

## A breakdown in the appropriation of time in adolescence: the futurization disorder

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*Doc: 'You have to come back with me !!'*

*Marty: 'But back where !?'*

*Doc: 'Back to the future ... !!'<sup>1</sup>*

**ABSTRACT.** – This paper proposes a reflection on temporality in adolescence. Particular attention is focused on the process of *appropriation of time*, which is an operation required of adolescents to allow them to transform time, felt as extraneous to themselves, into a *time of their own*, that is, a unique and unrepeatable time for that individual. In investigating this process, the author, taking Minolli's concept of *historical configuration* as a starting point, speculates that adolescents must bring back to themselves a temporality initially configured by the environment. The author also explores the dimension of future as a prospective dimension for the individual. He introduces the idea of *going back to one's own future*: a process that allows adolescents to transform the future into their own *prospect*. Finally, the author introduces a clinical vignette to illustrate a particular breakdown in the circular recursion between past, present and future that assumes the connotation of a temporality disorder: *the futurization disorder*.

**Key words:** Temporality; adolescence; historical configuration; self-presence; future.

### Introduction

Adolescence is a particularly meaningful phase in life with its own specific characteristics. Adolescents, in addition to coping with continuous neuro-hormonal, biological, relational and social changes, are engaged in a delicate process of research and the creation of their own subjectivity. According to Cahn's subjectification process (2000) they define their identity through their

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<sup>1</sup> 'Back to the Future' directed by Robert Zemeckis and starring Michael J. Fox and Christopher Lloyd, is a 1985 cult film. It tells of the relationship between Marty McFly, a 17-year-old high school student, and Emmett Brown, known as Doc, a quirky, old scientist. The latter builds a time machine by modifying a DeLorean. From that moment on, the two live a series of adventures between past, present, future and the paradoxes that the journey entails.

limits and potential, and (the adolescent) ‘constantly redefines his position in relation to his environment’ (Vincenti, Nosedà, Alfieri, 2016, p. 145). I suggest that temporality should be included among the many aspects that adolescents are called upon to tackle given that adolescents are engaged in a continuous process of weaving together narrative skill, history, subjectivity, and time (De Robertis, 2015). In my opinion, adolescence is a phase in which the subject is faced with a more complex way of organizing temporal parameters consisting of recursive and circular relationships between past, present and future dimensions. In this sense, adolescent subjects are required to make these temporal dimensions communicate, through attributions of sense and meaning, in order to gradually weave in their own subjectivity. The dialogue takes shape as from the present, a present understood not so much as a moment destined to pass, but as a moment that extends into a perennial flow. Indeed, the subjects, by their own hands, weave and structure the reality of time. Time is therefore not something external to them in which they must live and operate, but it is the constitutive structure of their own existence (Borges, 1952). However, this existential condition cannot be taken for granted and implies processuality. This paper suggests that the operation of *appropriation of time* allows adolescents to transform time, time felt as something external, into a *time of their own*, and the latter, linked to their subjectivity becomes unique and unrepeatable. If adolescents fail in this process, time will be perceived as a dimension that does not belong to them, something foreign, and they will see themselves as *timeless subjects*. This extraneousness is painful for the adolescent and is characterized by feelings of annihilation and an emptiness of the sense of self as agent. The subject is immersed in a distressing sensation of being trapped in the past, the victim of a continuous repetition, of an eternal present. Adolescents may lose prospective vision over time and as a consequence, any hope of being able to open up to the future - they exist in a future-less time. This temporal dimension is particularly important since future time is one of the three temporalities that ‘mark and shape mental organization’ (De Robertis, 2009, p. 79). I believe that psychoanalytic thought, historically, has neglected to give sufficient attention and space to the temporal dimension of past and present. I feel there is a strong basis for affirming that not only should future be included in the analytical process, but that, in some way, future is the ultimate goal of analysis. This paper proposes that we level a magnifying glass on future in order to grasp its essence and understand its centrality for the subject and the treatment process.

