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Editorial

At the Crossroads of Times for a Transcultural Clinic: Between Psychic Subjectivity and Institutional Requirements

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Abstract

Introduction: In psychiatry, the therapeutic act is not limited to the administration of treatment. It unfolds in a temporal dimension which goes beyond simple chronological measurement. The psychiatric institution is a care system acting as a space of reconfiguration, offering a framework where subjectivity can be reorganized. However, contemporary psychiatry is crossed by a tension of time between: that of the patient, that of care and that of the hospital organization, subject to logistical and managerial constraints. Between an African heritage where time is experienced in circularity and the linear Western model, oriented towards efficiency, the mix of both seems disturbing. *Methodology:* Through this article adopting a critical and comparative stance around this question, the authors plead for an ethics of time in care. A review of the literature was carried out through a targeted selection of studies. It was at the junction of anthropological and philosophical theories but also of the psychiatric clinic. Indeed, the professional experiences of the authors also made it possible to carry out an analysis of the areas of shock and overlap. The objective was to put in place a reflection in order to give "time" its therapeutic value at the crossroads of different cultural frameworks. *Conclusion:* Psychiatric care is a complex weave of temporalities that can conflict, but also harmonize. At the crossroads of cultures, the caregiver is led to allow everyone to find their own rhythm towards healing. To do this, we must rethink our relationship with what cannot be measured: the silence, the waiting, the duration which is the very heart of care.

Keywords

Temporalities, Institutional Psychiatry, Care, Cultures

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1. Introduction

Mental illness disrupts a person's social, biological and relational rhythms. When a patient is hospitalized, these disturbances alter their relationship to time [1].

Furthermore, the care provided is not the domain of a technician using his knowledge and power. It is rather placed in a temporal context. This time of care should be constructed according to the psychological needs of the patient [2, 3].

In this sense, in Senegal, our training as psychiatrists confronted us with representations of care, integrated into an approach where progressive support occupies a central place. However, in France, our practice has confronted us with a pace where turnover imposes tight deadlines.

This tension between the time necessary for care and that imposed by the institution questions the mission of the caregiver. Through this dual experience, we propose to analyze the clinical and therapeutic issues of this temporal gear, in order to find a better formula taking into account the well-being of the patient.

2. Methodology

This work adopted a critical and comparative stance around the question of temporality in psychiatric care institutions.

A review of the literature was carried out through a targeted selection of studies. It was at the junction of anthropological and philosophical theories but also of the psychiatric clinic. Indeed, the professional experiences of the authors made it possible to carry out an analysis of the shock and mesh zones. The objective was to put in place reflection in order to give “time” its therapeutic value at the crossroads of different cultural frameworks.

3. Temporalities of Care

3.1. Cultural Temporalities of Care

The perception of time is culturally constructed. For example, in sub-Saharan African societies, time is experienced as a recurring cycle; it is circular. It is considered a community and spiritual resource. This being said, care is not considered a one-off act but a process, often linked to the collective, to family history. Therapy is therefore part of a logic of observation and ritual. In this context, patience is a constituent element of the healing process and time is considered an ally [4].

Conversely, in Western societies, time is a rare resource, linked to productivity. If it is lost, it cannot be recovered. It is perceived as flowing: it is linear. Thus, in care, effectiveness is measured by speed and immediate resolution of symptoms [5, 6].

3.2. Temporalities of the Modern Institution

The French hospital system is under pressure related to the pricing of services, limited bed capacity, and the need to optimize patient flow. Rapid turnover is becoming a performance indicator. Standardization aims for homogeneity and measurable efficiency, but risks erasing the uniqueness of psychiatric care [7].

Thus, modern institutional psychiatry is pervaded by a contradiction: it aims to treat subjectivity, but is subject to restrictive logic. This risks reducing care to drug treatment, neglecting relational temporality. This logic is all the more violent when it comes up against patients who have different cultural representations of time [8, 9].

For example, an African adolescent hospitalized in France may experience a gap between the ritual time of his community and the imposed medical time. This gap can increase anxiety. Indeed, the reduction in time has an impact on the caregiver-patient relationship. It leads to difficulty in establishing a bond of trust, an increase in follow-up breaks. The care would become symptomatic rather than structuring. Temporal misunderstandings are also experienced in clinical situations, between colleagues from different backgrounds: expectation of an immediate effect of a treatment, incomprehension of the slowness of therapeutic work. In addition, a circular perception of time by a caregiver could lead to a rejection of standardized rapid protocols [10].

4. Time Clinic

4.1. Subjective Temporalities in Times of Crisis

Mental disorders involve an alteration of temporality. Its perception therefore varies depending on the clinical picture. This is how melancholy seems to put the patient into a fog where time is frozen. It often takes weeks of stimulation before he or she regains his or her vital momentum. The patient suffering from anxiety would be in a threatening future, and time seems to be rushed. The acceleration of psychic time requires a reassuring slowdown, through the framework. Finally, in schizophrenia, the desertification of the psyche would lead to the mortification of time no longer flowing. Its restoration calls for a certain regularity of care by offering rhythms (meals, taking medication, outings, etc.) [10, 11].

