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ESSAY

The importance of time spent in patients in relation to health and health professions

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Abstract

Today, can the analysis of the patient's lived time, in the health field and in hospital and outpatient settings, become a specific field of investigation for care, promoted by health professionals? When we discuss inner time (subjective and individual relationship that each individual establishes with the past-present-future triad) and not time as duration or before and after, what are we talking about and above all what to do?

"The reason for being able to be oneself is always in front of us."
Kimura

"In reality, we walk in time, in it we organize our life, our whole life, and in it we twirl with ease and confidence, we come to assert ourselves in it, to leave you an imprint of our personal action."
Marc Augé

1.The discourse of (on) lived time

The context of lived time (as well as the ability to understand the patient's suffering), in the field of research on health professions and psychiatric psychological care, the study of neuro-science, neo-biological mechanisms, has a long history[1] and a complex travail[2].
"So our sense (order) of time seems, however, to have originated, on the one hand, from neo-biological-psychological mechanisms and from psychic and reflective consciousness mech-anisms, and on the other hand, as a product of planetary/anthropological evolution."[3]
In psychology, for many years, inner time has been studied as a directional (protensional) aspect of the psychic experience, which is carried out towards the patient: time, that is, is considered as an inner experience[4] , a prolongation from an initial moment – on the part of the health profes-sional – towards programmatic and organizational moments and therefore further

[1] *It is remembered that it was Anaximander (610-546 B.C.) who posed the problem of the process by which things derive from primordial substance. This process is the separation of beings from the infinite substance (apèiron). By means of this separation, 'infinite worlds' are generated, which follow one another according to an eternal cycle. For every world the time of birth, duration and end is marked: All beings, according to the order of time, must pay to one another the burden of their injustice (Simplicius, De Phisica, 24, 13). It is the first time in history that an attempt has been made to give a purely naturalistic explanation of the birth of the universe and the world, of the relationship of the ego with reality and therefore with space and time, sticking solely to the data of experi-ence.*

[2] *This theme crosses numerous scientific fields and topics: the epochal link of the person to time, the time of conscious and mysterious inner becoming (lived time), the schizophrenic or depressive lived arrest of time (still time), the short time of the linguistic project and the long time of the spoken/sped word, the "arrow of time", entropy, and so on for many other voices. For the psychiatrist Piro: "temporality is the band that envelops in its multidimensional, i.e. panchronic, volutes, an observed (i.e. the happening of happening) that changes incessantly, a magma in which every single event must be continuously renamed for its very changeable relationship with all the other events that appear synchronously together with it and that flow diachronically next to it" (Piro S. 2005. Treatise on di-adromic-transformational research. La città del sole, Naples, 160). An important aspect of this author is chronodesis, or "link to successive horizons", an expression that indicates: the epochal link to the flow of the human world, to its fractures and vortexes, in a perspective that recalls the concept of epoch; the inner suspension of praxis in the transformational relationship of care; interhuman understanding as anticipation. Therefore, the term chronodesis has many possible developments in the clinical-therapeutic field: the patient's link to the horizons that follow one another in his time (fundamental chronodesis); anticipation as the prevailing moment of the act of interhuman understanding and, more generally, of interhuman action, anticipation noesis (understanding what happens) and praxis (acting) as a moment of triggering action; the chronodetic pause as a necessary moment of suspension of judgment (blocking of pre-judgment), arrest and inner reflection. It is useful to remember Korzybski who indicates time-binding as a fundamental human characteristic, but with this expression he indicates the mechanism of cultural transmission from generation to generation and not inner time.*

[3] *It would seem that it is not a purely automatic or innate process but linked to a complex activity of survival of the species and the psyche that we have developed and preserved during the time of growth.*

[4] *Masullo (1995, 31) writes: "In short, experience comes after living, not because it is 'in time'. Rather, time exists, only because it is given the experience of living: indeed, it is."*

