

Medicine of the Person.

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Time for Death, time for traumatism, time for dreaming.

Resumé.

Time is a subjective perception that is also socially and culturally determined. In principle, we have a linear conception of time. The present moment is the fleeting point that runs along the line defining a future and a past. Some situations enable us to put to the test a disruption of this representation. A grain of sand may jam the machine of time as when we have a feeling of *déjà vue*.

There are cultures in which time is more circular than linear. This can be seen by looking at the status of the dead. In our society certain memories are honoured on All Saints' Day. In West Africa, or in Madagascar, the dead become ancestors whose status changes. They provide protection on certain conditions that the living must fulfil through gifts, rites or ceremonies.

Another situation occurs in the case of traumatism. In pathological cases, the dead cannot take their place in the past. They remain superimposed on the present. They cause a catastrophic disturbance of the appreciation of reality.

I come into contact with migrant people in a transcultural psychotherapeutic consultation. The multidisciplinary nature of the consultation makes it possible to integrate questions arising from the maternal language, culture and migration. Psychologists, anthropologists and interpreters join me, in the consultation. Most of my patients come from North, West or Central Africa, or from the Indian Ocean. The time of the departed, or the time of traumatism, mix into the consultation. But another time makes it possible to hold together all these different perceptions. I mean the time of dreams.

This leads me to take account, from an anthropological point of view, the different representations of time encountered in psychotherapy and especially the time of the dead. I shall then illustrate, from clinical examples, the different times, of the dead, of traumatism and of dreams

Introduction.

My claim, as a psychotherapist and anthropologist, begins with clinical activity on behalf of migrant and foreign populations. I call this transcultural medical practice. I thus draw attention to the fact that in most situations I do not share the culture of my patients, sometimes, not even the language. The mechanism, under which the meeting takes place, allows, in every case, sufficient common ground to provide real care. This mechanism, that includes the mother tongue, the culture and the migratory situation of the patient, takes the form of a meeting of therapists and co-therapists covering anthropology, psychology and interpretation. The patient is thus able to make use, as he requires, of his language in entirety or otherwise of a passable knowledge of French. The reason for which he has come ill be made clear by the use of at least two matters of reference psychoanalysis and anthropology. Devereux (1972) holds that everyone is gifted with a psyche and a culture. This mechanism, in the first instance fairly burdensome, is in fact a wonderful facilitator of the encounter and therapeutic bond. (By bond I mean the confidence and the gratitude that make the caring process possible). This always assumes, on my part, a decentring, something, that for the moment, takes me outside my own terms of reference in order the better to identify with the words of another person, to understand them and to make them my own.

The majority of my patients come from North, West or Central Africa or from the Indian Ocean (but also from the Caucasus and from Russia). Local cultural expression of the suffering

gives to this type of consultation its character. It can take on an incomprehensible and strange character if appreciation of the culture from which it draws its features is omitted. Psychic traumatism is another pointer in its direction. Hence I also welcome people requesting asylum who are fleeing from war, persecution and organized violence.

The question of time plays an essential part in the care of people. It is of first importance in the weaponry of psychotherapeutic care. It requires regular sessions, a rhythm totally basic for the patients. This is particularly the case for those whose internal sense of time is very distorted. These are people suffering from serious psychological trauma or more simply those for whom exile has affected the lucidity of thought. The question of time is both a subjective perception and also socially and culturally determined. We are able to grasp it through the understanding and the presence of the two essential times of life, birth and death. These two events of life set in motion social cultural and religious patterns. They are the background of the canvas on which a birth and a death will imprint themselves in a genealogy and take place in an orderly view of the cosmos.

Traumatism, by its nature, causes a clot in the psychic process and grievously blurs the markers of time. The time of the dead and the time of traumatism make it possible to grasp and analyse the different times that coexist in a consultation. I shall finish by developing the time of the dream, a time outside the normal, the place of creation that enables the coexistence of several dimensions of time.

The time of the deceased.