### Some meanings of future

In the course of analysis, the analytic couple is engaged in ‘tracking down patterns of flow, with its irregular phases and changes, stability and

instability, progressions and regressions, repetitions and novelties' (Seligman, 2007, p. 317). In the patients' narrative and in relating to the analyst, they find themselves on a parallel course: a conservative path runs alongside a prospective one, in which some germinative elements of novelty may be seen (De Robertis, 2009). De Robertis states, 'the analyst's attention and the patient's action or the synergy of the analytic couple should basically not focus on the understanding of dysfunctionally repetitive and recurrent solutions, but on the emergence of re-interpretation as an alternative point on the compass and index of change' (De Robertis, 2015, p. 22-23). Therefore, I believe it is essential that the analyst grasp and functionally manage the future - understood as a dimension of change; this means knowing how to recognise a patient's potential, and possibilities, that is, how the patient could become. The appearance of something new should be seen not so much as an event, but as a *process* that implies a qualitative change in the way the patient experiences the world.

The future should not simply be viewed structurally but rather as an *internal disposition*. To clarify the concept, we can use Augustine's concept of awaiting (2000). The philosopher believes that it is the looking forward that creates the future, not the future that causes us to await it. This affirmation has important implications for our theory, suggesting that 'it is the disposition of the soul that creates the temporal dimension internal to future time' (De Robertis, 2009, p. 82). Ricoeur (1983, p. 28) states: 'awaiting is analogous to memory: it consists of an image that already exists. It precedes an event which is not yet (*nondum*); but this image is not an imprint left by past things, but a 'sign' and a 'cause' of future things which are thus anticipated, foreseen, predicted, announced and proclaimed'. I believe that allowing the patient to develop a disposition of mind characterized by *awaiting the future*<sup>2</sup> is invaluable in allowing future to emerge. By looking forward to the future we mean the ability to look to the future, to turn to it, an awaiting without any defined object. Minkowski (1968) has a different conception of awaiting: he argues that awaiting opens to the future when it meets the dimension of desire and hope. It is worth investigating this statement further as well as its numerous implications, but for reasons of space we cannot do so here. Consider one last point: if the theme of awaiting as creator of the future within the psyche is transferred to the treatment process, we must respect the pace of each patient; failure to do so would result in the patient perceiving the future as foreign, a time that she cannot yet make full use of. In this situation, the future is not only not looked forward to but becomes a source of further anguish. In other

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<sup>2</sup> From the Treccani encyclopedia: *attesa*, the term used in the original Italian text, comes from latin, *attendere*, composed of *ad-tendere*, with the meaning of *turning to*. This term therefore refers both to the act of waiting, that is, to the time that one passes in waiting, and to the feeling that we have in the meantime.

words, ‘not dealing with the patient’s temporality results in the triggering of defensive responses, because pushing growth capacity too hard plays into conservative hands with the paradoxical result that it achieves exactly the inverse of what it is we pursue’ (De Robertis, 2009, p. 93).

When talking about future, we may refer to it as a structure, as an internal arrangement, and also as *a dimension inhabited by possibility*. I believe that one of the central tasks of analysis is to allow future to encounter possibility, that is, to become *a prospect*. For this, I suggest that patients perform the psychic operation of *returning to their own future* to create a generative and functional use of this temporal dimension. I believe this operation is central to the adolescent’s maturation. In this phase, in relating to the surrounding environment, the subject will introduce fantasies of grandiose self-realization, supported, among other things, by our culture. If the adolescent manages to scale down these fantasies without this becoming too mortifying or annihilating, is an important index of functional psychic development (Vanni, 2018). We know how important it is for adolescents to be able to deal with their own helplessness and sense of limitation: accepting to be not ‘the best’ and constructing a thoughtful vision of oneself opens up spaces for creative play with oneself and with others. However, ‘if we add to this complex experience the need to manage the projection of unrealistic or worse, omnipotent parental expectations, the task that awaits that adolescent is more difficult’ (*ibidem*, p. 95). Thanks to the operation of *returning to one’s future*, the future loses that ideal and illusory connotation which, in some cases<sup>3</sup>, can be reactively created by the subject to compensate for the feeling of the fear and annihilation of a present that seems eternal. The future loses its artificial connotation of eliminating the present and regains its function of opening up to the new. However, should this connotation persist, the subject will become stuck in an imaginative future that invades the present; subjects will find themselves trapped in an eternal present once more. To realize the operation of returning to one’s future and being in a position to make functional use of it, the subject must be able to deal with the possibility of it, and also with its negative, i.e. with the *impossibility* of it. In this sense, the prospective dimension can be defined as the combination of: what will happen, what will not happen, what may happen, what may happen to someone else not the patient, what cannot happen<sup>4</sup>. In my opinion, tackling impossibility means coming to terms with reality as it is, in its finitude. Only then will the subject be able to renounce a mythical use of the future interwoven with unrealizable dreams and illusions.