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related to therapy[5]. In experimental laboratory psychology, on the other hand, great im-portance has always been given to the temporal measure that intercedes, during a dual rela-tionship (patient/health professional), between an initial stimulation and the response of an in-dividual in need of treatment: the so-called psychological time or reaction time[6]. Inner time, therefore, is a complex issue related to the care practices of the health professional, addressed by scientists; it is a common experience of people, during or after significant and significant suffering, to be told in a consoling tone that time will take its course, that time must be allowed to pass in order to heal wounds[7].
As Husserl says, in everyday reality "we do not produce time at all, but it is it that surrounds us, surrounds us and dominates us with its fearsome power" (Husserl, E. 1965. Ideas for a Pure Phe-nomenology and a Phenomenological Philosophy. Einaudi, Turin. See also Husserl E. 2002. The inner consciousness of time. Filema, Naples).
It is not consciousness that constitutes the flow, but flow and consciousness and intentionality are part of a larger dynamic, which we can define as an interweaving, a unity of time, as a "spectacle of becoming".
"Time is the spectacle of becoming. In fact, no matter how you look at it, it always has to do with what changes. And even if nothing were to become, the experience of time would still be an experience of becoming, even if it were understood as faith in becoming itself. The implication between time and becoming is true in any case, whether we consider time as the number of motion, the a priori of succession, or as the fourth dimension of the physical world, that is, of cosmological reality. The experience of time, as a mode of experience of becoming, is like be-coming, a complex experience... The experience of time, as an experience, gives rise, there-fore, to varied and equally complex modes of expression of temporality: it generates forms of time" (Natoli, S. 1991. Philosophical theatre. The scenarios of knowledge between language and history. Feltrinelli, Milan, 9).
Therefore, the present scientific work aims to make health professionals reflect on the im-portance that lived or inner time constitutes for each patient during a treatment (not the time that lasted or the 'before' and 'after', of the clock): it is an opportunity to reiterate that the study of obscure suffering (Piro),[8] of inner time and intersubjectivity (and how emotions can influence it) in the field of health have taken on a fundamental role. All this appears to be fun-damental both for the care and for the centrality that emotions (and the pathological change) linked to them assume in the lives of people in general, and for the role that the past-present-future triad assumes in the pursuit of well-being. Inner time, therefore, is at the center of a reflection on mutational practices aimed at patients that it is hoped will have greater implications in the health field. Usually, in addition to the attention on the "sick body", the knowledge of the other or of what happens, during a therapeutic relationship, is an anticipa-tion of the other's action in the time lived: it is an interhuman and intersubjective understanding by recurrence (diachronic), or mass knowledge (synchronic) or mass knowledge by recurrence (panchronic).
"Those who say: time passes, flows, passes, flees, has in mind a different time than those who use idioms in which time is represented by a wheel and therefore speak of cycles and recur-rences. For the former, time is a progressive force, for the latter, a cyclical force. Although both of these aspects are present in time, it is very different whether we perceive one or the other, which of the hard ones we listen to" (Junger, E. 1994. The Powder Clock Book. Adelphi, Milan).
Inner time, unlike the measurable time of the clock (which helps us orient ourselves in the world of objects and people), changes for each of us during illness (every disease), and some critical phases, events and, above all, during a critical phase. And it is always the inner time that leads us to the figures of temporality (nostalgia for when we were healthy, remorse for not hav-ing been treated in time, hope for a cure, waiting for the opinion of doctors and health profes-sionals, regret, joy for a healing, etc.), that makes us relive in memories or leads us towards the unknown, that is, the fear of illness. Usually the flow of time, which flows from the past into the present and from the present transcends into the future, lives in us in a mysterious and elusive way (sometimes unconsciously), flows without us being fully aware of it.
"The experience of time, to which only psychopathological investigations have given psycho-pathological importance, allows, for example, to psychologically 'interpret' certain psycho-pathological phenomena that would not otherwise be comprehensible. Every manifestation of life is as if sustained by the flow of becoming,

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[5] *According to Piaget, the acquisition of the notion of time takes shape through the actions carried out by the child himself and perceived more as process phenomena than as temporal phenomena in themselves.*
[6] *These reaction times are of varying length for different stimuli and in different individuals, changing continuously even in the same subject.*
[7] *These sentences clearly contain the idea of inner time, linear understood as an arrow, unidirectional, which involves the move-ment from a point A to a point B: time is understood as the flow of becoming from one mental condition to another. Now there is only succession in daily events and nothing else.*
[8] *"That obscure suffering, which is commonly called mental illness, depression, neurosis, maladjustment, psycho-pathological condition, is impregnated with social exclusion and war, sometimes already in its determination, often in its rooting and compli-cation, always in its social immersion and in the relationships that hold on to it. Any form of care that does not take this reality into account is bound to reveal itself as a further act of war against the suffering singularity, a greater and more serious exclu-sion. Even in women and men in whom biological illness is to be rec-ognized as the primary motive of suffering, the decisive influence of immersion in the flowing social on the singular destiny never ceases: exclusion and war throw the individual to the lowest and most debased level of his potential, prevent the transformation of suffering into a life project, in power of expression, inability to modify the sur-rounding micro-social conditions. No way of curing obscure suffering that does*

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and that the inhibition of the werden is at the ex-istential root of the melancholic experience, it also opens up to a 'psychological reverberation' (Borgna, E. 2020. In the lost places of madness. Feltrinelli, Milan, 29). The patient who lives a condition of illness, who suffers with respect to his condition as a sick person, can live an obsessive condition with respect to the future. Feeling good, feeling down, being agitated are the ways that in common language define an emotional state in a condition of physical suffering.
"In the present, in fact, existence lives its being near-things starting from a past that takes up again (zuruck-bringen-auf) in view of a future that anticipates" (Galimberti, U. 1991. Psychiatry and phenomenology. Feltrinelli, Milan, 201).
Saint Augustine suggests to us, with respect to the riddle of interior time, a solution. Time is in the soul of those who suffer or are in a condition of physical suffering. It is certainly not possible to measure, even if you make a great effort, the past of the patient who is no longer (when the health condition was present) and the future that is not yet (the healing that is awaited). How-ever, we keep the traces of every word spoken by the doctor or a health professional, the memory of the past spent between clinical and instrumental examinations and we are often waiting for the future, that is, for an answer or technical opinion. The past (which no longer ex-ists) becomes the memory of past things while the present, which is devoid of duration, be-comes an instant that passes, a change from a condition of pain/suffering to a condition of health. All this implies constant attention, the total exclusion (epochè) of suppositions, affir-mations, beliefs whatever they may be, relating to being in the condition of illness[9]. It is inter-esting not so much to describe working techniques but the role that lived time plays and plays in the suffering and pain of patients on whom we try to intervene to produce a state of health, to release a personal change[10]. Any treatment, especially the psychological one, that is, of the phobic construction, of the neurotic arrangement, of the delirious mask, can consist in a descrip-tion of the change of the body lived in space (living body), of the temporal distortions and the pathological physiognomy of the time lived in the world, of those changes that the patient ob-serves within himself, with greater force and immediacy.
What we welcome into our lives is not the existence of a worldly time, but the time that appears inwardly, the experienced. The present that observes the past to anticipate the future[11] , the present that becomes sadness in the psychopathological field, nostalgia that looks to the past becomes resentment and guilt for having wasted years; the pain that arises from the present, suddenly, with its doubts and states of uncertainty: the pain that is relived in an instant in the meeting with the health professional and reproduced in the imagination, and it is lacerating suffering; The pain that arises from a wound in the body that undermines the image of ourselves and of what we would like to be or remain, and it is the pain with its lacerations that affects health on a global level. In dialogue with patients, it is important to respect the time lived as well as their silences and omissions.
"Women and men are often prisoners of the prevailing person, who has become the mask of the absolute, a unique person. This is the person of dark suffering... Neuroses, depression, and various psychotic conditions are sure signs of a war between what is happening and what could happen. These ways of dark suffering tend to make nothing happen but what happens... they are the direct product of the doxic-ideological condemnation of joy, of sublimation, of art, of crea-tion, of originality" (Piro, S. 1995. Critique of personal life. The City of the Sun, Naples, 93-94).
The clinical pathway, on which it is good that every health professional must pay attention, con-cerns the world of feeling and conceiving pain, the lived space (not the geometric space), sympathetic communication (not technical communication). That is, we are in the human region in which the senses become communication between the person and the world (we open our-selves to the world or close ourselves to the world, hiding in prison suffering or heading to-wards an uncertain, unknown future).