The perception of time is largely the result of the western philosophical tradition. . According to St. Augustine, three kinds of time exist, time past, the present and the future. Time past is present in the memory, time present is perceived as vision and future time is that which is awaited. I willingly take into myself this measure of time. In a general way, I share with my patients, most frequently, in the linear representation of time whatever their culture. But this time is also apprehended by the sight of a horizon barred by death. Everybody dies. One dies. The death of someone close raises the question, what happens after death? The time of mourning is probably for me the most dramatic point that enables one to perceive the passage of time under the compulsion of work related to the psyche. The survivor loses a part of himself during mourning and then by coming to terms with the loss. The dead person himself follows the destiny of one who is absent; the one about to enter into memory. In the west, the grave is the place where one deposits the dead who return to dust. Physical absence is transformed into an interior presence. The grave becomes the physical place and the lasting symbol of mourning, “the *aide mémoire* of the act of burial” (Ricoeur 2000). It is the sign of absence. The absence is a matter of history and of memory. History and memory together act as machines to produce distance and transformation. The cemetery thus stands for the presence of the dead among the living. These two points of reference, departure through death and the presence of the dead among the living, are, however, notably problematic, particularly in transcultural psychotherapy. Before putting into perspective, to a small extent, this change in circumstances of the dead, I would like to illustrate it from a clinical example.

Corinne (a pen name) came to see me on the advice of a friend. She presented the following problems. She had been in France for more than twenty years and was fully integrated into French society. Her African culture was returning, however, over a period of time, bringing with it beliefs that she thought that she had renounced. Two recent events had modified the course of her life considerably. She had been abandoned by a man with whom she had been passionately connected, and undergone the unexpected discovery of a pregnancy by another man. Corinne consequently underwent with me a very long psychotherapeutic course, significantly in the presence of an African anthropologist who provided a legitimate basis for and acknowledgement of the manifestations of her suffering. Anxieties and deep obsessions put her psychological health

in peril. The expectation of the baby aroused in her a fear of the return of an ancestor, her great grandmother, a highly ambivalent woman. This woman had, in effect, taken charge of her at the time of Corinne's first pregnancy fifteen years before in Guinea. She represented a frightening image. Had she not the reputation of a sorceress, a malevolent person, capable of evil,, even at a distance, even at the present time?

The sex of the child turned out to be masculine, and for all that, Corinne hadn't done with her ancestors. Psychotherapy during the pregnancy provided an opportunity to unwind and introduce order into a highly traumatic past. As a baby her maternal grandmother, whom she believed to be her mother, had brought her up. She came to learn, during pre-adolescence, about the existence of her biological mother who undertook responsibility for her education shattering all the genealogical and cultural certitudes that Corinne had had as a child. Corinne had to leave her African village and face the removal of the much-loved grandmother followed by the rigour of a boarding school education.

The other ancestor, who threatened the pregnancy, was the maternal uncle whose brutality, and especially the savage experience of an excision, without the rituals supposed to surround it, she had not pardoned. The threatening phantom of the ancestor haunted Corinne's dreams. Psychotherapy helped to achieve reconciliation with him.

How can the "return of the ancestor" be understood without falling into a completely psychopathological perspective? This requires an anthropological and philosophical detour that allows substance to be given to ancestors who often have a part in psychotherapy. It means giving a status to the departed, certainly, but also to potentially protecting or threatening personages.

A return to the past is a fairly banal subject, even among us. The linear perception of time and the moment, such as a fleeting point on a line that defines a before and an after, can be put in default by an impression of a *déjà vue*. One may thus have the feeling, or the conviction, of having lived through a moment, or, indeed, of previously having seen a place. The return of the past does not speak with only one face. In our civilization, profoundly influenced by Christianity, the idea of the return of the past has only a minor place. Each life is uniquely new and never a repletion of the past. Every life is a new creation and allows no place for what elsewhere is called transmigration or the return of an ancestor. Time beyond death is limitless and the dead are granted a future beyond analogy according to our perception of living people. The representations of paradise and of hell, as antidotes for annihilation, with all the images that men have painted and drawn on the walls of our churches, probably respond partially to these religious and existential questions. For some people, there is only annihilation beyond death, an appropriate return to nature. The desire for eternity would thus be differently based. It could be considered as a state beyond human imagination or it could be the object of an earthly quest involving notably the return of the past.

