

Where does the Future Stand in Our Present? Proposing “TIM-E”, the “Temporal Identity Model and Experiencing” in Clinical Criminology

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Abstract

On the basis of the fact that the conscious relation to temporality is an element of work little explored by the professionals of the clinical intervention and yet experienced by victims and offenders, we proposed an inventory of the "temporal" question, the "temporalist", and, finally, possible perspectives from the point of view of the accompaniment of the identity of the moving subject in time. The exhaustive study of the literature here offers a basis of reasoning to a modeling of the accompaniment of the temporal experiencing of victims and offenders and more particularly of the interest for the structured intervention on their "future". Our hypothesis is presented in three stages: the question of time in (neuro)psychology and (psycho)criminology, the current models of intervention that take into account temporality and more particularly the accompaniment of future perspectives, and of the limits of its models of the reflection tracks of a temporal model adapted to the needs of the subjects. Living time or living in time remains different. The "chronesthesia", that is, the (neuro)psychological capacity to travel mentally through time, and thus the possibility of perceiving oneself at different periods of life and communicating from oneself to oneself, tilts social time called objective in subjective individual temporality. However, by studying psycho-criminological and psycho-victimological models, evaluation, analysis, rehabilitation or restoration, the question of time (and essentially the relation to the future) is not conceptualized. Also, a form of time lag is observed between the social-objective time and the individual-subjective times of the professional and the subject. The present of the act is finally past, the future of the act is a resolution of the present, so where is the consideration of identity and the work around the positive future of victims and offenders? The several psychotherapies that take into account the future do not question the identity of victims and offenders or the relationship to the future, interest in the future is essentially limited to cognitive-behavioral and emotional (CBT) or adaptation (EMDR) for solving dysfunctional strategies. In its evaluative considerations and therapeutic applications, the temporal theory "Time Cure" also models the future only around resolving aspects such as planning, without offering a visuo-perceptive scope of an identity to be encountered and developed. Despite their interests and attempts, today there are a number of limitations to current temporal models of the future. We proposed an integrative model of temporalism by taking into account the Temporal Identity of victims and offenders, in order to envisage an accompaniment of existence in time.

Keywords: *Psycho-Criminology; Temporal Identity Model and Experiencing; TIM-E; Support of Future*

Introduction

To live time or to live in the time, Chronosthesia itself

Some experts have supported the theory that one day, human beings will be able to travel through time. It is already the case, though only in one way: through the mind, a "technique" that is also called "Chronosthesia". It is about anticipating the future, or even just going back to it, as it occupies such a crucial place in one's life, to the point where a patient who is not scheduling, planning nor anticipating, relates to several "presentist" concepts [1]. What a curious thing it is to be able to remember past events and the worst of it. This notion was the very heart of a (Nietzschean) debate for a long time, at least in the philosophical field. In the long run, one look at our current psychotherapeutic models shows that it has been an implicit and continual debate. Do patients need to desensitise to past events? If so,

how is it achievable? Or is it more important for them to interpret these events and accept them? If so, how is it realisable? Most of all, what are the patients' thoughts on the subject and what are their ways to get past these events? Mankind does more resemble cows than apes in terms of the time they take to “psychologically digest” their “rumination”, but it is true that their relationship to time has always remained a question. It is now time to determine if this question was considered to its fair value or if it was tackled through the eyes of otherness. The human species is far from being the only one capable of experiencing otherness, but few species actually see themselves on a four-dimensional level [2]. The only exceptions remain the *Ponginae* and the human being. This makes all the difference between living time as a powerless participant without any particular consideration and living “in the time” while being able to take control and travel through it ceaselessly.

Let us take the example of a teenager engaged in a therapy after having experienced a serious car accident. He confessed to his therapist that he would never become a great athlete. However, one look at his file indicates no sport society, no practise of any sport whatsoever, and no great passion that his family and friends know about. This young man emotionally lost something that he just realised through negativity. It reveals deprivation, and not just any kind, deprivation of the meaning of life's projective potential. Otherness has a part to play in this study. In order to build itself and make the “mental journey through time” a reality, the future emerges from memory banks and stimulates the sensorimotor systems which are linked to the visual-perceptual systems [3]. To relive the past or just remember about it makes the body lurch backwards while anticipating the future makes it lean forward. The human mental representation's system and whole body live “in the time”. The experts supporting the “mind's inscription on the body” [4] theory considered the idea that men's profound knowledge is anchored in their way to imagine the space thanks to their “cerebral imageability” [5,6]. That is also true for abstract knowledge and without any contextual availability.

