

Experience of Time with Mental Disorder

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ABSTRACT

The aim of research was to examine subjective experience of time with examinees with diagnosed schizophrenia and examinees with diagnosed neurotic disorder. Differences inside those two diagnostic categories of mental disorders, and differences u compare to examinees without diagnosed mental disorder were explored. For needs of research questionnaire was constructed accordingly to available data from literature. In research participated examinees from 30–50 of age, which were equaled by age and gender. Research was performed on three groups, first group was mad of examinees with diagnosed schizophrenic disorder (n=43), second group was made of examinees with diagnosed neurotic disorder (n=40), and third group consisted of examinees without mental disorder (n=39). Results of examination have showed significant statistical differences between certain groups considering particles of poll requester. Differences in subjective experience of time were presented according to items from questionnaire. Mutual for both groups of examinees with mental disorder is existence of pathological deviation in anticipating future. This was manifested in different ways and levels, depending of mental disorder. Given results confirm assumption that capability of anticipating future is important fact of mature and healthy individual.

Key words: anxiety, schizophrenia, psychoanalysis, psychiatry

Introduction

Unlike other beings, man is aware that he lives in a time of constant changes. He can restore his past by studying and discover laws by which he predicts future. Experience of repeating, in which some are periodical and others are not, can explain growing idea of time. Observations

of time have been repeated constantly in a consciousness of humans and human-kind. A great coincidence in time perception between an individual and society results from their symbiotic relationship. It is well known that development of ego-consciousness must pass through the

same archetypal levels that have defined the evolutionary consciousness of humankind¹. An individual during his life must pass a journey that humanity in general already did, leaving trails of that journey in archetypal sequence of mythological performances. Knowledge of time goes through mythological and historical period. In modern studies of experience of time, there are many different theories that are trying to explain a genesis of time perception and its meaning in a structure of mental life and mental disorder. Freud, Ericson, Maslow and many others think that synthesis of time and future is a very important aspect of individual²⁻⁵. That modern research is an addition of earliest researches through history of science. These researches range from philosophical, psychological to psychiatric. Time and space are tightly connected. Space is dimension of essence, which makes possible beings to survive next to other. Unlike category of space, time is considered as a dimension, of sequence of beings one after another. Personality is a constant process of developing, it develops only in time and only within time it can be understood. Human is what he becomes, and not what he is (present) or what he was (past). Personality can be understood only if it's recognized on its way towards future. Person can understand himself/herself only through his own projection in future. Future is a dominant form of existence⁶. Existence of things in change of their emerging and disappearing in its survival being exists and constantly takes other forms, it leans towards things that have not yet happened, future, but as soon it reaches it, at the same time it achieves present and leaves it in the past⁷. Term of hour time is oriented towards space and it stays relevant through the centuries, until Newton's »absolute time« of classical physics. In 20th century physical space of time has been corrected with Einstein's

general and special theory of relativity. In a Minkowski's model of four-dimensional space⁸, there is no more simultaneity and time has been reduced on fourth dimensions of space. This objective time as a continuous line of spots, where any episode in any time has its space, makes a foundation for research in physics. Within it all can be measured.

Opposite of objective understanding of time, Augustin⁹ pointed out that time is in a direct relation within human perception of time, and especially because of that it is subjective. Time is not indifferent line of points, moments without inner relation, but in every moment it is a soul to experiences in present. It is connected with past and future.

In new time Bergson has rejected rationalistic term of mechanical time as externally measurable succession, and confronted »real inner time« of clear duration. Husserl clearly distinguished cosmic measurable time from inner time experience, as a genuine form of all its contents of transcendental consciousness in a stream of experiences¹⁰. Both of these theories of time create an assumption about extraordinary space of time in philosophy of existence, especially in ontology of M. Heidegger¹¹. Meaning of finality determines basic structure of human survival, from where his historical – simulations of past, present and future originates from. Modern understanding of time has entered even in psychopathology, which is best illustrated by K. Jaspers in his book »General Psychopathology«¹². It is based on principals of phenomenological-existential philosophy.

About perception of time and space, he states »time and space are present everywhere in the world of emotions«. They are not primary objective, and they interline objectivity.