In Africa, and particularly in West Africa, where Corinne comes from, death means the disappearance of certain constituents of the person, while others continue in existence (Thomas and Luneau 1992). The ancestor prolongs the memory of descendants. A mark of the deceased is that they are in a skeleton state, separate from the body. They are conceived as individual beings, differentiated according to their time on earth, and the knowledge that they have been able to accumulate. They exist as long as they are known by name. Recent ancestors are capable of returning through new births, while the *ancient* ones have become anonymous apart from important foundational figures. The ancestors die finally when they have no descendants to take care of them. Total destruction, at the moment of death, is very rare even though there has been an act of sorcery and eating of the constituents of the person, even though the deceased has no descendants. To speak in a simplified manner, one can say that the bonds between the living and the ancestors have many facets, including reincarnation, illness or dreams. I am choosing aspects that help in understanding Corinne's case. The presence of ancestors, however, is a fundamental

fact in Africa around which social life is organized. This is also true of an individual life through the awe of their presence and the fear of their intentions.

Reincarnation conceived as the return of a deceased person, where there is a child in the house, is a hypothesis according to which certain constituents are going to return and reincarnate themselves in the child (Rabain 1979). The ancestor is said to return through affection and to protect the family. The child can thus be given the name of the departed person. The behaviour, and physical resemblances of the child, will be understood along the line of this representation. As a reincarnation of the ancestor, the child is surrounded by care and respect. In an extreme case, the deeds of the child may be interpreted as messages for decoding. This return is the cause of anxiety and fear. The too great knowledge attributed to the child, through coexistence with the ancestor, can also bring on disorder. According to this view, each birth is a link with the world of the dead. Children do not come from nowhere; they come from the world of the ancestors. The view of time as running in a circle has certainly been modified by the arrival of the great monotheistic religions, through Christianity and Islam, without being completely abolished.

Thanks to this detour, we are in a position to appreciate that Corinne, although completely whitewashed through the years spent in France, may become anxious through the re-emergence of beliefs hitherto forgotten. Following from this, fear of the return of ancestors, who, according to her past were adult sources of anxiety, threatened the arrival of a child conceived under the auspices of this animistic religion. It fell to us to modify, through a linear view of time, these fantasies into accepting ancestors as perfect protectors who, in the best cases, leave the living in peace

The time of traumatism.

I am now going to touch on another kind of time. In this case, the deceased are certainly not absent. They are super people. This is the time of trauma. Some of my patients have fled from war, genocide, or, indeed, torture and organized violence. One aspect of these cases is a profound distortion of the time through which they have lived. They can well be the victims of a repetition syndrome. The trauma experienced appears in dreams that can become nightmares. The person may begin to relive totally the traumatic scene, triggered by a sound or a picture. The person is imprisoned in a time warp. He has difficulty in explaining what has happened. Disorganization of thought is a major consequence of traumatism. It comes in a variety of forms, an alternation between amnesia and hyper amnesia, a disturbance in the thought process, particularly certain thoughts or affects too directly related to the trauma. The traumatic event incrusts itself, like a foreign body, in the psyche. It causes total paralysis. Its direct recall equally exposes the patient to relive the trauma. The phenomenology agrees with the view of the psychiatric clinic. It consists unfortunately in a rupture of the narrative thread with an excessive focus on the present moment. The powerlessness to move on from repetition to recollection underlines the depth of the suffering (Ricoeur 1994). The visions and reminiscences of the trauma have a specific status. They are not memories. They are images near to hallucination. To recall the past is a struggle, rendering the future a complete impasse. I am going to present a case in order illustrate this terrible time distortion.

William, six years old, came from Sierra Leone. We welcomed him into the midst of a group that included an anthropologist, a psychologist and an interpreter. This

patient's educator brought him and asked us to receive him as he presented a collection of symptoms. He thought that he was under the influence of a recent traumatic past. William was regarded as an isolated foreign minor. He had filed a procedure asking for political exile.

