

Always present...



In this taster feature for her keynote speech at the BACP Universities & Colleges Conference 2014, **Dr Maggie Turp** considers clients' relationship with time: the then, the now and the yet to be

*'Time past and time future
What might have been and what has been
Point to one end, which is always present'*

*Burnt Norton, from Four Quartets,
TS Eliot, 1945¹*

What does it mean to be 'always present'? The 'here and now' mantra, with its aura of simplicity, reveals itself under scrutiny to be surprisingly complex. The sense cannot be straightforwardly one of being 'here where I am at this moment', since I am always 'here', wherever 'here' happens to be, and (not having mastered the art of time travel), I am always 'in the now'. The mantra must therefore refer to mental focus. My presence is always here and now but my mental focus may be elsewhere as I remember the past, or dream of (or dread) events in the future. In recent times it has been fashionable in the world of psychotherapy, and in other worlds too, to privilege a mental focus on the present. I believe it is time to call this into question.

I have an aunt, I will call her 'Aunt B', who really does live in the here and now, both in the inevitable 'only place to be' sense and in the sense of her mental focus being continually in the here and now. Short-term memory loss has left her stranded in an ever-present present. Aunt B asks me if I would like a drink. I ask for orange juice. She goes to the kitchen but by the time she gets there has forgotten what I asked for. She can't even remember why she went to the kitchen. I go through and tell her again and she pours the juice. She turns around to look at me, forgets the juice is on the work surface and catches it with her elbow. It falls

onto the hard kitchen floor. She looks up at me, down at the floor, then up at me again. 'Why,' she asks, 'is there glass all over the floor? How did it get there?' This is what it is like to be in all senses in the 'here and now'.

Turning to a different scenario: the sun is shining and my conversation with my partner turns to the question of our summer holiday. 'That place in Austria we visited three or four years ago,' I say, 'how would you feel about going there again?'

'More like five years ago,' he says, 'or was it six...?' We work it out, tracking back through our holidays year by year, and arrive at the conclusion that the Austrian holiday was in fact nine years ago. Nine years! It doesn't seem possible.

This must surely be a healthier, more functional relationship to time. The conversation is unexceptional but offers a good illustration of the way in which our mental focus quite normally and naturally shifts from the future (where shall we go on holiday?) to the past (how long ago was it that we were in Austria?) and back again. And through all of this, we have a background awareness of the present moment, of ourselves in contented and cooperative mode, engaged in an enjoyable conversation.

How might this way of thinking about time and mental focus be usefully brought to bear in clinical practice? It seems to me, that it might be helpful to consider the client's overall relationship to his or her *going-on-being* over time, without feeling that we need to privilege the then, the now or the yet to be. Instead, we might simply attend to and note with the client the amount and quality of mental space occupied by consideration of past, present and future events. If we think about the things our clients tell us with this perspective in mind, what may come into focus is an absence of fluidity in the client's thinking, the operation of a time warp of one kind or another.

Perhaps the client is marooned in the past, constantly ruminating on past hurts or reliving past scenes over and over, as can happen in the wake of trauma. Perhaps the client is constantly dreaming of the future, 'fiddling while Rome burns', blind to the dangers or opportunities inherent in the present. Perhaps the client is constantly fire-fighting, constantly in 'here and now' reactive mode, with no mental space available for reflection or imagination. Any of these preoccupations may be either appropriate or inappropriate to the client's current situation. In the wake of bereavement, for example, it is normal and helpful to the process of mourning to allow one's focus to reside primarily in the past. And there are times when the demands of the external world are such that they really do take up all the mental space available. Reflection and forward thinking have to be put on hold. Even in such circumstances, I have found it helpful to articulate the situation, to note it in an observational, non-judgmental manner. On several occasions, a client has looked up at me, surprised, and has said, 'That's absolutely true. I hadn't thought of it like that.' In this way, the knowledge of something missing and the possibility of it being found again in the future, is kept alive.

Another kind of time disturbance we may come across is one where the client has lost his or her narrative thread. The client may be in a state of temporal chaos, unable to ever stay with a plan or routine. Or he or she may seem to be 'outside time', in a kind of dream state without any consciousness of the passage of time. There are so many ways in which the client's going-on-being over time may be disturbed or distorted. Three out of an almost infinite number of permutations are illustrated below:

The past

Ian, aged 41, was referred to me via an employee assistance programme. His presenting problem was anxiety. He found it hard to talk to me about himself. Eventually I learned that he had wanted to study for his A-levels. His family advised him against it and pushed him to apply for a job at a bank. He was successful in his application and joined the company at the age of 17. He tells me about these things as though they had transpired relatively recently.