not involve the antagonization of exclusion and war has the possibility of constituting itself as a change in the destiny of the individual" (*Piro S. 2002. Exclusion, suffering, war. The City of the Sun, Naples*).

[9] *For Piro* (2005), *chronodesis is the immediacy of the feeling of the transformation of the world, and every form of human acti-vity can only be chronodetic: transforming the world or "grasping" the transformations of the world, acting and understanding, can only be given in the supervening horizon of the near future.*

[10] *For the philosopher Levinas, "Is time the very limitation of finite being, or is it the relation of finite being to God?'. Against the background of this question, it is necessary to read the text of the four lectures given by Lévinas in* 1946-47, *which retrace the path of a meditation full of interesting ideas, whose explicit purpose is to think of time not as an ontological horizon of being, but as a dimension placed beyond being. Also in the work From Existence to the Existent* (1947), *he concludes with a text dedicated to time, confirming the attempt to trace a meta-ontological path, to the temporal analysis of existence, a more precisely phenomenological approach to human life. Lévinas outlines a phenomenology of everyday life in which the experiences of eros, loneliness, suffering, death, constitute absolute events of an existential present called at every moment to transcend itself into the future. See Levinas, E.* (2005). *Time and the other. The New Melangolo.*

[11] *With respect to the theme of anticipating the future, it is necessary to refer to chronodesis* (*Piro,* 2005): *a. an-ticipation in hu-man relationships* (*intersubjective level*): *the act of understanding in human relationships can in fact be described as an activity aimed at grasping, with probabilistic protension, a human event in the near future* (*the knowledge of the other is anticipation of the future, prediction of what the other is about to do or to say*); *b. an-ticipation in cognitive activity and clinical practice, i.e. the unveiling, the increase in the capacity for anticipation of thought and that of the adequate timeliness of therapeutic practice* (*cf. the psychology of aims and gestalt*). *Burdick A.* (2018). *Because time flies and because happiness is a flash, and when we get bored, the hours never go by. Il Saggiatore, Milan.*

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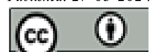

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When, therefore, the structure of temporality is unhinged or disrupted, the patient ends up re-defining his identity even through a desperate attempt at logical organization, in a disintegrating mental universe.

2. The Multiple Forms of Time in Care

Almost always, lived temporality presents itself through an emotional experience,
A suffering[12] , a synthesis of conscience, of the dialectic between the past (the temporal figures of remembrance and oblivion) and the future (the temporal figures of activity and waiting, of de-sire and hope, but also of prayer and the search for ethical action).
"... That which remains in consciousness in this way appears to us as more or less past, almost as something pushed back in time" (Husserl, E. 2002. The inner consciousness of time. Philemas, Na-ples, 17).
The logical-rational thinking of the patient, especially during the illness, arises as an opposition between what is already understood and experienced and what is not yet at the emotional level. The awareness that the lived unity (pathos) of temporality expresses the continuity of becoming: when we try to fix with our thoughts the negative daily events (illness), in their temporal character, they present themselves painful and changeable, rapid and elusive, they subtract and escape. We feel dragged along with dizzying rapidity by words, time seems to unfold in our living body; And becoming, overcoming, going beyond indefinitely every lived duration and every succession that we try to fix, seems to be reduced to nothingness, we feel a sense of emptiness. The phenome-non of lived continuity appears to us, if we are not in a state of suffering, clear and plausible. This does not happen in situations of physical and psychological pain (Minkowski, E. 2004. Time lived. Phenomenology and Psychopathology, new edition, introduction by F. Leoni, preface by E. Paci. Einaudi, Turin 2004, 41).

