevolent neutrality, which occurred often during the war. Likewise, when someone asks me something, I search in the images of the past in order to answer him.

I just told you that I would lend a book to you, but I stopped myself; when I speak of the future, I don't really take account of it; the future does not mean anything to me. You ask me to come

to the salon with you. It is horrible. I see myself already in the salon. I see in advance how things will go. This stops me. It is the same for every act that I must do. I cannot act. Here is the way things usually happen: I experience a desire, this desire evokes an emotive idea, then imagination intervenes, which causes me to live the whole thing in advance. This work of the imagination is accompanied by an expense of energy; and when I begin the act, I am then forced to stop; at the same time I see something that has passed. I only move in the idea of movement that will follow, in gym, for example, in the idea that I will take a bath afterwards; then I take a bath because I am going to have dinner afterwards, and so forth. You have advised me to write for a half-hour every day; I do this, but only in order to wait for what will come afterwards. I do everything in the expectation that the next thing will be restful for me.

g) Grip of time; fatality. Feeling of being too late. Images of regrets.

I rested badly whenever I was able to do it at all during my second stay at the hospital; this had harmful consequences for my health. Likewise, the visit I made to Dr. S. at the beginning of my illness was harmful for me. What killed me was the stay at the hospital. Everything became "rough" for me. I had tried not to appear crazy; this only aggravated my condition irreparably. What did me in was returning home; I had asked to go back myself, but my motives were bad and I had been misunderstood. When I returned home, I ought to have been able to relax, but I did so excessively; I had no activity at the time when I could have had it; now it is too late. I waited too long before I spoke, and now my illness keeps me from expressing myself. I live with the idea that I should not have returned home. I am haunted by the idea that I ought to return to a hospital. I have the sensation that it is too late. What is past can no longer be changed, but it is atrocious to tell yourself that it could have been otherwise. I have a tendency to have a grudge against the past and to some extent against the people who have helped to determine that past. Since I became ill, I have lived with remorse and regrets. I have a need to constantly discover the "cause" of the past, especially of my illness. I always come to the idea that it is my fault. I feel the need to discover what is responsible for the past, to find out what is responsible for my illness. I feel as if I have to blame everyone and myself. I can't "stand" to have been brought to the hospital without having known about it ahead of time. I am haunted by the need to

reproach my parents because of this. I am angry with my father because he did not treat me like a man. I ought to have explained this to him the moment I became ill, but I could not do it. And everything that I am repeating is a kind of mental regret. I hang on to the past, directed by the idea that I will always be as I am now. Nothing can be done about it. When I tell myself that I will always be like this, I suffer terribly. And if my condition stays the same while time flows on, this means that basically I will become more and more ill.

We have listed the symptoms. In classifying them, we have revealed their essential features. However, it seems necessary to add several comments that will lead to a synthetic conception of the group of disorders that our patient presents.

The patient considers himself *sick in relation to time,* and in effect most of his symptoms directly reveal phenomena which have to do with lived duration.

The first idea of this kind is the *feeling of dislocation in relation to ambient becoming.* The patient even says that he has the impression that he is going negatively in relation to time, of turning in the opposite direction to the rotation of the earth. As for time itself, it seems to him to fly much faster than it does for others, to fly with an "atrocious" rapidity. This confirms the fact that the *lived synchronism* between our activity and ambient becoming forms an indivisible whole such that, when it is lacking, we not only have the feeling of remaining behind life, but becoming itself does not retain its habitual rhythm. It loses all sense and all measure, becomes malignant, returns to its elementary and chaotic form, becomes a deformed turbulence, sweeping away everything in its path, a hostile force. This is what causes the bestial fear, the fear of a "beast who is no longer there," of which our patient speaks.