Kant calls them formal observations. They are universal and besides it there is

no emotional subject. With time and space, we fulfill whole perception of existence, of present world. Space-and time experience of existence can't be emotionally overcome, we cannot leave it, and we are always in it. Therefore, time and space is not observed separately like other subjects. Instead we observe them on subjects, even on non-irrelevant experience we feel the presence of time. Space and time don't exist separately, even when there is emptiness instead, we can only experience it in conjunction with subjects that they fulfill or mark¹². Time and space, primordial and infeasible, are always present, both in pathological and in normal mental life, they can never disappear¹². It appearance can be modified in a way of experiencing it and estimation according to its size and lasting. Time and space are real to us only by its fulfillment. Even if time and space belong to each other, they are still radically different¹². However time and space become real only by it's permeate, there is a question of what we consider as space and what we consider as time. Even though every human being has its own destiny in its expansion and transience, and in the way they fulfill its comprehensive present. Time and space are just attire that's meaning becomes relevant just through human's attitude towards them. Time and space are present in many basic forms, whose mutual initial base is not directly clear. Karl Jaspers thinks that for phenomenological purposes of psychopathology it is a vain task to proceed from these, for philosophy very important problems. It is more useful to process factual problems and to clarify things that can contribute to clear understanding of time and space.

They're very many factors that have influenced on exploration of experience of time with mental disorders. Modern development of nature and human sciences with a great number of science informa-

tion reflected on development of scientific psychiatry, because of it scientific psychiatry has more marks by which it entered in modern scientific circles. In the first place, it is based on multidimensional and dynamic understanding of mental structure and its functions. It is foundation for dynamic understanding of physical, because modern psychiatry doesn't studies only part of each dimension in physical it also studies inner relations of separate dimensions and their interactions. Mental is determined by biological, psychological and social dimension. Psychiatry doesn't observe all those factors in their separation, but in mutual dynamically connected totalities, and in their changes. That kind of understanding of physical brings closer psychiatry to other sciences¹³. Modern psychiatry is trying to explore partial physical connected with its totality, which is dynamically connected with developing of personality, in inseparable relations with social totality. In a center of studying psychiatry is observation of organic, dynamic and structural, which is the initial scientific base, on which other parts of scientific psychiatry are developed, biological, psychodynamic and social.

Next reason for our researches of time experience with patients with mental disorder is learning about these modern researches that have prompted us, to approach systematically to this research.

Another thing in our own observations, which we had during the years, dealing with analytically oriented individuals and group psychotherapy of patients with different mental disorders.

In the end, there was curiosity in searching for meaning of time disorder in different groups of mental disorder, and it's meaning in everyday diagnostics and therapy work.

The aim of the present research was to examine subjective experience of time,

TABLE 1
STRUCTURE OF EXAMINEES INVOLVED IN RESEARCH

Gender	Examinees according to diagnosis			Total
	Neurotic disorder	Schizophrenia	Without mental disorder	
Male	19	21	19	59
Female	21	22	20	63
Total	40	43	39	122

with examinees that have diagnosed schizophrenia, and patients with diagnosed neurotic disorder. Or, more specifically:

- To determine differences in subjective experience of time, expressed in questionnaire between examinees with schizophrenia and examinees with diagnosed anxiety disorder.
- To determine is there a statistically significant difference between examinees with diagnosed neurotic disorder and examinees with diagnosed schizophrenia from examinees without determined mental disorder, in subjective experience of time in questionnaire.

Subject and Methods

There are no existing tests on the market, available to us, which should measure these specific problems, but in our rich clinical experience we realize some specifics in experience of the time in person with anxiety disorders and in person with schizophrenia, so for needs of this research, questionnaire has been constructed according to available material from literature¹². The questionnaire is consist of 14 items on which examinees give their answers »Yes« and »No«, and items are related on subjective experience of time. In research participated examinees in age ranged from 30 to 50 years; they were equaled by gender and age. Examinees were divided in to three groups, considering diagnostic category that they belong, and in accordance with

MKB 10. First group was made of examinees with diagnosed schizophrenia (n=43), second group was made of examinees with diagnosed neurotic disorder (n=40), and a third group consisted of examinees without mental disorder. Because of easier comprehension and showing results they were called Control (n=39), so it will be pointed like that in following text. In Table 1 is a structure of examinees that are involved in research.