2.1. *The Present, the Now, the Here and Now*

During an illness, the present time quickly becomes the past, a short duration (moment), an atom of the present, different from that of the clock, which is a measurable, linear and cyclical time: time takes on different declinations, meanings and degrees of importance, from joy to pain, giving rise to a certain inhomogeneity with respect to the ways of experiencing time and its power to structure psychic lifetag.
"In this way, we recognize three ways of experiencing time. Time lived flees, lasts [hard] or ad-vances... tag. There is a past, a present and a future lived, each with its own characteristics. In this way the triad of temporality is constituted..., just as we find a triad typical of lived space (the three lived dimensions of space) and a triad proper to mental life (the three fundamental groups of psychic phenomena): the "three" is not at all a contingent digit of the numerical series that can leave room – as thought would have it – for any other number, but the expression of the maxi-mum expansion of life, of its richness and its original breadth, beyond which one would not know how to go" (Minkowski, E. 2017. The problem of time lived. Mimesis, Milan, 94-95).
In the clinical field, a rational vision of time can only identify in the present an absolute point, a limit, in relation to which it is subsequently possible to unambiguously order the patient's past and future.
"Now it is never this simple now that there is, and yet it would not be if it were not now; But the opposite is also true: now would not be now if the now that exists were missing... The now is in time and it measures it. It is outside and inside it, it is before it and before it. He catches it and misses it" (Husserl, E. 2002. The inner consciousness of time. Philemas, Naples, 167).
In the patient's life experience, the present is the instant that separates what no longer exists from what does not yet exist (nothingness) and its continuous movement marks the irreversible passage of time, from a before to an after. In the process of understanding the patient's time, re-flective consciousness allows us to put in place forms of resilience and readaptation to the time experienced during an illness[13].
On this basis, a line of comparison is established between the phenomenon of the present and that of the now. Nevertheless, on the logical level, the now can only reduce to nothingness eve-rything that is not.
In reality, the now presents itself as an element of time and, at the same time, carries a particular accent that makes it, apparently, synonymous with "existence": there is only the present, while what is not now does not exist.
As such, the now appears elusive, it does not allow itself to be fixed and favors the subsistence of the phenomenon of the present (now unfolded), while retaining in itself something of the same now. «... The present is for us, according to the circumstances, both the present instant (the now) and the present today or era, and all these forms of the present that seem to be boxed into each other remain subordinate to the notion of the lived present" (Minkowski, E. 2004. Op. cit., 35).
Deprived of the drama of the now, the patient's present in healing appears calmer and even re-assuring.

[12] *"Suffering makes one wise"; a quotation expressed in Aeschylus' Agamemnon, when the choir sings the Hymn to Zeus.*
[13] *Resilience can be defined as a set of positive adaptations during or after significant adversity or risk. Michael Rutter, a pio-neer in resilience research, defines it as: a term used to describe resistance to psychosocial experiences of risk. The term is most commonly used in psychology to indicate the ability to cope with usually stressful situations by reacting effectively. See Rutter, M., Psychosocial resilience and protective mechanisms, American Journal of Or-thopsychiatry,* 57(3), 1987, *pp.* 316-331; *Rutter, M.* ()1904). *Implications of resilience concepts for scientific un-derstanding. Ann New York Acad Sci. On the topic of resilience, cf. Walsh, F.* (2008). *Family resilience. Raffaello Cortina Editore, Milan.*

Now that past of the painful experience of illness, from which the present was born, is not only that which has vanished forever, but appears as that which exists in the past, or, if you prefer, that which was present at one time and then withdrew into the past. Consequently, both the past and the future end up existing only in relation to the present time of healing (here and now) and without it they have no meaning.
"In the irruption of time, eternity is felt as a stop of time, as a 'nunc stans'. Past and future have thus become present in a clear vision... The universality of space and time leads to misunder-standing of them as fundamental beings; but it is wrong to absolutize space and time as being it-self and their experience as fundamental experience" (Jaspers, K. 2000. General Psychopatholo-gy, Il Pensiero Scientifico, Rome, 86).