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<sup>3</sup> A situation of this type will be investigated in the course of the paper.

<sup>4</sup> For this theorization I took inspiration from Balsamo (2019) in his differentiation between the concept of the past and that of history.

## Appropriating time: transforming time into *one's own time*

If we look at a human being through the lens of Relationship Psychoanalysis the adolescent is an auto-eco-organised system (Minolli, 2009, 2015). Minolli (2015), in fact, argues that the subject, which he calls the ego-subject, is configured by genetics and the environment, and that these variables are conveyed concretely through parents. It is parents that transmit the genetics and the environment, where the environment 'also has to do with that specific meaning-investment which that child has at that precise moment for his parents and his environment. The meaning-investment is related to what the child means for the parents, the functionality of the child for them' (Calloni, 2016, p. 107). It plays a central role in structuring the child's *configuration* given that, through this investment it is as if mom and dad send an implicit message to the child to be in a certain way; they 'propose' to the child that she wear the lenses of a pair of glasses through which she will observe and interpret her surroundings, and through which she will view herself and life<sup>5</sup>. I believe that within this configuration, adolescents must also deal with a vision of themselves in time: in the past, present, and future. Initially, this vision belongs to their parents, i.e. it is filtered by their parents' lenses. In clinical practice when I meet the parents of my young patients, I hear their stories which are full of facts and anecdotes about their children. It amazes me that many of these narratives concern the first years of life, a phase in which children have no memory, or rather, only implicit memory. This past of the child is filtered by their parents' lenses, by their parents' way of seeing things, by their parents' way of being in the world. Parents often talk to me about their wishes for their children, about a future they hope for, imagine or fear. In this future, children are sometimes implicitly given permission to do what the parents themselves have never been allowed to do; what the parents have been unable to do; to not follow a certain course or, to follow in their footsteps, the children becoming bearers of an intergenerational continuity. 'And teenagers?'; 'How do they take these implicit messages?'; 'How do they relate to the past narrated to them by their parents?' and also, 'What do they do with their parents' aspirations, and desires?' and, 'How can they relate them to their own?'

As we can see from this premise, it is as though, initially, adolescents have to deal with a past and future time that seems not to belong to them, that is not their own. This time is formed by their environment through their parents' gaze. It is as if adolescents are required to deal with time that is external to them, in a sense, alien. In the course of analysis, this external time can

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<sup>5</sup> Lecture held by Minolli M., at the Relationship Psychoanalysis Centre of Parma (SIPRe) on April 17, 2016.