Research has been carried out during September and October 2003, and questionnaire has been used on a group and individually. Examinees have been instructed that given results are going to be used only in scientific purposes and to complete survey anonymously and honestly. Examinees answered on statements with »Yes« (I agree with a statement) or »No« (I do not agree with a statement). Examinees were chosen considering diagnostic category that they belong, in other words considering on a diagnosis which authorized psychiatrist have made, during which it was taking care that examinees are equal by gender and age.

Questionnaire has been used individually by examinees with neurotic and schizophrenia disorder, while the questionnaire has been used on group with examinees without mental disorder. Examinees with neurotic disorder and schizophrenia disorder have been into a good remission, disorder was diagnosed since three until five years, and have been render flat toward that variable, and all examinees

were onto holding psychopharmacological therapy.

Questionnaire has been used by examinees with mental disorder during their ambulatory usually control into a psychiatric ambulance. Examinees have been instructed. Only full fill out questionnaire was taken. Mentioned distractions obtain inside three until five years, and toward MKB-10 such distraction does consider chronically, so that examinees into acute phase of illness haven't been taken in into research. Examinees have been equalized towards socio-economic status, and marriage status. Only examinees who were been overmorbide adequacy structural,

and who haven't obtain positive heredity were examine, and data have been assigned from medical anamnesis.

Control group have been drawn off by casualness, and those examinees who were agreed to research have been invited that respond onto Department for Psychological Medicine to fill out questionnaire. Before research, with every examinees have been done psychodiagnostic structural interview, in order to obtain specimen of examinees free of positive heredity, and in order to comprehend contingent psychical distraction. From research was seclude ten examinees who have been diagnosed positive heredity.

TABLE 2A
FREQUENCIES OF ANSWERS »YES« AND »NO« TO ITEMS 1–7 OF QUESTIONNAIRE*
IN EACH GROUP OF EXAMINEES

Examinees	Frequencies of answers on items 1–7													
	C1		C2		C3		C4		C5		C6		C7	
	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No
Without mental disorder	10	29	12	27	9	30	10	29	5	34	18	21	2	37
Schizophrenia	43	0	40	3	39	4	30	13	38	5	25	18	21	22
Neurotic disorder	5	35	33	7	10	30	8	32	31	9	10	30	23	17

* Statements (items) are listed in Appendix

TABLE 2B
FREQUENCIES OF ANSWERS »YES« AND »NO« TO ITEMS 8–14 OF QUESTIONNAIRE*
IN EACH GROUP OF EXAMINEES

Examinees	Frequencies of answers on items 8–14													
	C8		C9		C10		C11		C12		C13		C14	
	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No
Without mental disorder	4	35	3	36	28	11	3	36	8	31	0	39	1	38
Schizophrenia	12	31	8	35	28	15	21	22	11	32	35	8	20	23
Neurotic disorder	33	7	36	4	28	12	35	5	39	1	11	29	18	22

* Statements (items) are listed in Appendix

TABLE 3
VALUES OF MANN-WHITNEY'S U, CONSIDERING RESPECTIVE ITEMS IN EXAMINEES WITHOUT MENTAL DISORDER (C) AND EXAMINEES WITH DIAGNOSED NEUROTIC DISORDER (N)

	U1	U2	U3	U4	U5	U6	U7	U8	U9	U10	U11	U12	U13	U14
C	677.5	376.5*	765	736	275*	615*	371*	216.5*	138*	730	157.5*	179*	565.5*	449.5*
N														
p	0.1390	0.000	0.842	0.553	0.000	0.050	0.000	0.000	0.000	0.457	0.000	0.000	0.000	0.000

* $p \leq 0.05$

TABLE 4
VALUES OF MANN-WHITNEY'S U, CONSIDERING RESPECTIVE ITEMS IN EXAMINEES WITHOUT MENTAL DISORDER (C) AND EXAMINEES WITH DIAGNOSED SCHIZOPHRENIA (S)

	U1	U2	U3	U4	U5	U6	U7	U8	U9	U10	U11	U12	U13	U14
C	215*	316.5*	271.5*	468.5*	205*	738	472*	690.5*	747	739	486*	796	156*	470*
S														
p	0.000	0.000	0.000	0.000	0.000	0.281	0.000	0.0453	0.1501	0.285	0.000	0.589	0.000	0.000