2.2. *The past of the disease*

We know that the form of the past is fundamental for the construction of an identity
staff. It also seems to enjoy a close connection with the phenomenon of memory (and oblivion), in the same way as a preservation of mnestic material traces capable of influencing the reactions of living matter. Memory is linked to the problem of remembrance and forgetting, which are closely connected to it. With regard to past time, Freud, after having constructed his psychic model (Ego, Id and Superego; conscious, preconscious and encounter) also paid attention to the experience of the patients' inner time, dwelling on the past time, linking it to childhood trau-mas and the development of sexuality. In fact, Freud's merit, from the beginning of his studies and from the case of hysteria of Anna O., was to have attributed to the psychic symptom a su-perstructure/paradigm linked to a new time of life (what happens now belongs to the past and it is necessary to make the unconscious conscious), that is, to make the past present (the return of the repressed): The neurotic symptom contains an explanation linked to the past (trauma)14.
"Why do we remember the past and not the future? Do we exist in time, or does time exist in us? What does it really mean that time "flows"? What links time to our nature as subjects? What I listen to, when I listen to the passage of time" (Rovelli, C., Op.cit. 2017, 14).
According to Freud, the re-actualized psychic symptom is connected with the previous experi-ence (the traces of the past) lived by the patient even in the present time that reappears to consciousness in the relationship with the other; between the clinician and the patient there are re-present ancient episodes that converge in a reworked relationship (transference and counter-transference).
"If we do not know how time (i.e., the subjective experience of time, time lived) unfolds in the different forms of psychic suffering, in particular in a depression - which is the pathological form of melancholy, in which time breaks, the future dissolves, and the present is devoured by the past - in a manic experience - a form of life burned by a boundless euphoria, in which lived time frays and breaks down into a thousand fragments, which no longer have either past or fu-ture, only a present without history – and in a schizophrenia – the darkest and most delphic of psychic diseases, in which time is shattered to an even more radical and profound extent, not even the monadic dimension of the present being saved - yes, if we do not know these diso-rientations of inner time, of lived time, we will never be able to enter into a relationship of care with these forms of psychic suffering" (Borgna, E. 2019. Wisdom. Il Mulino, Bologna, 66-67).
We do not store memories, traces, sensations in the face of illness, and I hope we recall the past, to preserve any useful information about ourselves and the world we perceive, observe and evaluate. The function of our memories (even the painful ones), in particular, is to allow us to (re)predict every human event and prepare us for the future. What we call the "psyche" is also a time machine, in the sense that it marks the time of life and inner time (internal circadian rhythms) and allows us to engage, backwards or forwards, in consciousness. The confusion between the present and the future, and between the present and the past, is a recurring thing in the face of a condition of illness, suffering, pain. Usually the way we experience the past does not seem to refer to memory or to a sum of memories.
Following Minkowski, linked to the past, two experiences arise: remorse ("the most natural way of isolating the past" as a memory of the evil that is imprinted in the memory) and regret (which "is to remorse as guilt"). By virtue of a principle of retrospection, people are projected to look back and admire the extent of the past behind them. The past seems destined to suffer the wear and tear of time, to a dark "realm of shadows, oblivion and silence" where the individual past comes to merge with the past in general without a noticeable transition.
On the other hand, the phenomenon of oblivion cannot be considered as a mere defect of our memory, since it has a positive meaning in the sense of a primitive or original intuition of the past that makes it so that "the past of which we speak is neither nothingness nor any substitute for spatial order".
"Why do we remember the past and not the future? Do we exist in time, or does time exist in us? What does it really mean that time "flows"? What links time to our nature as subjects? What do I listen to, when I listen to the passage of time?" (Rovelli, C. 2017. The order of time. Adelphi, Mi-lan, 2017, 14).
As such, the past has an entirely different organization from that of the present. It appears as a particular way of living time, which cannot at all be traced back to that 'part' of time that pre-ceded the present, so that "the passage from the past to the present does not have a linear character" and the present itself cannot be considered as a mere 'particle of time' placed be-tween the past and the future. because it enjoys one

[14] *Other authors and psychiatrists such as Pierre Janet and Josef Breuer highlighted these aspects* (1880/1982).

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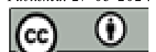

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more dimension than in the past: in the present there is always something that, without being forgotten, is not at all inscribed in the past[15].

2.3 *The future*

Compared to the past, the experience of the future appears more direct, immediate and life-oriented. This phenomenon, in fact, can be described through the image (only apparently metaphorical) of the horizon that constantly presents itself before each of us. Moreover, the notion of direction (in time) can only point forward. On the other hand, the personal vital impulse opens time to us, towards a perspective that is both indeterminate and limited, stable and unpredictable, extended and circumscribed. The future is linked to the horizon in front of us, to the various hypotheses of our destiny (the field of "possibilities").
As such, therefore, the future has no boundaries or limits and is inexhaustible: it makes up for an empty margin whose visibility remains, despite its receding, perfect. It is this margin that we define as the horizon of life.
In the temporal nature of each person, lived time is configured as an essential phenomenon of life: each individual takes upon himself a factor of the future as tension, propulsion and creation: every activity can be oriented towards the future. Thus there is an immediate future and an expected future, a moving forward that tends towards something to be achieved in life. Human activity can only serve as a "natural background" for the affirmation of the person, capable of linking individual activities together.
"In our activity we tend towards the future, while in the meantime we experience time in the opposite direction. We see the future coming towards us and we wait for it to become present" (Minkowski, E. 1971. Time lived. Phenomenology and psychopathology. Einaudi, Turin, 89).
The activity contains within itself a limiting factor of a dynamic and qualitative nature, since it is determined by the activity alone. In phenomenological terms, waiting is configured as a vital attitude that encompasses everything, suspends all activity and sometimes immobilizes, creating a distressing state: in waiting one does not tend towards the future but observes the future heading towards oneself in the expectation that it will become present. Compared to other experiences lived by the patient, desire and hope are placed on a higher level, since they appear to reach out towards the future. It can be said that, in desire, one comes into contact with a more distant future (present-future direction), mediated. As such, desire penetrates the interior in a form much closer to that of activity, in the form of a lived representation that is always co-existent. On the other hand, in hope we live time in a substantially opposite direction, that is to say, we wait for a realization (healing) of what we hope for (future-present direction).
'..The modalities of melancholic suffering, from anguish to the experience of death and dying, are thematized in their ultimate horizon of meaning by the terrifying experience of not being able to hope anymore, that is, by the fracture of hope as a horizon of transcendence" (Borgna, E. 1977. Melancholy as a metamorphosis of hope. Magazine, Freniatria, Cl,1, 35).
Nevertheless, hope does not arouse the anxiety and anguish typical of waiting, although it does not eliminate them completely, since in it we enter into a relationship with a distant future, that is, with a future that is always mediated. In its character, hope seems to be an original "generating" phenomenon of the future, to which the individual sentimental expressions linked to the different circumstances of existence are only secondarily linked. For Minkowski, "desire contains within itself activity, while hope frees us from anxious waiting."