become internal, i.e. linked to the subjectivity of individuals. Thanks to the *appropriation of their own temporality*, adolescents will come to filter the past and future through their own lenses. This process implies that adolescent subjects can deal with their own *historical configuration*, appropriate it, and then go further. If this process is successful, the adolescent will carry out a fundamental 'compromise operation between two dimensions - the past we have been immersed in since before birth, and the story we can construct, by cutting, interpreting *and through continuous re-interpretation*<sup>6</sup> of this same past' (Balsamo, 2019, p. 19). Adolescents will finally be able to look out onto the future, an anticipated future, structured from the 'double intersection of the desire that constituted us and our desire or the psychic operations performed on it' (*ibidem*, p. 20). In this way, time becomes *one's own time*, and adolescents will succeed in appropriating and constructing their own unique and unrepeatable temporality. The term 'one's own' in the expression *one's own time*, points to a temporality that is well-suited to and consistent with the subjectivity of adolescents and their lives. Adolescents are free to live in their time, to live their time, which can only be the present. Should these operations fail, adolescents will find they confirm a past that is not in line with their being in the present, crystallizing it in their own minds as an eternal present. An eternal present that shows the immutability of the current situation and closes the doors to the dimension of future. Thus, as we see in the next paragraph, they reactively project themselves into a mythical future in an extreme attempt to mobilize the present which is experienced as immobile and rock-solid. In this case, adolescents have to reckon with a future that seems not to belong to them, that is not their own, not possible, unachievable. Future is experienced not so much as a prospect, but rather as an imaginative scenario. Although I may be criticized for a somewhat reductionist and linear vision of the process, I feel that a situation that has developed into something pathological has precisely this type of linearity. During the course of analysis, we hope that the patient may become more aware, thanks to *Self-presence* (Minolli, 2015) of her own place in time, of the temporal dimension in which she finds herself and for what purpose, of her relationship with time, of her own desires, and her own historical configuration - all aspects that, in some way, have given her consistency, unity and coherence. Minolli defines *Self-presence* as a combination of cognitive self-reflexivity and bodily self-reflexivity which leads to the total appropriation of one's own state (Florita, 2011). This self-reflection appears to be intimately linked to time. Changing and evolving means tackling crystallized time which the patient is locked into, and returning to a place where past, present and future communicate through a mechanism of circular recursion. In so doing patients no longer repeat the past; they

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<sup>6</sup> The italics are a personal addition.

do not get lost in an eternal present or in an imaginative future but are able to open up to the future seen as a prospect. The etymology of the word *presence*<sup>7</sup> makes clear reference to the temporal dimension of the present. I believe that being present to oneself means living in one's current temporal dimension; it means being and living in one's own time, which can only be the present. For this to happen the subject must also cohabit the past and future attributing to them sense and meaning. Subjects must not only succeed in 'getting past the past' and transforming it into history, but also in 'returning to the future' and transforming it into a prospect. At that point subjects will be able to live in their own time, the present, fully.

### The futurization disorder

In this section I introduce the hypothesis of a type of temporality disorder bound to a subject's narcissistic traits. I will refer briefly to the clinical case study which, with others, sparked these reflections. This disorder does not so much concern the past-present relationship of classical psychoanalysis, so much as the present-future one. In this disorder, which I will call *the futurization disorder*, feelings of fear and annihilation that derive from the sensation of being immersed in a present frozen by one's past - an eternal present - are reactively polarized towards a grandiose, narcissistic future. To better explore the phenomenology of internal time from the viewpoint of the futurization disorder, it is helpful to consider the current meaning of the concept of narcissism. Stolorow defined narcissism according to the parameter of maintaining self-esteem, thus giving it a functional status: 'mental activity consists in maintaining structural cohesion, temporal stability and the positive affective colouring of self-representation' (Mitchell, 1988, p. 160). Although I refer to this modern meaning of the term, I cannot fail to consider the conceptual core of Freud's secondary narcissism where he highlights the pathological side introducing the theme of 'overestimation' (Freud, 1914, p. 461). This function could translate into persistent overestimation of oneself, where one would continually attribute an illusory value. In this case, narcissism implies an illusory overestimation which coincides inevitably with reality (Mitchell, 1988, p. 163). Where there is a failure to return to one's future, introduced in the previous paragraph, it is generally the case that the clash with reality seems to be