The disorder in lived synchronism appears in still another way. It involves the feeling of participating "contemporaneously" with ambient events. Even when our activity is stopped for one reason or another, this participation is never completely lacking in us, at least as long as our mental life has not undergone a profound modification. If bedridden, we can suffer because we are not able to take part in an important occurrence in social life or because we must postpone until later, or perhaps forever, the realization of our most cherished plans; but this suffering is

itself the expression of our intimate participation in what is happening around us. We will continue to go on, to advance with time. Time will not be empty for us; it will retain its *complete value*. This is because time is important to us, not in the narrow sense that modern life sometimes gives to it, in the form "Time is money," but much more so as it refers to participation contemporaneous with ambient events. The feeling of participation of which we speak has nothing in common, it is scarcely necessary to say, with the element of "presence" related to our perception of people and things. Of a dynamic nature, it reveals lived time directly and is fused with the feeling of solidarity with ambient becoming, of synchronic progression with it. Our patient who is "sick in relation to time" no longer has the sensation of participating in ambient events, even those which directly concern him. He remains a stranger to these events; time seems empty to him, and he no longer has the idea of the value of elapsed time.

Basically we are expressing the same state of affairs by saying that our patient is not living, as Bergson says, "what is new at each moment of history." We have all certainly begun every morning by getting up, by performing the same ritual gestures—and these, considered analytically, are innumerable; however, we have the clear sensation that our waking up is really an "awakening," one which informs us of the start of a new "day," not only of a day which is numerically different from those that preceded it but a day which we are going to live. And this sensation will be maintained throughout the whole day, despite anything about it that might be similar to those that have preceded it. *In space we look for that which is similar and identical; in time we live the new and the dissimilar.* "Remarkable" days are truly rare in our lives; all the same, each one of them is a "new" day for us; it cannot help but be "remarkable" in this sense, and this is how the succession of days brings us to constitute what we call "perspective in time." And when in certain circumstances we feel the monotony of life in a painful way, we have a particular phenomenon by which we term it: *boredom*—boredom, which is far from being stripped of life, since it conceals the desire that things be otherwise. Our patient does not complain of boredom; he complains only of not having the feeling of waking up, of having only the feeling of beginning again (and not of beginning) and of eternity, of always finding

himself in the same state, of being "a guy in a state of somnambulism or lethargy." [13] To be precise, I believe that our patient's mental condition is related to boredom as ambivalence, in the strict sense of the word, is related to hesitation. In hesitation two contrary possibilities are organized precisely under the form of the "hesitation" experienced by the subject, although no decision can arise out of it; in ambivalence they are found side by side without any organization. Similarly, in boredom the alleged monotony is lived, while in our patient's case it assumes control, becomes the true "rule of the game." I believe this state of affairs is also expressed in the fact that he feels entirely dominated in his activity by the reiteration of similar events; for example, after having taken the same walk several times he feels forced to go in the same direction, as if incapable of going in any other. Furthermore, this is only one of the forms of the abnormal influence that he believes he generally submits to and with which we are going to be further concerned.

Our patient, arrested in his own dynamism, seems also to be deprived of the necessary faculty of assimilating, of perceiving, anything *that is moving or changing* around him. "I can see a tree, I cannot see an automobile that is moving; no, I do not see it at all," he tells us, recalling certain schizophrenics that I have described in my book. Certainly, we could be satisfied with the claim that we register the motion of objects with the aid of the organs of sight, but this formula is only partly true; for in order to be able to perceive the movement of an object, we have to project the visual images on the feeling of the flowing of time, or, if you prefer, onto lived duration, which serves as the indispensable backdrop for the awareness of everything that is movement, dynamism, and life. Our patient is the best proof of this. He certainly "sees" as well as we do, but he complains of his incapacity "to assimilate the movements and the rapidity of events which unfold around him." Also, in silence and in calm he finds the sole "small contact with the environment" of which he is capable. By contrast, the phenomenon of "hurrying up," a

13. I recall here that Janet insisted on the fact that neither lunatics nor psychasthenics experience boredom. He attributes this fact to the absence of effort which characterizes their life. See P. Janet, *L'Evolution de la mémoire et de la notion du temps* (Paris: Chahine, 1928).

phenomenon in which time comes to superimpose itself upon itself, so to speak, "makes him completely beside himself and causes a total confusion."

