Implicit and Explicit Temporality

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Since Minkowski (1970), Strauss (1966), v. Gebsattel (1954), and Tellenbach (1980), temporality has been a main subject of phenomenological psychiatry. Drawing on philosophical concepts of Bergson, Husserl, and Heidegger, these authors have analyzed psychopathologic deviations of time experience, mainly from an individual point of view, for example, as a slowing down or inhibition of lived time in depression or obsessive–compulsive disorder. Their analyses are still most valuable today, but may be carried further by introducing concepts such as *embodied* and *intersubjective temporality* into psychopathology. Martin Wyllie (2005), by opening up a wide scope of temporal phenomena and related concepts, makes a laudable effort to contribute to such a progress.

In my commentary, I would like to propose a distinction that is suggested by much of Wyllie's analysis and may shed further light on psychopathology, namely between *implicit* and *explicit temporality*. If we look at a child while obliviously playing with his toys, lost to the world, we may assume that there is no sense of the time passing. Lived time runs with the movement of life, implicit in the child's experience of being engaged in his play and directed toward his goals. It "unfolds through the processes of bodily activity" (Wyllie 2005). Future and past do not stand out against the pure presence of "becoming." This implicit mode of temporality is retrieved every time that we are absorbed in what we are doing, and may even reach the climax of "flow experiences" (Csikszentmihalyi 1988) where the sense of time is lost in unimpeded, fluent performance.

However, this changes when a gap arises between need and satisfaction, desire and fulfillment, or plan and execution. Now the future appears as a "not yet" or "yet to come," experienced as the temporality of awaiting, striving, or longing for. Time is felt as passing by and refusing the desired fulfillment; it becomes conscious or *explicit*. A similar gap arises between the present and something irretrievably lost, bringing the past to consciousness as a "no more." Again time is experienced explicitly, but now as moving on relentlessly and separating us from the lost object. The gap to the past may not be bridged any more: this is the temporality of missing or mourning. In both cases, explicit time arises as a negation of implicit or lived time (here my use of the term is a bit divergent from Wyllie's); it is experienced as a "not yet" or "no more," often with a component of displeasure or suffering (Fuchs 2001a, 2003).

"Implicit" versus "explicit time" thus come near to another distinction well known in phenomenology, namely between the "lived" and

the "corporal body" (*Leib* versus *Koerper*). The first term refers to the body functioning in the tacit mode, as the medium of everyday performance. The second term points to the body as turning into the object of attention, for example, when it puts up resistance to our purposes, or is used as an instrument deliberately (Fuchs 2001b). In fact, implicit temporality and tacit performance of the body are nearly synonymous: Lived time may be regarded as a function of the lived body, opened up by its potentiality and capability. The more we are engaged in our tasks, the more we forget time as well as the body; we are, as it were, "inside time." On the other hand, in explicit temporality the body often appears in the corporal or explicit mode as well. For example, when falling ill, we experience our body no more as a tacit medium but rather as an object or obstacle, while we notice the slowing down of time and may even feel excluded from the movement of life. Thus, embodiment and temporality have a parallel background–foreground structure.

I now try to carry these considerations further by including the intersubjective dimension of time. In an earlier paper, I describe the attunement of the living being to its environment as a continuous *synchronization* on the biological as well as the social level (Fuchs 2001a). Optimal synchronization is equivalent to implicit or lived temporality: There is no gap or backlog between the state of the body and the surrounding processes; it is just "in time," functioning in the implicit mode. However, the living being periodically goes through states of shortage, imbalance, and asynchrony that have to be compensated for by a suitable behavior. States of lack and need may be regarded as *desynchronizations* that call for resynchronizing measures (taking in food, resting, etc.) able to reestablish homoeostasis. Similarly on the social level, uncompleted tasks, unresolved conflicts, and experiences of guilt, loss, or separation lead to a temporary disturbance or lasting loss of the lived synchrony with others. Desynchronization thus is not only a biological phenomenon, but related to the social sphere as well.

Generally, we may distinguish two kinds of desynchronization: a state of being "too late" and of being "too early," or a *retardation* and an *acceleration* of one's own time in relation to external processes. As a rule, this is connected with a slowing down or speeding up of experienced time (Table 1).

Intersubjective time may thus be considered, not as a modal order of past, present, and future, but as a *relational order of individual and social processes*, implying simultaneity or asynchrony with respect to relevant others. While implicit temporality is characterized by synchronization with others, explicit temporality arises in states of desynchronization (acceleration or retardation): It is mainly by discrepancies or separations from others to whom our lived time is primarily related that we experience the irreversibility and the rule of time.

As mentioned, explicit temporality is often connected with displeasure or suffering. Acceleration of one's own time in relation to the environment may be experienced as impatience, pressure, or dysphoric agitation. Only in euphoric mania, the asynchrony of individual and social time is not felt unpleasantly by the patient herself, yet all the more so by her environment. On the other hand, retardation, delay, or backlog are states that cause growing distress and suffering, most of all in severe melancholia, which may be regarded as a complete desynchronization or uncoupling from intersubjective time (Fuchs 2001a). Here the individual becomes obsessed by the past, as Wyllie shows in detail, and loses the lived synchronicity with others. In melancholia, explicit time establishes a merciless rule; its passing by is noticed painfully, and the future of lived time seems closed forever. At the same time, the body falls out of the implicit mode and is "corporalised" (Fuchs 2001b), that is, turned into a heavy, material object that puts up resistance to all remaining impulses. Desynchronization, explication of time, and corporalization of the body are joint characteristics of the melancholic state.