Ontological and philosophical differences between the past (to relive) and the future (to imagine) are ignored in subjective time, to the extent of making the mind anticipate long-term life plans and combine it with emotional charge. Subjective time is a component of episodic memory, with a severable relationship to prospective memory (and a part of retrospective memory) which is essential when planning future actions [7,8]. According to Coste., *et al.* [3] the neuropsychological similitude between past and future launched interrogations on the importance of the semantic memory (the representations of oneself) in building the future, and, obviously, in time in the possible nuances of time consciousness and in the episodic memory system's three fundamental concepts [9,10].

First report: Where does the future stand in psycho-criminology?

Thank you to Good Lives Model, but...

Psychological approaches in favour of identifying situational, psycho-social, behavioural and/or cognitivo-emotional aspects on people under criminal justice control will here be questioned in terms of their relationship with time. When questioning the future, psycho-criminologists' assessments and therapies (be them unconstructed or following psychometric or actuarial models) are focused on identifying scientific problematics. In this respect, it can be noticed that often when focusing the care on the future, therapists tend to aim the care on preventing and exposing a potential relapse (of the traumatic risk or recidivism). The assessing of vulnerabilities, the reinstatement in social insertion and probation, psychotherapeutical care and psycho-educational workshops on traumas, risky situations and symptoms put the patient under a light which does not enlighten their identity “in the time”, or just tackle it through the mist of a shadowed future only focused on what cannot exist in it: the problematic. “Who is the subject?” means “Who do they truly want to be? What are their means to achieve their goal through time? What is the meaning of their values in a “mental journey through time?”” These interrogations seem far away from current therapeutical models. Current psycho-criminological models do not show any direct interest in these questions either. Neither the future nor the identity are tackled in the yet inclusive and strongly social “Restorative Justice” [11,12]. “Desistance” sets up a retrospective observation of psycho-social and social elements allowing the patient to extract in time themselves from a criminal life path, in a non-linear way [13-15]. The “fundamental correctional practices” model [16] offers many valuable positive recommendations on the development of the convicts' pro-social interactions. Finally, “Risk-Needs-Responsivity” [17], the rehabilitative model made to prevent recidivism, essentially focuses on the rehabilitation reformation of criminogenic need of care, that is the problematic elements in one's life that were ascertained to be linked with recidivism. The “Good Lives Model” [18] is the only one to partly break this stalemate by supporting the positive theory that the patients do not really wish to reach the problematic's exit, they most of all desire to live a favourable and coherent life. The difference in the positioning is clearly crucial: the first possibility offers either an absent future or one reduced to be repellent or doomed. The second positioning offers one's appealing future version. Then, identity is no longer tackled in a negative way (“What I cannot be” or “I am no longer this way”) but in a positive light (“What I want” or “This is who I am today”).

Yet, while the “Good Lives Model” offers the establishment of a life path which enables people to live accordingly to their current fundamental needs, it does not allow them to anticipate the future through a more intense journey to find their own identity. The main models of intervention are interesting when tackling the subject's psycho-social perception, especially when dealing with a particular past or present situation or towards the “situation's distant causes” (e.g. the individual's moral development) and the “action step” through the means of perception or behavioural choices [19]. It is pointless to cast the first stone at others, the “theory of the criminal process” and the French psycho-criminologist analysis [20,21] overall strongly show a shortage when considering the question of the future, even though those theorists are trying to homogenise the etiological approaches to the act and a possible intercession.

The act's present is past VERSUS The act's future is the present. A querying jet-lag: Where does the real future lie?

Jet-lags are the most curious thing during a therapy. There are few search bases or databases on the temporal perception's gap between the therapy session and the problematic situation. Three steps can be considered along the therapy and are generally summed up in this manner [22]: before the act (the path or the context), the act or the problematic situation itself, after the act (proximal or distal). Techniques applied for the care are favoured upon those phases (e.g. BCT, psychodynamics, MBCT, EMDR). This time analysis is subjective and depending on the problematic. The participants, professionals and subjects are requested to blend, which skews any possible concept of an objective relationship with time. Indeed, working on the act with the subject creates the psychic illusion that the act is “present” (the act's present). Then the therapist will choose an approach of the present to work on with their patient. But for both the objective time and the subject's life, these events are part of the past. Ironically, the more the subject will confess to the therapist, the closer they will feel to the present on a subjective level (reliving the act and linking it with the overall functioning) and at the same time, the farther from it they will feel on an objective level (the passing time). Likewise, sharing and desensitising to symptoms unfolded after the act sends the subject back to the post-act period (the act's future) on a subjective level, when for them it only constitutes their daily life. Thus, the act's present is their past when the act's future is their present. When, along the therapy, does the real future appear? That means the objective time's future, in which the subjective time cannot be thrown, namely the “Presentist” problematic mentioned above.