* $p \leq 0.05$

TABLE 5
VALUES OF MANN-WHITNEY'S U, CONSIDERING RESPECTIVE ITEMS IN EXAMINEES WITH DIAGNOSED SCHIZOPHRENIA (S) AND EXAMINEES WITH DIAGNOSED NEUROTIC DISORDER (N)

	U1	U2	U3	U4	U5	U6	U7	U8	U9	U10	U11	U12	U13	U14
S	107.5*	769	295*	432*	766	575*	785	390*	246*	818.5	527*	241.5*	396*	847
N														
p	0.000	0.144	0.000	0.000	0.189	0.002	0.432	0.000	0.000	0.637	0.0002	0.000	0.000	0.891

* $p \leq 0.05$

Results

Considering that for needs of research, items were constructed according to material from available literature¹². It satisfies characteristics of questionnaire requester, and like that, it does not have adequate psychometrical characteristics. Processing of results was performed according to items, in other words differences between examinees were watched, considering their answers by items, given in a questionnaire.

Table 2 is showing frequencies of answers by some items, considering a group that they belong. Statistic analysis of data hasn't shown differences in gender

considering to some items inside that group, these groups are considered homogeneous (Mann-Whitney U).

Considering that lines of distribution are result of separate groups, they significantly deviate from normal distribution, for processing of results non-parametrical test was used, this values are going to be shown in Tables 3–5.

From the Table 3 you can see that examinees without mental disorder and examinees with diagnosed neurotic disorder are statistically very different in items of questionnaire. On item C2 (»I had feeling that some event lasted for eternity, although it was a matter of cou-

ple hours«), while significantly more answers »Yes« were given by examinees with diagnosed neurotic disorder. On item C5 (»There were times when I didn't know which way I came to a certain place, while I didn't recall passer-byes, nor surroundings, it was as if I fallen from a sky«), while examinees with neurotic disorder statistically significantly marked more affirmative answers. On item C6 (»I have a feeling that time fly's«), which is at a border of statistic significance, where examinees with neurotic disorder marked more answers »No«. On item C7 (»I am a person that lives in a past«), while examinees with neurotic disorder statistically significantly given more affirmative answers compared to examinees without disorder, on item C8 (»It seems to me that hours are long as days«). On item C9 (»Events in my past are crucial for my present«), while in both stated particles examinees with neurotic disorder marked more affirmative answers. On item C11 (»With fear I remember past and events that signed my life«), while examinees with neurotic disorder marked more answers »Yes«. On item C12 (»It seems to me that my distant past is similar to my present, as if past repeats it self«), on item C13 (»It seems to me like I don't have past or future, as if time stopped in present«), and on item C14 (»Sometimes it looks like I'm living in a time machine which can be back with me in the past«), while in every stated statement examinees with neurotic disorder marked more affirmative answers.

From the Table 4 is obvious that examinees with diagnosed schizophrenia differ from examinees without mental disorder. In item C1 (»I have a feeling that time stands, as if I am captivated in time«), item C2 (»I had feeling that some event lasted for eternity, although it was a matter of couple hours«), item C3 (»I had a feeling that I've been to some place, even thought I knew it was first time I've

been there«), item C4 (»Sometimes place I knew seemed to me like I never had seen it before«), item C5 (»There were times when I didn't know which way I came to a certain place, while I didn't recall passer-byes, nor surroundings, it was as if I fallen from a sky«), item C7 (»I am a person that lives in a past«), item C8 (»It seems to me that hours are long as days«), item C11 (»With fear I remember past and events that signed my life«), item C12 (»It seems to me that my distant past is similar to my present, as if past repeats it self«) item C13 (»It seems to me like I don't have past or future, as if time stopped in present«), item C14 (»Sometimes it looks like I'm living in time machine which can return with me in the past«), while examinees with diagnosed schizophrenia in all statements marked more affirmative answers.

From Table 5 you can see that examinees with diagnosed schizophrenia and examinees with neurotic disorder are statistically very different in a following items: item C1 (»I have a feeling that time stays still, as if I am captivated in time«), item C3 (»I had a feeling that I've been to some place, even thought I knew it was first time I've been there«), item C4 (»It seems to me that already seen places I see for the first time«), item C6 (»I have a feeling that time fly's«), while examinees with diagnosed schizophrenia marked more affirmative answers. Further more differences were found in item C8 (»It seems to me that hours are long as days«), item C9 (»Events in my past are crucial for my present«), item C11 (»With fear I remember past and events that signed my life«), item C12 (»It seems to me that my distant past is similar to my present, as if past repeats it self«) item C13 (»It seems to me like I don't have past or future, as if time stopped in present«), while examinees with neurotic disorder marked more affirmative answers.