Speaking in a mixture of English and French, William told us immediately, "There is a war at home. They have killed my father". He sees his ghost. "I see, I see", he repeats. This situation prevented him from doing anything. During this disjointed and confused account, we learnt that William had been in France for a year. His father had died, as had his whole family, in the cruel civil war that had damaged his country. He was the oldest of a family of four children. He came from Freetown and was Krio and Muslim. The ghost came by night and by day. Someone "behind" was shouting into his respite: "take care of yourself!" This voice came a short time after the death of his family. The fact was that he had no one! The ghost began entering his bedroom and stretched out beside him. The rebels had killed his father. William was playing football when they arrived in Freetown. His father must have suspected this tragedy. He had shouted to him. "Jump behind the fence". Protected behind the fence, he had "seen everything". The rebels had burnt his house. He then fled into a protected zone. When he sleeps, "numerous people are weeping. They are calling for help, there is much blood". In the morning, "my father taps me to wake me up". William looks, but there is nobody there. The voice continues: "Your life is not finished; you must take care of yourself!"

Through William's confused account, both agonised and agonising, it is possible to understand the disorder experienced by the patient. It involves the overturning, or more exactly, the confusion of his appreciation of reality. The dream is the reality (this is as though it was happening) and reality has become a dream (no, this is not possible). In this way, the world of the dead invades the world of the living. It crushes the interior space of the patient. By localising the voice and the "ghost" as part of the invisible world (and to this extent exterior to himself) one implies the existence of different worlds and constructs spaces at the heart of the group consultation. According to the anthropological plan, this construction is in keeping with the cultural and religious concepts of the patient. People, who die, do not disappear but enter a different universe. A number of cultural concepts acknowledge that the deceased have difficulty in separating themselves from the living, especially if they have experienced a violent death. One thinks of "a dead person who comes back", or indeed of "a dead person who has not departed in peace". One lives in dread of the apparition of the person in a dream. The anthropological interpretation sees the dead person, William's father, as a ghost who does not respect the frontiers of the world of the living. By creating, during the consultation, two worlds that are normally distinct, those of the living and of the dead, one provides the possibility of making the passage from the one to the other. The important thing is the process of mourning. Through mourning, the acceptance of the loss and physical absence is changed into an inner presence. According to this view, mourning induces and upholds the reorganisation of a psychological space that reduces the breaking in of the deceased who becomes an absent being held in memory.

The traumatic experience, generally speaking, is meeting one's own death, an unmentionable subject. Time, as experienced, stops at this traumatic moment. It thus loses its depth. Psychotherapy, by sensitive handling, must then make it possible for the person to reconstruct his history. The patient is enabled to remobilise the time

occurring before the trauma that will be included anew in a framework narrative, and allow the possibility of a future.

The material that has been forgotten allows an unfolding of the time through which he has lived and which must be influenced through the trauma. This is not the same thing that results from denial (I mean treating it as though it had never existed). It is linked to the psychological activity of repression. Suppression has made out of what has been forgotten a resource which perhaps can be called back into memory. The traumatic event thus takes its place in the narrative framework of the life. It loses its omnipresent and haunting character thanks to a subjective view of time where the experience of pain certainly exists but becomes the object of a game of remembering and forgetting.

Dreaming time.

A dream for me is the tool, par excellence, that allows both respect for time as circular and the opening up of time halted through a dynamic process as in psychological trauma.

A dream in transcultural psychotherapy, where therapist and patient do not share the same culture, can hold several potentialities. One is a link with the invisible and mythical world according to a traditional conception; another is an opening into the unconscious according to the psychoanalytic conception. The one does not replace the other. A dream can be understood, according to these two conceptions, in a complementary fashion. . I mean one after the other, and then both can be articulated.