When he came to see me, Ian was still working for the same bank. He was still living with his parents in their local authority flat. He told me (again I had to elicit the information) that he had been involved in just one sexual relationship, having been pushed by his banking colleagues into asking the woman concerned out on a date. That relationship broke down after two years. Ian still lived in dread of an accidental meeting with the woman concerned. Indeed, this was one of the things he worried about most, even though the relationship had ended nearly 20 years ago.

In the sessions, Ian spoke about life at home, his father's ailments, his mother's work in a shop and the gossip customers passed on to her, which she in turn passed on to Ian. When he had exhausted the details of his home life, he moved on to telling me about his colleagues at the bank and the various incidents that arose in his day-to-day working life.

The present

Ellen May's father contacted me by email, to say that his daughter was in London doing a six-month summer school and needed to see a therapist. Ellen May herself telephoned me a few days later. I invited her to come along for an initial session, so that we could decide whether useful work could be done in the six months available. She asked how soon she could see me and conveyed a sense of extreme urgency. She had time free during the day and I was able to offer her an appointment during the same week. On the morning of the appointment Ellen May telephoned to say that she would not be coming as she was due to see a previous therapist, who was going to charge her for the appointment whether she went along or not. Naturally, this was the first I had heard of the involvement of another therapist. I advised Ellen May to work out her

difficulties with her current therapist, emphasising that it was not helpful to chop and change.

A week later I received another phone call from Ellen May. She said that she had now finished with the previous therapist and asked me to give her another appointment. Very much in two minds, I agreed. I did not respond to Ellen May's plea to see her on the same day but was again able to offer her an appointment during the same week. This time she arrived, albeit 15 minutes late. I was immediately struck by her well-groomed appearance, quite different from what I had expected and quite unlike any other student I had ever seen. She was an attractive young woman, with long dark hair, immaculately turned out in a black coat, elegant shoes and a designer sweater and trousers.

As soon as she was seated, Ellen May began to talk rapidly, jumping from one topic to another. I tried to slow things down, interrupting at various points to ask for clarification. Such was the chaotic quality of the communication that I found it difficult to establish even the most basic details. At the end of the session, I had still not been able to establish how long Ellen May had been in London and when she was due to depart.

The future

A client, Dave, in his early 40s, told me that he had been involved in a number of serious relationships. When he came to see me, he had been together for six months with a woman he spoke of with great affection and admiration. It seemed he had found his perfect match. This situation was causing him terrible anguish. He would like to ask her to marry him, he told me. Instead, he had to finish the relationship. She would not be able to tolerate his periods of depression. He would love to have a child but the child would end up holding him in contempt. The situation was impossible.

I learned that Dave had a history of failing to commit at the point where a relationship reached a certain level of seriousness. He was consumed by future-related dread and this dread utterly ruined his experience in the present. I encouraged Dave not to be precipitate in his actions, to wait and see if the space to think in therapy might change the situation. However, he was unable to bear the anticipatory anxiety. He was relying on Diazepam to calm him sufficiently to get to work in the morning. Once there, he was intermittently breaking down and having to hide away in the toilets.

He finished the relationship and fell into a deep depression, consumed by guilt and self-loathing. His mental world continued to be dominated by a vision of an inevitable, passively awaited, future. The previous vision of a future in the company of a disappointed and

contemptuous family was replaced by a vision of a future with no family at all, characterised by loneliness and a terrible sense of failure.

The plights in which Ian, Ellen May and Dave find themselves are less immediately obvious than Aunt B's plight but are, in the end, almost as disabling. And, unlike Aunt B's situation, they lend themselves to amelioration in counselling or psychotherapy if we are prepared – both in the sense of being willing and of being well enough informed – to work explicitly with the client's relationship to time.



Perhaps the client is marooned in the past, constantly ruminating on past hurts



In her keynote on 23 June, Maggie will be thinking about these and other examples from clinical work and infant observation studies. She will attempt to bring the material into relationship to Heidegger's thinking on 'Being and Time'², Winnicott's writing on 'continuity of being'³, findings from the Adult Attachment Interview⁴ and reflections on the process of developing and sustaining a 'narrative skin'⁵.

The BACP Universities & Colleges Conference 2014 takes place at Exeter University on 23-25 June. For further details, please visit www.bacp.co.uk/events

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Maggie is a member of the editorial boards of the journals *Psychodynamic Practice and Infant Observation*. Her publications include journal papers and two books: *Psychosomatic health: the body and the word* (Palgrave, 2001) and *Hidden self-harm: narratives from psychotherapy* (Jessica Kingsley, 2003). She is currently working on a new book focusing on the evolution and function of boundaries and defences, provisionally titled *'The skin around the self'*. maggieturp@googlemail.com

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