Discussion

»Feeling of meaning of life can't be understood without subjective experience of time. Distorted experience of time is drawing distorted feeling of meaning of life.« (R. May)¹⁴.

Experience of time can't exist without personality and in this experience participates as a whole system. Subjective, psychological time is structured into three dimensions: past, present and future. Distribution on these dimensions is a part of human perception of world that surrounds him and is determined by social factors. Structure of time differs from culture to culture, and it is different for some social layers. In western-European culture, rectilinear understanding of time is characteristic⁷. According to this meaning time is continues, presented by flat line, an arrow, which irretrievably moves towards right, leaving track behinds that belongs to the past, it rushes to its other end, future. Every point on that line can represent present, moment »now«, depending on point where individual stands. Eastern cultures have different understanding of time, so called circle movement of time. Past, present and future are relevant and repeatable. In circle comprehension of time past and future are one, because past already predicts future, and future, as well as present repeats past⁷.

Experience of time is subjective category, and like that, considering previously stated social cultural concepts it is difficult to talk about »normality«. In consideration must be taken whole personality with all its components. An important factor is an age factor. Subjective experience of time changes with growing up and ageing. So all three groups of examinees were rightly limited (30–50 years).

Child is always in a present. For him it always begins anew each morning, and fades away with every night. Everything

repeats it self and you can always »be good«. Even death of close people is considered as a temporary state, temporary absence. It changes during growing up. With maturing of ego, differentiation of ego, strengthening of ego boundaries, differentiation of self. To recognize »Me« from »no Me«, is resulting with differentiation of time dimensions (past, present, future)^{15–18}. There were attempts of trying to categorize types of personality, considering relation toward time dimensions (type of past, type time line, type of present, type of future)¹⁹. Regardless this categorizations we can conclude following: subjective, psychological time is structured into three dimensions: past, present, future. Experiencing of this time dimensions is individual and affected by culture in which person lives. Experience of time is complex experience, which occurs as result of interaction of cognitive and affective²⁰. Individual represents constant dynamical process of self-actualization and it is only possible to understand throw future dimension. Healthy, mature behavior is a behavior that is oriented n future. Healthy, mature, self-actualized individual accomplishes its self in future. With mental disorder exists deficit of orientation towards future. In our research we were focused on disorders experiencing time with mental disorder, in comparative relation towards a group of examinees without diagnosed mental disorder.

We separated two largest groups of mental disorder, consistently diagnostic criteria by MKB-10: schizophrenia and neurotic disorder²¹. When we are talking about schizophrenia, it can't be disregarded that it's a group of disorders, and not unique diagnostic category. Accordingly to MKB-10 we categorize nine groups of schizophrenic disorders: paranoid schizophrenia, hebephrenic, catatonic, post-schizophrenic depression, residual schizophrenia, simplex schizophrenia, atypical schizophrenia, and so on. In our work ev-

ery other schizophrenic disorders (which satisfied diagnostic criteria), we treated as unique disorder. We didn't entered in differences between them, which were very important and evident (for diagnosis, prognostics and therapy)^{22,23}, we didn't think they were relevant in experiencing of time, so we leave them for some other, more widely research. Schizophrenia as a disease can be observed and studied only in a multidimensional and multidiscipline world. When we are talking about etiology, diagnosis, clinical pictures or therapy concepts we must take in consideration biological, physical and social factors. All psychodynamic theories, starting with Freud, were considering biological (constitutional), psychological (psychodynamic) and social^{24,25}. Psychodynamic theories are proceeding from assumption about disorder in earliest objective relations, inadequate relation mother-child. This disorder is already bounded for first quarter of life. A result of it is development of so-called »defective ego«. Psychodynamically explained schizophrenia is about »sickness of ego«. Ego is undifferentiated, boundaries of ego are weak, testing of reality weakened, there is a lost of autonomy, self is also undifferentiated²⁷.