3. Conclusion

During a condition of illness, limitation and personal damage, can one dwell on one' s in-ner time (distortions, failures of temporal consciousness) giving a new direction and a positive or-der? It often happens that inner time (Tab.1) – during an illness – instead of expanding into a be-fore and after (longitudinal time), contracts in consciousness (transversal time), stops to the point that the patient, in the here and now, feels lost, anxious, feeling a sort of decrease in his abilities. Healing is, at least initially, a temporal practice (which takes time... and includes lived time) is an intuitive practice on the perception of lived-inner time[16].
"In depression one is radically immersed in a lived time from which the future is taken away and which

[15] *In this sense, present and past are immeasurable with each other and this is proven by the radical change of attitude that each of us can feel as we move from the past to the present. Consequently, the past always ends up appearing, through the cuts and fragmentation that characterize it, as diminished compared to the lived present, so that it will be impossible to make it live again. Nevertheless, the link that is established between the present and the past is motivated by the fact that the past has a hold on the present, as well as on the future: the possibility of a synthesis of the three forms of temporality is in fact given by the intro-duction of the past both in the present and in the future, as in the moment in which we foresee what we will do tomorrow and when we see the present broken down into "different facts" of different importance.*
[16] *It is agreed with Piro (1997) that: "Care is a very limited operational dimension, whose forms can be varied and new ones invented. What does not vary is the process of intersection of two or more anthropic trajectories and therefore the transforma-tional event that derives from it due to a process of mixing of the interiorities that confront each other (this coincides with many well-known and important theses in the psychodynamic field, such as, for example, the thesis of the "presence of the psychoa-nalyst" by Nacht). Certainly, many tactics can be used to disrupt this development and the explanatory interpretation. It is a great example of this type of disorder. However, in general, if it is not disturbed too much, the transformational*

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is dominated by the past" (Borgna, E. 1998. The conflicts of knowledge. Structures of knowledge and experience of madness. Feltrinelli, Milan, 109).
Therefore, the scientific evidence[17] of care in the health field is given by the attention to the time lived. It becomes a flat and empty practice, without authentic cognitive potential, when it responds to the attempt to exorcise the anguish of illness, of existential limitation, of debased everyday life, of the experience of existential uselessness.
The knowledge of the other or of what is happening is always linked to the time lived. In fact, during a condition of physical and mental suffering, time becomes an anticipation of the action of others by the doctor-healer (anticipatory time), time lived by the other; It is an intuitive com-prehension by recurrence (diachronic), mass knowledge (synchronic), or mass knowledge by recurrence (panchronic). There is no inner experience that is not accompanied by the presence or awareness of inner time (Tab.1), the perception of the measure of time, the construction of an image of time (metaphor).

Tab 1. The feelings of time lived

1. *Sentimento della consapevolezza di esistere nel flusso del tempo*	2. *Sentimento di consapevolezza del tempo vissuto (qui ed ora)*	3. *Consapevolezza di unicità del tempo (ogni attimo è unico)*

4. Sentimento di consapevolezza dei confini del tempo (distinzione tra presente e passato)

5. Sentimento di consapevolezza di identità nella crescita durante le fasi temporali (mutamenti personali)

Suffering (or pathic change) still represents an inner change that lives in time, it represents a transformation of the sympathetic ways of feeling over time (pathos according to Aldo Masullo) and of being with oneself and with others. But time is not only presented as duration (the cate-gory of sooner or later) or as a means of framing the seasons of life (it would be impossible to live without a compass, an hourglass, a clock that puts the rhythm of everyday life in order) but also as a space of consciousness with respect to human happenings. In fact, it is not possible to spend a day without ever looking at the time of the clock to decide, predict or be able to perform a sin-gle action: without imagining what time it is, without immersing oneself in the subjective rela-tionship "life-time".
"Very controversial and confusing is the issue of the present/future. In fact, people often confuse the present with the future, a mistake I also make. The present is what we are living now, the fu-ture is something that is yet to come. They are two distinct and separate things. In my opinion, the problem is that we are all very accelerated and we want to know now what will happen in the fu-ture. Instead, we should enjoy the moment, without thinking too far ahead. But a little bit all of us actually, and often without realizing it, without wanting to, we make this mis-take, because let's face it, life is hectic and leads us to be accelerated, to want to run, to always know in advance how things are going, because this gives us security, or rather seems to give us security, even if in reality it is not so because then it is not always possible to control the future, and things in life in general, and this can and does lead us to be afraid, anxious and to feel bad, so in reality we get the opposite effect, which is to be agitated."[18]
Life is the substance of time. You can learn to give order to your walk over time, but it can also not happen. Thus it can happen that one's own being, instead of expanding along the different directions of implementation that are possible in the future, contracts to the point that the per-son feels diminished in his own being, withdrawn into the suffering past. This happens when one becomes a mere spectator of one's own life, accepting to limit oneself to living it as it becomes, without taking responsibility for undertaking those actions of construction of being necessary to give a good shape to one's time (even when one realizes that it is crumbling into meaningless fragments).
There is not only object-time, but there is also subject-time: intentional time, which has nothing to do with time reduced to a thing of the natural sciences, an object of observation. We are all able to think of time as a change, a shift between a before and a after, to project ourselves into the future, with hope and anxiety, to help us decide how to act in the present. To achieve our future goals, through "feeling", takes time.
Time exists, outside and inside us, it is indispensable for the creation of individual identity, con-sciousness, bonding, memory and for the functioning of the brain.
The analysis of a patient's inner time includes a relentless effort on the conditions of illness, on the part of the therapist and on the patient himself, on the inner happenings (empathy and iden-tification), on all the important aspects that are proper to operational characterization.