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<sup>7</sup> From the Treccani encyclopedia: the original Italian term *presenza* from lat, *praesentia*, from *praesens-entis*, present. Going deeper into this term, note the etymological root *prae-ente* in the sense of '*essente prima*' (being before). The term 'prima' should be understood not so much in a temporal sense, but as an activity of intuition, of perceiving. We are certainly not in the field of clairvoyance, but in that of intuition which implies a high degree of lucidity. In my opinion, this lucidity can be encountered only if we inhabit our own time, the present.

too painful for the subject, who thus comes to disinvest from reality itself, in a process of involution, projecting itself into an illusory and mythical future, a future that invades the present by immobilizing it. The subject is thus trapped in an imaginative present made up of illusions of omnipotence and self-sufficiency (Kernberg, 1975). The emphasis on showing oneself off and on self-sufficiency which, paradoxically is accompanied by the desire for an idealized relationship, was well conceptualized and deepened by Kohut (1971). His reflections and theories have been particularly helpful to me in the conceptualization of this disorder, a disorder of temporality in which the subject finds himself trapped in a richly imaginative, grandiose and illusory future. The word illusion, as Loewald reminds us (1974), derives from the Latin *ludere*, to play. In this sense, narcissism reflects precisely the subtle dialectical balance between illusion and reality. In narcissism that we may call healthy or functional, illusions about oneself and about others are produced, enjoyed playfully and abandoned in the face of disappointments; new illusions are continually created and dissolved (Winnicott, 1971). On the other hand, when narcissism acquires a more pathological connotation, illusions are taken too seriously, we fixate on them and become rigid in them. 'Concern for the limitations and risks of reality therefore leads to the absence of joy, of vitality, to the point of paralysis' (Mitchell, 1988, p. 176). Any activity becomes so threatening because it inevitably encounters limits that are experienced as unacceptable. In this futurization disorder, subjects are trapped in an illusory future vision of themselves, becoming rigid in it; they behave as if the future were already in the present, finding themselves stuck in a richly imaginative present.

I met F. in a consultation while he was in his first year of High School (Social Sciences). He was a rather tall, thin young man, with shoulders slightly bent forward, black, charcoal-coloured eyes and hair, a lively, restless gaze and a presence that felt elusive and unpredictable. I was struck by his rather classy clothes and seriousness so distinct from that of his peers. His mannerist and extremely polite behaviour made him appear 'passé', as if he belonged to a different era. And although his ways, words, and attitude were suffused with a sense of superiority and grandeur, from our very first exchange, he aroused in me a certain sympathy and tenderness. F was performing well in lessons at school but was struggling to fit into the class. His schoolmates found him strange and avoided him, they were unable to stand his eccentric behaviour and his manifestations of superiority. He liked to study literary subjects and history, even independently, and often explored subjects of his own accord and studied themes and topics in advance of lessons. He told me that he felt distant from his classmates, especially in recent months as he was experiencing a sort of spiritual calling that he termed 'the phenomenon of spiritual vocation'. He affirmed that he wished to pursue an ecclesiastic or academic career in the future, confident that he would achieve exceptional results. I was