This proposal offers the possibility to shift the focus towards the act's consequences on the subject. It also allows them to project their identity in time, beyond any difficulties. The problematic situation's consequences, or impacts, would in that case only be the present of the therapy focusing on the identity. They nonetheless give the subject some relief through the subjective time of the act's future. This hypothesis needs to be tackled first through the consequences, the “What for?” before the “Why” and the “How” (which are part of the biographical past) and especially before handling the reality that is the future. The objective time's impacts and its present drive the subject to active listening, sharing, alliance relationship and, that way, ease them into the therapy's following development on the act and the possible rehabilitative work. When “Why” and “How” seem unreachable questions to answer for the patients, it drives them to idleness and a sense of helplessness and/or shock. An act lived with emotion eases the subject's responsiveness [17,23].

Second report: The best interest for the future in applied psychology?

Focusing on cognitive-behavioural and emotional approaches.

There are many theorists raising the “time” question, but few of them actually work “in the time” nor on the future. Cognitive-emotional approaches focus on these aspects of time for three practical reasons:

1. These various approaches are based (albeit not exhaustively) on behaviourism, cognitivism and adaptive information processing focused on the emotion. They are complementary on a theoretical level [24].
2. There is a praxeological easiness to questioning this complementarity between different approaches such as the one existing between the EMDR [25] and cognitive-behavioural therapies of the schemas [26,27] based on Mindfulness [28], sexual issues and “sex therapy” [29] (non-exhaustive list).
3. The problematics worked on in short-term therapies. They aim at thinking about the future, at least through planning, like (again, not exhaustively) working memory loss [30], depressions and suicides [25], phobias [31], sexual victimisation leading to PTSDs [32].

These approaches take a more cognitive, behavioural and emotional angle, which allows therapists to work on time. Yet, few of them tackle the future itself in actual practise. Two sides appear. They sometimes take shape as a method and sometimes as an experiment:

1. The “Float-forwards” EMDR protocol [33], also called the “Flash-forward procedure” [34], the “Future Template” or the “mental video” [35] (it is generally part of another protocol e.g. Phobias).
2. The 2015 Cedars-Sinai Medical Center’s (University of Alberdeen) cognitivo-behavioural experimentation on how people suffering from depressive pathologies plan the future on a behavioural level. It recaptures the “Time Cure” in another context [36]. This time experimentation in several theorised variables was done on former war-traumatised American soldiers.

The futuristic EMDR

According to supporters of the EMDR psychotherapy, negative events lived by the subject can be stocked in a dysfunctional way in ill-adapted memory networks [37]. That is to say that these pieces of information leave their marks on the neural network and can be noticed through symptoms. Brain imagery (reliving past events), emotions (fear, anger, sorrow), somatisations (sleep disorders, sexual dysfunction) or/and specific dysfunctional endogenous and exogenous cognitions are common symptoms when a piece of information is left untreated in the memory in a dysfunctional way. “The Adaptive Information Processing Model (TAI)’s basic premise is that one has to access memories that were stocked in a dysfunctional way, then stimulate the innate information processing system, for the symptoms to decline” [38]. Indeed, theorists can apply a method firstly focusing on the symptoms (DSM-V) or on irrational beliefs on oneself [39] but the methodological aim will always ultimately be to work on the neuropsychological elaboration of a pathogenic situation. This method can be summed up in three steps [35]:

1. In the method firstly focusing on the symptoms to then reach the treatment’s targets, Phase 9 consists in preparing the subject for the future.
2. In the method firstly focusing on one’s fundamental beliefs before reaching the treatment’s targets after having linked the fundamental dysfunctional belief with a “target image” of a difficult situation for the subject, the standard protocol needs to be applied. The future is then once again tackled during Phase 9.

In order to be of the best help to the patient, the therapist shall try to establish a “Future Template” with them. They shall use an “exposing and desensitising” technique with EMDR. Therefore, they shall create scenarios developing the future and a model for operational responses to objects or future negative situations. The goal is clear: the technique is to diminish the patient’s cognitive and emotional anxieties by “exposing and desensitising” them to situations that tend to provoke anxiety. In this respect, therapists make their patients do side-to-side movements with their eyes. The subject might start having “flash-forwards” (a term that originally referred to suicidal images) [25], namely mental problematics that might lead the patient to keep having irrational fears of the future when these fears are in fact linked to the past. Then, a focus on the future through the “Flash-forward procedure” is recommended [40]. But if this future keeps resisting after the EMDR “Future Template” treatment [35], it is then advised to use more common techniques to expose the behaviour [41]. Again, therapists tend to treat fears of the future as if they belonged to the present and tend to question a past situation [42].