sequence follows in the same way, whatever the external form of the intervention and whatever the dialogic contents of the script» Piro S. (1997). Introduction to Transformational Anthropologies. The City of the Sun, Naples, 541.
[17] *A term that is continually used in every scientific field to confirm one's own experimental research and which, in the psycho-logical-psychiatric field, continually remains provisional and uncertain.*
[18] *It is the reflection of a patient who has been asked to narrate a reflection on the ways of living his own inner time.*

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Can the inner time that we perceive, that we can grasp in the flow of pathos, help people im-mersed in a dark and mysterious inner space?
Personally, I believe that discussing the time spent during a treatment takes on a transformational value. Talking about one's inner time is a strategic point in any form of care. Inner time not only as a duration immersed in illness/pain/suffering (the before and after, the beginning and the end of every therapy) but as a protensional, experimental and clinical, transformative-curative tool of people (intra- and infrapsychic change), a self-reflective model of personal formation and non-innocence (Piro, 2005).
To this end, perhaps a treatment is needed that is not limited to enumerating what the patient can observe introspectively "in himself" as a "conscious" sensation of time, but that consists in a description of the pathological physiognomy of time lived in the world, of those changes that the patient observes, with respect to experience, with greater force and immediacy.
"In doing this, as it is entirely at liberty to do so, I do not deny this world, as if I were a sophist, I do not doubt its existence, as if I were a skeptic; But I exercise the phenomenological epoch in the proper sense, that is, I do not assume the world which is constantly already given to me as being, as I do, directly, in the practical-natural life but also in the positive sciences, as a world which is preliminarily existent and, in short, as a world which is not a universal ground of being for a knowledge which proceeds through experience and thought. I no longer experience reality in a naïve and direct sense" (Husserl, E. 1965. Ideas for a pure phenomenology and for a phenome-nological philosophy. Einaudi, Turin, 65-67).
Interest in the person in relation to the time lived and not in the obscure illness/suffering is basi-cally a constant element of the work. Sometimes, in the patient, the inability to proceed in time (stopped time), the drying up of the future (disappearing time) as a horizon of life appear, at the psychopathological level[19] , as priority psychological elements in the individual psychic experi-ence. In the same patients, the dimension of the present (anxiety of the present) or of the past (sadness of memory) survives. Time appears sucked in, suspended and blocked or devoured while personal desire disappears, malaise, trembling and uncertainty dwell in people, while the past memory (the time that was) gives no respite and feeds suffering and experiences of guilt.
"The original pathicity of time as the pain of loss rebounds in desire as a poignant passion for restoration and in trembling as a disturbing scent of contingency. The pain of the rupture of my continuity is converted into the desire for its restoration. But the broken continuity is the irrup-tion of contingency. Therefore, desire is exacerbated by the malaise of uncertainty" (Masullo, A. 1995. Time and grace. For an active ethics of salvation. Donzelli Editore, Rome, 88).
"Perhaps the emotion of time is precisely what time is for us" (Rovelli, C. 2017. The order of time. Adelphi, Milan, 170).
Is it possible to give a good shape to one's inner time even when one realizes that one's identity is crumbling into meaningless fragments or one is lost in the face of the sudden change of psychic pain?[20]
According to Masullo (1995), change can manifest itself in the abrupt way , either as grace (joy) or as misfortune (malaise, suffering) and in both cases, which cannot be deduced from any a priori reference, we experience irreversibility and contingency which, in turn, reveal the mean-ing of our existence. The dark depths of life become, in some cases, impossible to manage with-out a little therapeutic help: the irreversibility of time presupposes the discontinuity of change. Every human experience is constitutively temporal, in the sense that it extends into personal des-tiny, into space (we inhabit places by filling them with ourselves), into time and for time. It is not only a matter of an intrinsic temporality of the person, but also of a temporality linked to external events (chronodesis).[21]
"Experience is the point of arrival of a crossing, which is living life, lived. Now, experience is be-longing, my absolute, certainly not because there is an "I" to make it possible, but because it in its originariness is time, which, as a trauma of the destabilizing movement, produces in the living threatened unity the need for an indestructible foothold, triggers its desire for permanence, ig-nites the hallucination of the self. The fact of life is time, a warning of loss, and precisely for this reason it is desire, an impulse to restore the integrity of one's state (which is experienced as the being brought into play of the self)."
In life we can consciously experience dizzying changes in time: the experience of space (lived space) marks the form of psychic existence (manic or depressive, schizophrenic), but it also be-comes the experience of

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[19] *It should be emphasized that some practices that antagonize human suffering, from the point of view of care, can include different factors: waiting, silence, chronodesic pause (suspension of judgment), free fluency (free associations), reflection on oneself or erlebnis, constitution aimed at a precise goal and operating methods (schedules, spaces, "setting"). See Piro S. (1993). Transformational Anthropology. Human destiny and the link to the new horizons of time. FrancoAngeli, Milan, 195.*

[20] *See Masullo, A. (1995). Time and grace. For an active ethics of salvation. Donzelli Editore, Rome. For Masullo, if the beginning of all feeling is the warning of oneself, or rather of loss of self, then time is simultaneously separation and change; but sudden change is a leap and is destabilizing, therefore it shows a time without greatness and without measure, an original and pure time. As Masullo states, the "phenomenon of the 'sudden' has no cognitive or semantic power, but only affective or pathetic. The sense with which we live it is the pathos of change as change, that is, time in its purity." The sudden does not inhabit any place and is indeducible, it is a real innovation. It is therefore in-explicable because it cannot be inscribed in a continuum. "Authentic time is not an idea, any object of the mind, but a fact, the original emotion of existence, absolute passion. It is the self-affective sense of irreversible fracture, the experience of the irremediable discontinuity of life, and of the traumatic irruption of contingency."*