Since a carrier of all integration process is ego, and integration is always directed towards future, therefore we can say that ego of schizophrenic patients is incapable for integration's processes. One of consequences is certainly disorder of time experiencing. With schizophrenic patients we noticed narrow time perspective, incapability of anticipating future. Extremely regressive position resulted with so-called, child's experiencing of time, or »existence of exclusively present«. Patients with dominated isolation are patients who are considered »out of time«, with depersonalization we noticed, of what we can call, lost a sense of time.

As long as conscience exist, feeling of time can't disappear completely, but it can be reduced to minimum. One schizophrenic patient nicely expressed himself, in sentence »I live in a vacuum, there is nothing, not past, no present, or future«. With that kind of patient's, time is losing its sense and reality disappears. Jaspers talks about schizophrenic experience of slowdown, assimilation and collapse of time.

We didn't categorized neurotic disorders by groups (it is about a group of disorders)²¹. Regarding time experience, we observed them as a unique category. Although between neurotic disorders are significant differences, in this research we didn't deal with them, it was left for further possible researches. In this research when we talk about neurotic disorder we mainly think on neurotic structure of individual, regardless of clinical manifested picture. Neurotic structures of personality have a strongly developed »mechanism of escape« from unpleasant situations. In other words neurotic person runs from responsibility of time that lasts, he wants to eliminate time and all the responsibility that it brings. Merlo talks about neurosis to anticipate future²⁸. In its base it there is no specific conflict. According to him, it is about constant waiting for some unpleasant experiences to repeat it self. In practice, patients with neurotic structure have a fear of future, and this research will confirm it. Future frightens them, so they are turning to the past. Ferenczi described, to us all known »neurosis on Sunday«²⁹. Fear and depression are intensifying during Sundays and holidays. Neurotic structures of personalities during those days are without everyday activities »which occupy their time«, while »emptiness« and »childhood memories« remain. During this research we noticed a fact, that in the contents, and even in structure of neurosis, we often are coming

across on time. In literature states are described like: »claustrophobia« and »agoraphobic« of time, compulsive repeating, habitual tardiness, »neurosis on Sunday«, anticipation neurosis, and so on²⁹. All these are ways in which experience of time disorder manifests. One of aims in psychotherapy should be to move neurotic patients from »circle experiencing of time« to linear^{30,31}. Existence of circle experiencing of time with neurotic patients, means constant state of »present«, and rejection of anticipating future. In this research we determined existence of significant differences in subjective experience of time for all three categories. Results of comparative research we shown in Tables, for each examined particle of time experiencing separately.

It is evident that with both mental disorders (schizophrenia and neurotic disorder) pathological deviation exists with experiencing of time. Between these two groups of disorders are significant differences, but for both is significant disorder of anticipating future. Anticipating of future is limited, which can be manifested in many ways. Capability of anticipation is damaged or blocked. There are many different levels and forms of experiencing of time. In this sense there is similarity with a way primitive people and children experience time. In other words capability to anticipate future confirms it, as a relevant determinant of maturity and health of individual. Results of research are compatible to those from literature. Research represents starting scope for further wider researches of time experiencing, as a partial category of individual.

Inasmuch as it was specify, research reveals some of distinguish into a subjective experience of time, but questionnaire has been constructed for necessity of research, and it hasn't necessarily psychometrical characteristic, it can be told that it is research import in the research too

much subjective, too much projection by researcher, based on recent literature. Perform research despite its deficient psychometrical characteristic, content characteristic non-experimental psychological methods, but it has a lot of researcher's subjective. Although like this sampling method does not observe psychometrical validity, it is useful into a scientific research, because chiefly phenomenon, for example we can't observe attitude not in other way than to use survey questionnaire. If we have on our mind commands of psychological methodology, if we make a good selection of specimen and if control most factor that can implicate, we will be able to make a good conclusion.

Conclusion

It can be underlined and managed certain lock up, leading up all advantage and insufficiency.

This research has shown existence of statistically significant difference in subjective experience of time, which expressed it self by particles of poll requestor, among groups of examinees: schizophrenic disorders, neurotic disorders, and control group. Statistically significant differences exist in certain particles of time. Differences are significant between all groups mutually. Common for group of schizophrenia and group of neurotic disorders is existence of pathological deviation in anticipating future. This can be manifested in different ways and in different levels. Capability of anticipating future represents a category of health and maturity of an individual. Research has confirmed some assumptions from literature. It represents possible foundation and frame for further researches in this domain. This research was based on questionnaire, and not on objective instrument, which has shown statistically significant differences in most of the items of questionnaire, among groups of

examinees. Given results are not irrelevant, and can be of use to future explorers, to approach a construction of objective instrument, which would refer on examination of subjective experiencing of time.