We must first ask how a dream can bring together different times according to two separate, but complementary, ways of appreciation. In the first case, the area of the dream is a tool for understanding circular time according to the animistic concept. The ancestors reveal themselves in dream in order to convey messages to the living. The second appreciation is psychoanalytic. The components of a dream are of wide diversity. They arise from childhood, the previous day, memories, from feelings, from affect and from sensation. They make use of “things formed in the psychic life” which could be ready made cultural representations (for example, the ideas about death that we have referred to). The procedure with dreams that Freud calls the work of the night takes account of material that defies the passage of time. Memories and traces of childhood are used in a fashion similar to thoughts from the previous day. The dream is a masked representation of desire. The dream thus becomes an extraordinary key in the comprehension and the deciphering of the unconscious (Freud 1900).

There are certain areas of convergence between the function of the dream, according to the psycho-analytic concept, and the dream according to traditional understanding (Pierre 2005). Psychoanalysis, just like the tradition accords to the dream the weight of the subjective reality of the dreamer. Both agree on the interpretation drawing attention to “a vision of the world”.

In Corinne’s case, it is through a dream that the ancestor, threatening a return, is revealed. Psychic pardoning has made possible the removal of the ancestor. It is a question of recognising, from nearer at hand, what this logic of pardon implies from an anthropological point of view.

The unexpected appearance of the maternal uncle in the dreams led to various developments. The uncle, before death, had asked his niece to come and be reconciled. But she, still young, had fiercely refused. This refusal led to the

disapproval of the village elders who saw in reconciliation a sort of security for the future. An unresolved conflict could cause an obstacle in the ancestral future.

From that time on, the anthropologist in the consultation explained, the resentment of the living prevented the ancestor from taking his place in the invisible world. It was thus necessary for Corinne to accept the principle of reconciliation. To prove her willingness, she made use of a Muslim rite: the sadaka, according to which she provided a meal at the mosque for the poorest people and shared another with foreign people. The maternal uncle disappeared completely from Corinne's conversation and the agony over her future baby was equally laid to rest.

According to the Yacouba view, held by our patient, conflict between a living and a deceased person prevents the latter from taking his place in the ancestral kingdom. The fault is experienced there. It is no longer the maternal uncle who is responsible for ill-treatment; Corinne is carrying the burden of refusing reconciliation and the consequent burden of the discord. By accepting the principle of reconciliation, and hence of pardon, she puts in place a transaction that follows from the gift, for the maternal uncle, pardon, for herself the promise of tranquillity granted by the ancestor. From now on, he is accepted as beneficent.

Psychotherapy, for William, has made possible the disappearance of hallucinations of his father. A period of mourning then began. A dream brought to light the psychological experience.

William sees his house in Sierra Leone that was destroyed. People are swimming in a pool over its ruins. He would like to go there but someone is preventing him from doing so. The house is the one in which his relatives were burnt alive. William wonders where the bodies are. His grandmother, dead in reality before the war, is sitting calmly and looking at him. The dream brings back several associations of the group and of the patient. The water is a symbol of the journey between the living and the dead. The swimmers belong to the world of the departed and pass on to him the order not to come and join them. This also shows that William belongs to the world of the living. The grandmother, calm and of kindly disposition, decides the position of the ancestors, those who have found their place in another world. But the fate of his family, burnt alive, remains more mysterious, "disappeared" at the bottom of of the water.

The vision of a world, divided between the dead and the living, permits, by analogy, the making the bond with reality through the experience of mourning. Mourning causes people who have disappeared, and so are absent from reality, to be present in a psychological reality (Mestre 2006). Listening is certainly a condition of the unravelling of Williams's story. Thanks to the empathetic listening of the therapist, going through the story is part of the healing process. The therapist, by becoming a witness, brings back into experience a humane community (Kirkmayer 2002).

In Corinne's case, the dream, in accordance with the idea of a possible meeting place between the living and the dead, has made possible reconciliation with an ancestor who was feared. In Williams's case, the dream became evidence of the disappearance of the ghost from a world that was not his.

In both examples, the outcome becomes possible through an intense interior psychological adjustment. It is a movement of pardon in the first case, an experience of mourning in the second. Indeed, pardon and mourning are psychological processes that establish a perception of time that enables remembered and forgotten material to be brought into harmony. Pardon releases the person from a morbid attachment that has caused suffering and relegates its influence into the field of memory. Mourning

changes the departed person to the status of an absent person who can now become a recollection.

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