4.2. Transference Time

Psychiatric care is based on relationship which requires time. Gradually, trust is established, speech emerges, and repetition builds. Wanting to rush therapy amounts to compromising the fruitfulness of this encounter. Delion spoke of a "transference constellation." He defined it as a set constituted by caregivers, like a precious reference point for the subject lost in the ocean of madness. In borderline personality disorders, for example, it is common to observe behaviors in the patient, resembling opposition to care. Caregivers would

speak of failure of the care project, giving the impression that she does not want to heal. In fact, she would resist not the cure, but its precipitation [12].

4.3. Containing Temporality

Containment is the capacity to receive the projective identifications of the other, transform them, and return them to the subject in a less invasive form. This process allows for the evacuation of psychological suffering but also establishes a distinction between inner and outer reality [13].

It should take place within a sufficiently stable and long temporal framework, including the possibility of a pace adapted to subjectivity. This would allow the emergence of speech and the progressive integration of changes for a maturation of psychological reorganizations. Indeed the therapeutic value of slowness lies in the space it opens up for elaboration and symbolization [14, 15].

Thus, psychiatric institutions can, when they respect slowness, become spaces of re-humanization. Clinical practice shows that this “dead time” because it is silent, is in reality a “living time” of care [16].

5. Institutional and Intercultural Synthesis: Between Clash and Harmonization

Hospital modernity would explain why long stays are perceived as a cost. Faced with managerial and logistical pressures, caregivers are subject to the dictatorship of the average length of stay. Instead of exploring in depth the person's psychological suffering in order to provide them with appropriate care, this pressure would make psychiatric therapy limited to symptomatic care with the risk of overmedication [17].

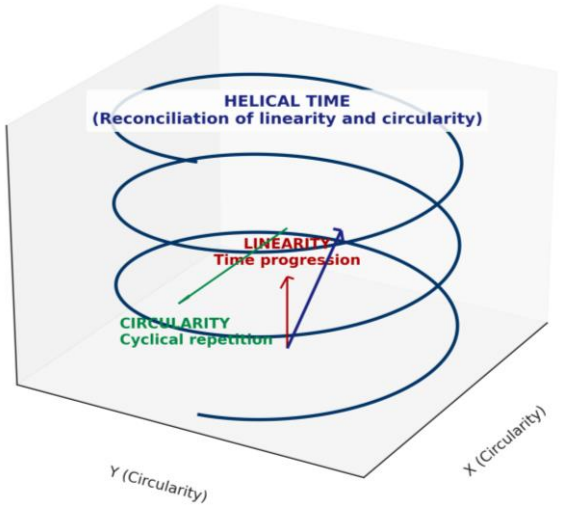

Figure 1. *Illustration reflecting a movement of simultaneous translation and rotation.*

It seems necessary to conduct a transcultural analysis, where the challenge would be to articulate these dimensions so that the institution becomes a space for re-establishing movement [18].

The intersection of experiences allows caregivers to be invited to engage in anthropological listening. Integrating this temporal plurality would avoid reducing the patient's experience to a Western norm. This is all the more true since France, capitalizing on a significant colonial past, is a country of immigration. Its society has become multicultural. And this past should be transformed into a tool for building connections in clinical practice. Other European countries have developed this transcultural consideration, such as Belgium, Switzerland, the Netherlands, the United Kingdom, and Italy [19].

Compared to the conceptions of time conveyed by certain cultures, circularity and linearity, taken in isolation, are hardly perfect. Our model of temporal perception would then be considered "helical". It is illustrated by the diagram in Figure 1. In the shape of a helix, time would have a dynamic reflecting a movement of simultaneous translation and rotation, like a screw that is screwed in to ensure its balance [5].

We will conclude this chapter by making some recommendations for "temporal reconciliation":

Training teams in the time clinic seems essential. It would allow for greater cultural awareness among caregivers and a consideration of time as a central therapeutic resource.

The establishment of time-spaces within institutions, not directly subject to administrative constraints. The "P ënc*"[1] in the psychiatric department of the Fann National Hospital in Dakar, Senegal, can be a source of inspiration. This is a form of institutional therapy intended to make psychiatry less asylum-like. Discussions take place during a meeting. Problems with the department's operations are addressed, as are those of the patients [20].

Finally, care indicators should include, in addition to length of stay, the quality of therapeutic continuity and the psychological stability achieved. This could be done by assessing the number of readmissions during a given period.

6. Conclusion

Hospital realities tend to reduce time to a logistical variable. However, diverse cultural experiences show that temporality constitutes a fundamental dimension in the therapeutic process.

Reconciling the slowness sometimes necessary for care with institutional constraints requires a profound transformation of practices. Thus, rather than being subjected to it, cultural diversity should lead caregivers to be mediators of time. That is, someone who listens, who accelerates, who delays in order to allow each person to find their own pace toward healing.

[1] P ënc* meaning assembly under the palaver tree in the Senegalese national language

Author Contributions

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Marie Jo Bourdin: Formal Analysis, Investigation, Resources, Supervision, Writing – review

Conflicts of Interest

The authors declare no conflicts of interest.

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