[21] *This problem can be taken as the ultimate goal of a study of the inner consciousness of time. On the one hand, we find, at the perceptual level, the objects of experience which, in their manifestation, are affected to a certain extent by temporality; on the other hand, the acts and practices through which we understand these objects, giving meaning and meanings.*

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time (lived time)[22].
“In every depressive experience, in every form of sadness (“normal” or “pathological”), the dis-continuity, the disarticulation, of inner time, of lived time, becomes evident. The metamorphosis of time emblematically affects the dimension of the future, of the present, of the future in an Augustinian way, with hope and expectation fading away and vanishing: we have a future de-prived of hope. When sadness is a motivated sadness (an existential sadness), the experience of the future is not erased but only obscured, and the horizon of hope is not suffocated; whereas, when sadness is a deep sadness (what clinical psychiatry calls psychotic, or endogenous), there is no more future and there is no more hope” (Borgna E. 1997. The figures of anxiety. Feltrinelli, Milan, 139).
Lived time takes various forms: time stops (block), evolves towards other directions (future); it pulverizes (loses all existential meaning), undergoes leaps and bounds (lived time moves from one pole to another: from the past quickly to the future and so on). In reality, the pulverization of time (cases of mania), the stopping of time (cases of psychotic expression) and the dizzying changes of time (cases of schizophrenia), are psychopathological elements that must be recog-nized in their articulated and multifaceted dimension. All this seems useful if one wants to deal with the psychological experiences related to psychic suffering, adopting an effective and ade-quate practice[23].
“To each of us, especially when we are tired and fatigued, it may happen that a content of con-sciousness (a thought, an image, a musical motif, a fantasy, an aggressive impulse, a memory) is born in us and we do not want to go away: but its permanence in us is usually temporary and does not extend, implacable and biting, over the course of the days and months: it does not make us prisoners, obscuring our freedom, as happens in the context of obsessive (neurotic) experiences so stubborn and so rebellious, so enigmatic and so painful” (Borgna E. 1997. The fig-ures of anxiety. Feltrinelli, Milan, 56).
Therefore, lived/inner time remains in relationship with ourselves and the world (chronodesis), it is in relationship with finitude, characteristic of mortality and together with infinity, but also with emotions, such as pain and joy[24]. As it passes, it conditions daily life, just as it colors the experiences of crises and discomfort that transcend it. It is a constitutive element of identity and permeates the consciousness and existence of each person.
“We name time when we say: everything (Ding) has its time. This means: everything that is from time to time, every being comes and goes at the right time and remains a certain time, during the time allotted to it. Everything has its time... But time, constantly passing, remains in what time... In the constancy of the passage of time, the being... Time is not a thing, therefore nothing to be, but remains constantly in its passing, without itself being something temporal, like the being that is in time” (Heidegger M. 1991. Time to be. Guida editori, Naples, 103-104).
Suffice it to say that the time lived appears to us, therefore, different in the course of existence or of an illness, since the meanings (and perceptions) that we apply to perceived reality, to ourselves, are different. The multiple dimensions of time accompany us in everyday life: time is perceived, lived, interpreted, represented through the figures of nostalgia, hope, remorse, regret.
To conclude, we can say that everything is linked to time during a state of illness/pain/physical and psychic suffering: the daily perceptions linked to our experiences, to the alternation of the seasons, to the farewells, to the hopes of healing during a psychic cure, if not aspects of a single temporal dimension. Undoubtedly, inner time represents the most precious natural resource for a patient (and therefore to be valued in the clinic), for those who have to face a condition of pain and obscure suffering. This resource presents itself as the vital, unavoidable source at our dis-posal, and our relationship with it has direct consequences on our perception of ourselves and our identity, on the world of intersubjectivity.

[22] *This discourse is linked to the theme of the sudden* (*Masullo A.*, 1995). *In the suddenness, time is discovered as a lived irruption of difference, a traumatic feeling of "destabilization", a primordial affectivity from which every sense originates. Such a discourse offers conscience the rational conditions for it to suspend rational discursiveness and listen to the depths of itself, as its incessant birth, to the dull cry of death that is called time, and at the same time to the subdued voice of absolute contingency, of the needless that is called grace. Now, in the "sudden" the change is experienced as an absolute happening, which would not be a happening if it were not lived, felt, and precisely would not have lived, felt, if it were not felt by "a" me. Masullo, A.* (1995). *Time and grace. For an active ethics of salvation. Donzelli, Rome*; *Masullo, A.* (2003). *Pathicity and indifference. Il melangolo, Genoa.*
[23] *In probing the depths of the soul, therefore, one cannot neglect the time and the different experience that each one has of it. It can be a time of suspension, as in a dream, or fragmented, as in the lacerated memory of those suffering from diseases such as Alzheimer's; it can be the time of boredom, for those who feel paralyzed in the present, or that of nostalgia for those who look to the past, or even of the expectation of those who look ahead, to the future.*
[24] *Life would not be life if it were not punctuated by the passing of hours, seasons, ages and that more personal time that cannot be measured exactly, but which helps to define the experience of life itself. In short, the subject would not be such in the absence of a temporal trajectory.*

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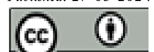

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