immediately struck by his intellectual style of story-telling, full of quotes from biblical and religious sources, and his continual attempts to de-corporize emotions and sensations, on a rational, spiritual and philosophical level. I was also impressed by how he narrated the trends characterizing today's youth in a notional and academic way, using a critical, devaluing and detached tone. The communicative modality that he assumed in our meetings seemed to me somewhat bizarre. He sometimes got up from his chair and started to move around the room; other characters entered the studio, and he narrated and acted out imaginative stories in theatrical form. Feeling confused, uncertain and fearful I stayed with him among his historical characters and stories. At the end of the session, he asked insistently: 'Was I good?' or 'Did you like my show?'. I had the impression that for F being in a relationship with someone meant amazing, impressing, and frightening them. I learnt that F alternated moments of prayer and strong asceticism with moments of blatant prima-donna behaviour. I learnt that in recent months he had invested heavily in the hobby that he had cultivated since childhood: theatre and musicals. In the studio he proclaimed his abilities and shared his creations with me; he declared that he was a great actor and that he would surely become famous and successful. In the course of the consultation the central issue seemed precisely his need to impress, frighten and shock. It may be that F felt he could survive by only by perceiving himself as special, unique and, 'spectacular'. In sessions he swung abruptly from one position to its diametrical opposite demonstrating that he lived in a polarized world: impotent (I'm worth nothing) - omnipotent (I'm worth more than anyone). In this state of loneliness and the distance from his peers, as well as his profound fatigue and failure, F's only way out may have been to crystallize this grandiose vision of himself. It silenced his doubts, insecurities, fears and inabilities. I should draw your attention to the parents' representation of their son as a rather silent and solitary child: at school, he was shy, introverted and apparently disinterested in his classmates. I was struck by an episode that took place during a school play, when his father, seeing that F was frightened and intimidated by the situation, lost his temper and threw the camera to the ground, shattering it. In the same year, F's sister was born and F was diagnosed with dyscalculia. F's parents witnessed a significant change in the child in this period: he became very active and talkative both at school and at home. He appeared motivated by an extreme need to be a protagonist on the family stage, to be the centre of attention. Instead of attributing the cause of change to this reductionist, linear scenario, it may be more useful, as Beebe and Lachmann (2003) suggest, to identify the camera scene as the 'model scene' that encapsulates the vision that the boy's parents had of the past, of F's childhood as a helpless, introverted, isolated and silent child, crushed by a reality that he could not sustain. I noticed during the sessions that this vision coincided with F's feelings about himself. It is likely that this model scene was implicitly considered the founding model

of F's feelings of being ineffectual. He had to face a past that could not become history; that he could not look at through his own lenses. Instead, he reactively 'used' this vision radically polarizing himself at the opposite pole and building a present of talkativeness, extroversion and eccentricity in an attempt to take centre-stage. When F asked me at the end of the sessions if I liked it, or if he was good, he seemed to be trapped in a past that he could not get past; a frozen past that froze the present. In my studio, an insecure, frightened child suddenly materialized demanding confirmation of his worth and his abilities. In these moments F was a child who, in order to feel that he existed, needed to amaze, impress, and dismay his parents, especially his father. I myself, perhaps assuming the role of father, became immersed with F in a past that would not pass, which could not become history because it had hardened into a significance which lacked the necessary reinterpretation to mobilize time. F reactively projected himself into an illusory, mythical future, in an attempt to rectify the past dynamically, albeit without effect. The illusory future assumes a compensatory function. F finds that he is living under the illusion of a grandiose and imaginative future to come, however, this future only keeps F locked in the present, a present filled largely with illusory overestimation. Thus, F is incapable of returning to his own future; i.e. he is unable to abandon or renounce the illusory, grandiose vision he has of himself, and becomes crystallized in it. In the futurization disorder the subject behaves as if this illusory future is already in the present and is trapped in this imaginative present.

This theory correlates favourably with other studies, in particular, Steiner (1993, p. 20) and his conceptualization of the refuge of the mind that 'functions as an area of the mind in which one does not have to face reality, in which fantasies and omnipotence can exist without control and anything is allowed'. Sullivan considers omnipotence and grandiosity as a dynamic whose function is that 'of covering up feelings of profound insecurity through the envious confrontation between oneself and others, an accelerating spiral of desperate attempts to shore up a sense of security that gradually weakens, with the result that patients are increasingly detested and avoided. If these patients could come to realize that they harbour feelings of inferiority towards those who appear satisfied and prosperous in some aspect, then they would dispense with that odious show of superiority; odious also because the subjects hate themselves intensely since they are incapable of being what they claim to be' (White, 1952, p. 139 op. cit. in Mitchell, 1988, p. 167).