Our questionnaire does not observe psychometrical attribute, and we can not consider objective index of experience of time among groups, neither we can produce objective conclude, but, we can underline specific index measured by means of this questionnaire, and which does refer onto subjective experience of time.

This research had revealed specific chopping, validity and distinction into a

separate items, research introducing reasonable prospect of rudiment and frame for ulterior research onto this area, beginning from construction of questionnaire which it must be adequately passed through validation in order to make sure adequate psychometrical index. Merely based on right validated questionnaire which should pertain at an experience of time, it can produce certain universal index, and until then we can just ascertain that it is, this research demonstrate some of vary amongst group and introducing good way towards generalization observed assume the appearance of subjective experience of the time.

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DOŽIVLJAJ VREMENA U MENTALNIH BOLESNIKA

S A Ž E T A K

Cilj istraživanja je bio ispitati subjektivni doživljaj vremena kod ispitanika oboljelih od shizofrenije, te bolesnika s dijagnosticiranim neurotskim poremećajem. Istraživane su razlike unutar te dvije dijagnostičke kategorije psihičkih poremećaja, te razlike u odnosu na ispitanike kod kojih nije dijagnosticiran psihički poremećaj. Za potrebe istraživanja konstruiran je anketni upitnik prema dostupnim podacima iz literature. U istraživanju su sudjelovali ispitanici raspona godina 30–50, koji su bili izjednačeni po spolu i dobi. Ispitivanje je provedeno na tri grupe prvu grupu činili su ispitanici s dijagnosticiranim shizofrenim poremećajem (n=43), drugu skupinu činili su ispitanici s dijagnosticiranim neurotskim poremećajem (n=40), a treću ispitanici kod kojih su isključeni psihički poremećaji (n=39). Rezultati ispitivanja pokazali su značajne statističke razlike između pojedinih grupa. Razlike u subjektivnom doživljaju vremena prikazane su po pojedinim česticama iz anketnog upitnika. Zajedničko za obadvije grupe ispitanika sa psihičkim poremećajem je postojanje patološkog otklona u anticipaciji budućnosti. Ovo se očitovalo na različite načine i u različitom stupnju, zavisno od samog psihičkog poremećaja. Dobiveni rezultati potvrđuju spoznaju da je mogućnost anticipacije budućnosti bitna odrednica zrele i zdrave ličnosti.

Appendix

Poll requester

LJ S D V-2003

Day and year of birth _____

Gender: M F

Diagnosis (Fills out by examiner): _____

In front of you is a series of statements. Please read carefully each statement and answer it by circling »YES« or »NO«. There are no difficult statements, neither right nor wrong answers. Answer quickly and don't think too long about questions. Since this examination is anonymous, and results will be used exclusively for scientific purposes, please be honest in giving your answers.

1. I have a feeling that times stays still (as if I am captured in time).
YES NO
2. I had a feeling that some event is lasting for eternity, even though it was a meter of couple of hours.
YES NO
3. I had a feeling that I been to some place, even though it was the first time I was here.
YES NO
4. It seems to me that already seen places (shop, coffee bar, street, and so on) I see for the first time.
YES NO
5. There were times when I didn't know which way I came to a certain place, while I didn't recall passer-byes, nor surroundings, it was as if I fallen from a sky.
YES NO
6. I had a feeling that time fly's
YES NO

7. I am a person that »lives in past«, or you can say that I am oriented to the events from my past.

YES NO

8. It seems to me that hours are long as days.

YES NO

9. Events in my past are crucial for my present and future.

YES NO

10. I rarely think about past events

YES NO

11. I think with fear about past and events that signed my life.

YES NO

12. It seems to me that my past is very similar to my present (as if past repeats it self).

YES NO

13. It seems to me that I don't have past or future, as if time has stopped in present.

YES NO

14. Sometimes it looks like I'm living in a time machine, which can be back with me in the past.

YES NO

For the end please answer next question:

How far away can you plan your future (how far away do you see yourself in future)? Is it? a question of hours, days, months, years (write your answer on line).

Thank you for your co-operation!