Melancholia thus demonstrates *e negativo* that temporality, embodiment, and intersubjectivity are inherently connected. Normally, the lived body, by its potentiality and capability, reaches for the future, opening up the implicit temporality of life. Moreover, it is always attuned to others by nonverbal communication and mutual

Table 1.

Retardation ←	Synchrony	→ Acceleration
	presence, "flow"	
boredom	—	impatience
illness, fatigue	—	pressure of time
mourning/guilt	—	hectic pace, agitation
melancholia	—	mania

bodily resonance in the sphere of prereflective intercorporality (Merleau-Ponty 1962). However, lived time becomes explicit, external, and even oppressing once this syntony or mutual resonance with the environment is lost and the lived body is corporalized, as in melancholic depression. Then the intercorporal attunement of gestures, facial expressions, tone of voice, and other "vibrations" fails as well. The patients are trapped in their reified body and experience a growing depersonalization, especially a loss of feeling for others. An utter desynchronization or uncoupling of body and world is reached in nihilistic delusion or Cotard's syndrome, resulting in what Wyllie (2005) aptly calls a "negative eternity": Here the corporalized body is literally experienced as a dead corpse, and the others even do not seem to exist any more. Lived time has come to a standstill.

Let us take a final look at temporality in schizophrenia, although the conditions are more complicated here and need a more thorough analysis than is possible in this paper. In prepsychotic stages of the illness, patients often experience an indefinite pressure of time and impatience in the face of something imminent or threatening. It is as if they had to prevent an impending catastrophe by carefully searching for signs and hints that may indicate what will be happening. There is an atmosphere of foreboding, of something ominous being "in the air," arising from a state of "delusional mood" or "ante-festum," as Kimura (1992) termed it. In this state of hypervigilance and expectancy, the patient grows increasingly suspicious and agitated. Inner processes such as ideas, images, memories, and thoughts become more and more urgent. The patient feels that he may not lose any time, without being able to tell why. Any impulses or ideas that come to mind have to be realized immediately, with no regard for social acceptance and adequate "timing." Thus, we may speak of a desynchronization of lived time in the sense of an acceleration that, however, is not caused by an overactivity as in mania, but results from a constant presentiment and anticipation of an impending future.

In the postpsychotic stages, on the other hand, the tables are turning: Residual or negative symptoms may be regarded as a general retardation, characterized by a loss of drive, reduction of activity, avoidance of any change and novelty, and social withdrawal. The sphere of intercorporality or bodily–emotional communication is fundamentally disturbed, resulting in an alienation and autistic encapsulation. The schizophrenic person loses the security of being in a common time, in atmospheric presence or syntony with others. Often she tries to compensate for this

withdrawing presence by a hyperreflexive reconstruction of everyday performances, by rigidly planning and ritualizing her life. Thus, instead of "becoming," she has to make every single pace of her life explicitly and deliberately. The loss of lived time is also apparent in the rigidity of delusions: They may be regarded as a "frozen reality" (Musalek 2004), which is no more exposed to communication, nor to time and change.

Thus, in schizophrenia we find an inherent connection of temporality, embodiment, and intersubjectivity as well. The desynchronization characterizing both pre- and postpsychotic stages of the illness affects all these dimensions equally. A psychopathology of intersubjective time integrating those dimensions into an overarching concept is still a promising project.

References

Csikszentmihalyi, M. 1988. *Optimal experience. Psychological studies of flow in consciousness*. Cambridge: Cambridge University Press.

Fuchs, T. 2001a. Melancholia as a desynchronisation. *Psychopathology* 34:179–186.

———. 2001b. The phenomenology of shame, guilt and the body in body dysmorphic disorder and depression. *Journal of Phenomenological Psychology* 33:223–243.

———. 2003. The temporality of pain and suffering. In *Phénomenologie des sentiments corporels. Douleur, souffrance, dépression,* ed. Granger, B., Charbonneau, G., 69–75. Argenteuil: Le Cercle Herméneutique.

Gebsattel, V. E. v. 1954. *Prolegomena einer medizinischen Anthropologie*. Berlin/Goettingen/Heidelberg: Springer.

Kimura, B. 1992. Temporalité de la schizophrenie. In *Ecrits de psychopathologie phénoménologique*, 65–92. Paris: Presses Universitaires de France.

Merleau-Ponty, M. 1962. *The phenomenology of perception*, trans. C. Smith. New York: Routledge & Kegan Paul.

Minkowski, E. 1970. *Lived time: Phenomenological and psychopathological studies*. Evanston, IL: Northwestern University Press.

Musalek, M. 2004. *Delusions—A frozen reality?* Paper presented at the 7th International Conference on Philosophy, Psychiatry and Psychology, Heidelberg, September 23–26, 2004.

Strauss, E. 1966. *Phenomenological psychology*. New York: Basic Books.

Tellenbach, H. 1980. *Melancholy*. Duquesne University Press.

Wyllie, M. 2005. Lived time and psychopathology. *Philosophy, Psychiatry, & Psychology* 12, no. 3:173–185.