Thinking about possible future sessions with F, I must keep in mind that a large part of the work will be to put the boy in contact, gradually, with his deep-felt sense of inferiority. This operation will be complex as the analyst cannot be content with simply interpreting the defensive aspects of his patients' grandeur - this would mean neglecting the importance of that dynamic in building the subject's relationship with the world - but more

importantly, it means interacting with him in a continual circularity between illusion and reality within the present. I will need to learn to feel at ease in experiencing F in both modalities: in grandiose illusions and in delusions; in the scaling down, and in the realistic limits that dizzying, frightening and distressing falls could imply. I will have to walk a tightrope along this fine line to participate actively in F's reality, while managing to disengage at the opportune moment, seizing the present moment. As Bromberg (1983, p. 378) argues, 'the success of analysis for some patients depends on the possibility that a relationship can have an indefinite duration to partially protect from the harsh reality that patients are unable to assimilate, while, at the same time, carry out its more general task of mediating the transition towards a more mature and differentiated level of self and object representation'. In this scenario, F may be able to give new meaning to his past, make it his own, make his own history. He will be able to renounce that imaginative projection into the future in an attempt to mobilize the eternal present where he feels fearful and annihilated. The hope is that by re-mobilizing the past and the future through their circular recursion mechanism, F will re-appropriate time, and thus inhabit his own time, the present time.

## Conclusions

When subjects enter analysis, I believe that their questions inevitably have to do with time. In this sense, we can affirm with confidence that psychopathology has a corresponding temporality disorder. In the pathological state, there is a 'hitch' in the continual circular recursion between past, present and future that represents the functional state of a subject. This 'hitch' can take on different forms and declinations linked to the particular pathological phenomenology of the patient. However, I believe that the common root of the different pathological categories is the sensation of feeling like a *timeless subject*. If there is no perception of time there will consequently be no perception of variability and change. The subject will be living in a terrifying freedom-less state and will feel that her destiny is already sealed. This condition will cause the subject to project herself into an illusory future, an imaginative future, in a desperate attempt to mobilize time. However, she would soon realize how futile this attempt was and the subject would be blocked again in *the non-future*. In order to re-mobilize the recursive circularity of the past, present and future, the subject under analysis is required to inhabit each temporal dimension through an attribution of sense and meaning. Through this operation the subject not only grasps the temporal dimension that she occupies at that precise moment, but also, and above all its purpose. Therefore, analysis becomes, thanks to *Self-presence*, the instrument that allows the patient to appropriate time and to configure her own time; it is a unique and unrepeat-

able temporality given that it belongs to that particular subject, a temporality that is that particular subject. In this way external time, seen as objective and extraneous, returns to being internal, that is, subjective time.

It should be clear from this paper that analysis consists not only of experience immersed in various declinations and facets of time but consists of real experience woven by time itself. In other words, time is at the centre, at the heart of every analytic intervention. The analytic experience, therefore, is not only a privileged vertex for exploring a patient's temporality, listening to the multiple modalities in which it unfolds, and to the different temporal dimensions that arise, and the subjective constructions that result from it, but is a real *temporal laboratory* in which the patient, with the analyst, can tackle the dimensions of the past, present and future. Through analysis the patient can work on his own sense of time, which is at the core of every experience of subjectivation and is at the heart of our relationship with the world. I would like to point out that for Heidegger, temporality (*Zeitlichkeit*) 'is shown to be the meaning of authentic Care' (Heidegger, 1927, p. 476) as it constitutes the project of existence (*ek-s existence*). I have focused my attention on future here, as I believe that in this dimension the subject plays a vital hand for the outcome of his existence. Again, I would like to take up Heidegger when he affirms that the essence of the existing is not the already given, but the sphere of potentialities, options and choices that converge towards what the subject plans to be. Already the word existence 'evokes an *ex-sistere*, a bringing oneself out of, a transcending what one is, in the direction of something that is not already given, which is situated in relation to possibility' (De Robertis, 2009, p. 90). Analysis therefore treats the future, in an existential sense, as a space of alternative and of becoming which is internal to the subject. I believe that the main purpose of analysis is precisely to ensure that the patient can reopen himself to possibility, to the future. This core objective of analysis also has an ethical implication - ethics reminds us that 'if the future is closed, human freedom has no meaning' (Bodei, 1997, p. X).

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