Parallel to this, as far as his interior life is concerned, he has the impression of *living in instantaneousness,* of "falling from the sky at every new instant, of having a void in the immediate future before him, of doing each thing that he does for the last time." And the influence exercised by this splitting-up of lived time seems to be so great that when he takes notes—and this is a curious detail—it is the last note taken that seems to him to be the most important.

The connection between the present, past, and future undergoes an analogous dissociation. This connection is not made in a normal way: all the links of the chain are simultaneously dislocated and deformed. The present loses its usual tonality and is only an "idea"; the past becomes transformed into a "progression" of memories, a progression which takes an "obsessive form," the form of a veritable "hallucination of the past"; at the same time, the events of this "past" are lived as if they were "present." As for the future, it is instantly exhausted in an intellectual vision of projected acts. This state of affairs is easily explained as long as we never lose sight of the fact that a living memory is not only the remembrance of a past event, of an event which has been and is no longer, but is at the same time, and even most especially, the remembrance of an event which belongs to a past which is the source of *this* present, just as our projects are not simple visions of events which will occur in the future but are above all a creation of this future which will continually burst forth from *this* present. It is precisely this *dynamic function of integration* which seems to be lacking in our patient. In these conditions, memory intervenes only insofar as it is static. It thus undergoes a complete deformation in relation to the perspective of lived time, imposes itself in an almost mechanical manner, and finally usurps the characteristics of the present. As far as this last point is concerned, it really seems to be the counterpart of the phenomenon of *déjà-vu,* studied by Janet and reduced by him, not to the presence of some representation or other of the past, but to a deficiency of the function of presentification, a deficiency having this fact as a consequence: that present perception, deprived of the necessary support furnished it by this presentification, is projected upon a more or less

vague and imprecise past. This "presentification of the past" or this "seeing again" is a phenomenon which we find quite often in our patients.

Thus, at the moment when the past ought to intervene in our patient's consciousness, it cannot do so except, it seems, in the form we have just elucidated. But there is a danger we must avoid. We cannot assume our patient's way of looking at the matter and assert that, because of the deficiency of the function of presentification, memories—or, preferably, engrams—start up all by themselves in his head, as if they had their own existence. As psychologists, we should avoid images of this kind and dig deeper. We claim that there are two distinct elements at the base of our consciousness of time, the one of a dynamic nature, the other of a more static nature, which in normal life are intimately related to each other. It could be that in pathological conditions a fissure occurs in this perfect synthesis which is expressed in the form of two different principles which are in discord and are opposed to each other in the subject's mind. Our patient *fails to unite that which basically can* only *be united* or, if you prefer, cannot be disunited. In our patient there is a disintegration, not of elements that have been united, put together, but a disintegration of that which in life constitutes an indissoluble unity. This is, perhaps, the essential factor which determines the particular structure of our patient's mental life and which constitutes the true generating disorder, in the psychological sense of the word, found at the source of the psychopathic manifestations that he presents. In these conditions, what he tells us concerning the way he lives the past is only an attempt to render this generating disorder plausible and intelligible. The static factor, rendered abnormally independent and immeasurably enlarged, will express itself, projected on the past, by the hallucinations and the progression of the past of which we have spoken above.

Whatever else may be accomplished by our interpretation of the manner in which the patient lives the past, one thing seems clear: this manner creates particularly propitious conditions for harping on past conflicts and for living with regrets; one could almost say that it welcomes them with open arms. In regret, we withdraw from the present. After having isolated it from the flux of life, we immobilize a fact of the past and remain attached to it for a longer or shorter time as if we were caught in its grasp. In regret, there is a slight obsession with the past, and this charac-