

Is Addiction a Disorder of Temporality?

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Short Note

What is addiction from a phenomenological point of view? The first task of a phenomenological approach is to describe the specific nature of addiction and to bring about its irreducibility in contradistinction to other particular phenomena. However, seeing that differentiation would entail to describe addiction in a phenomenological manner, should we still envision it as a kind of “pathology”? In this paper I’ll discuss the latest contributions in understanding addiction starting with the investigation of lived temporality, concomitantly advocating the need to overcome the distinction normal-pathological when we speak about the experience of addiction and recovery [1].

The key term of the phenomenological description worked out by psychopathology has been that of temporality. Henri Maldiney, for example, emphasized that, in a phenomenological perspective, madness is a structural possibility of the human being, a constitutive dimension of her experience and of her factual existence [2]. Taking on Binswanger, who was the most important representative of this field, Maldiney identifies this aspect as “*pouvoir-être de la présence*” (being-capability of presence) [3]. In fact, the entire *Daseinsanalyse* is conceived as an analysis of the forms of presence in the world; it is, before anything else, “an analysis of the spatial and temporal structures of existence”.

Pathological temporality has been seen not only as “a symptom of a disorder (e.g. depression or addiction) but also as <...> a constitutive factor of a disorder, with various symptoms of its own. But, while the classical representatives of phenomenological psychopathology and psychiatry insisted on the oppressive temporal dimension of the “now”, recent research shows a much more nuanced picture of the modifications of temporality in addiction. Marcin Moskalewicz conducted in 2014 a qualitative assessment of the “disturbances” of lived time in individuals with multiple drug dependencies who were newcomers into a therapeutic community and who had previously abstained from drug consumption for negligible periods of time. The analysis of the temporal regime in addiction brought to light several dimensions of temporality.

The study mentioned above shows that, at least at the beginning of the period of abstinence, addicts are encountering difficulties in following a strict therapeutic temporal regime, experiencing concomitantly a need to accelerate time as it passed. From this point of view, addiction appears as “a temporal disorder, resulting in the lack of balance between natural, individual and social time cycles”.

It is already noticeable here the first dimension of the description of lived temporality: the attitude of the individual towards the imposed, objective time, on one hand, and towards the perceived, subjective time (that the individual interprets nevertheless as “objective” or “already given”) on the other. This is a dimension of the analysis in which the subject confronts her- or himself with the given metric of time, either objective or subjective.

It is however somehow surprising to discover that the addicted subject is far from being passive. On the contrary, she or he reacts to this dimension of temporality and actively tries to adjust to it. It might be an index of the persistence of the being-capable of the individual as subject. This observation goes against the interpretation of the addict as having a diminished form of being-capable in presence. It goes also against those who frame the addict as a person who is “lacking will” [4].

Another dimension of the analysis focuses on the inner structuration of time from the point of view of the passivity (receptivity) and affectivity of the addicted subject. It is not anymore about how the individual lives (in) time, but about how time is lived in the individual, about how time constitutes the individual as addicted subject. From this perspective, the analysis speaks about the capability of the subject to move backwards (past) and forwards (future) and it is strongly associated with affectivity and imagination. Perceiving the past (or even the future) as traumatic, the addicted person finds that her/his ability to move in time is painfully impaired [5]. This capacity to access your own temporal phases strongly impacts on the way in which they are apprehended and figured out. If the past may be seen rather as a trap, from which the subject is not able to escape (a form of nostalgia), the future is seen in a realistic manner. In both cases, phantasia plays an important role, but this capability of the subject does not operate as a function of the opening to the world, but as a tool for building a defense. Therefore, another temporal dimension to be taken into account in describing and understanding the addiction pertains to the specificity of each temporal phase.

A particular attention deserves from this point of view the concept of (temporal) horizon. In the phenomenological approach, this concept has the role to describe the domain of the openness, the play area in which the subject encounters the world and the others. Far from being an enclosure, the horizon gives the subject a sense of freedom, including freedom from itself. This last form of freedom reverberates through the deepest levels of experience, making ample room for surprises. It is in fact this form of openness, this excess of what is grasped, that characterizes “reality” [6].

Fr. Dastur brilliantly synthesizes this position: “It is not because it is inscribed in the horizon of a project that the other can be actually met, but because it comes to us by revealing this other side not turned towards us of what is”.

Finally, there is another aspect which is involved in the experience of temporality in addiction: the weight that the subject places on one or another phase of temporality, which leads to overemphasizing one of them over the others. This disequilibrium contributes to the appearance of gaps between temporal phases, which affects the character of continuity of the temporal flow.

All these aspects of temporality are thoroughly described in the classical phenomenological psycho-pathology tradition and now well

documented in the research of Marcin Moskalewicz. However, there is a problematic aspect in these investigations, namely the sense of the idea, that they all share in different degrees, that these patterns of temporal experience are a kind of pathological modifications of a supposed universal or normal framework of temporality. It is reasonable to suspect that this way of framing addiction (or, more generally, every mental illness) is structurally linked to the initial purpose that lays behind it, namely that of normalization. Since our aim is no longer that of categorizing the lived experience, but of restoring it in all its essential dimensions, the focus of the description of temporal structures has to shift from “disorder” or “disturbance” to more neutral, less normative and more inclusive terms.

As we have seen in the investigations discussed above, phenomenology is able to describe the dimensions of lived temporality, opening them to empirical research. As Moskalewicz stated, it helps us “to bridge the gap between abstract theories of temporality and concrete clinical, empirical studies of human, pathological experiences” [7]. Moreover, the phenomenological approach encourages a shift of the “professional attention from particular disorders to their underlying, temporal foundations,” its advantage being that “it indicates that there might be something deeper <...> that might serve to unite disorders otherwise diagnostically separated”. If Moskalewicz is right – and I have all the reasons to believe so –, it is nevertheless difficult to accept a strict demarcation between pathological and non-pathological experiences. The phenomenological approach to addiction, sustained by empirical investigations and clinical observations, leads necessarily to the re-discovering of subject’s capability in an area that usually has been thought to be defined by a “lack of control” and, therefore, to be prone to chaotic pathological

processes. Consequently, addiction has to be re-framed as a specific kind of worldly experience in which the subject (the agent) confronts her or himself with the contingency of the world and with the “interruptions” [8] of her or his mastery.

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