From the “Time Cure” theory on temporality/time to therapies

Psychometrical and psychotherapeutical approaches, when dealing with temporality, both refer to works on temporal perspective and Zimbardo and Boyd’s ZTPI scale [43]. It is an original approach to narrative therapy [36] in order to solve conflict in a cognitivo-emotional way to treat people suffering from PTSD [44]. According to this psychology on time [45], space could be considered in pair with time and also with thinking (cognitive), feeling (emotion) and doing (behaviour) depending on the following perspectives:

- The positive past → positive behaviour towards the past;
- The negative past → negative vision of the past;
- The fatalistic present → the search for feelings;
- The future → projects: anticipating consequences, transcendence.

The diverse orientations on time comes with costs and benefits as well as functional (a balance between time/temporal conditions) and possibly dysfunctional aspects (focus on a temporal model). “Time Cure” is currently far away from traumas when working on the relation between insecurity and addiction [46,47]. “Time/temporal perspective brings more information on insecurity in order to explain nicotine addiction as well as anxiety and depression [...]. Insecurity might have an impact on how one does perceive time. It therefore modifies the perception of social situations and their meaning. [...] Such a method of intervention is close to the therapeutic tools used in cognitive and behavioural therapies, like the decisional balance usually used in tobaccology” [48]. In order to work on time problematics (e.g. by expelling rumination and negative feelings), several actions can make sense depending on “Time Cure’s” (“fatalistic”) future orientation [36]:

- To replace negative cognitions by positive ones (referring to the past);
- To check the selection of pro-social and hedonist behaviours (referring to the present);
- To establish a scheduled future with the subject (per day, week, month – referring to the future) with a list of items and tasks (to accomplish) (referring to the present);
- “Life areas” to strictly fill with social interactions (referring to the present).

According to the Cedars-Sinai Medical Center (University of Albedeen)'s cognitive-behavioural experimentation on how people suffering from major depressions perceive the future; difficulties to set goals, to solve issues and to plan the future would be due to a neurological functioning focused on negative elements and would be specific to depressive symptoms. In this respect, psychotherapy offers the subject the possibility to see the future in a positive light. They would be helped by a manual to learn concrete skills and would have tasks to accomplish. The therapist would still do an intensive follow-up on their patients through two sessions per week for ten weeks. It is interesting to notice how easy it is to include other techniques in this general approach, such as how to manage “the flow” (an experiment on an optimal mental state carrying positive feelings [49]) or/and The ACT or Mindfulness (observing and accepting the present moment and the reactions that unfold because of it [50]).

Hypothesis: Going from an imperative future to exceed the flawed present: a criminological version of “TIM-E”: the temporal model tackling the importance of “existing in the time” in therapies

The limits of temporality models regarding the future. Proposing an integrative model

Patients with ADHD may have more creative thought [53] and a tendency to focus and maintain their attention on aspects on which they perform best (artistic creation, sports, etc.). These patients depend on context and situation for their motivation and due to the heterogeneity of their cognitive dysfunctions [54]. This means that the cognitive deficit should be investigated in certain motivations and contexts [55].

1. There is some confusion between the possible object (e.g. the future, the patient), the goal (e.g. diminishing the symptoms, desensitising the patient to the problematic situation stuck in their memory, scheduling, solving issues) and the method (e.g. exposing, narrating).
2. Not modelling in these approaches and experimentations on what is part of (of could be part of) the future, how does the patient explore it (objective or subjective future) and how does the method prompt them to explore it.
3. A damaging limitation of a future depending on the patient’s disorders or problematics or on the situation causing said disorders.
4. The absence of the future’s possible independence (subjective or objective) because it is always tangled with the past and/or with the present.
5. A lack of experiencing one’s future-self with many diverse actions done at the same time (e.g. to associate the therapy’s avatar to augmented reality by using EMDR footage and a cognitive-behavioural continuity).
6. A weak phenomenological reality due to the subject not working on their fundamental values (their profound aspirations) in a future yet to be developed.
7. An absence of consideration towards success that could create a feeling of self-sufficiency.

Here, the future is only a variable linked to the notion of “achievement” (e.g. building, planning), when there are at least two variables in the other fields (past and present) [43]. The “representation” (e.g. of oneself, the others and time) and “the behaviour” fields (e.g. self-confidence, feeling of self-sufficiency, social cognitions) do not tackle the future very much. The subject cannot truly commit to what constitutes their “individuality” without exploring these two fundamental subjectivist fields. When therapists focusing on the future open their patient to a problematic situation (or raise with them the question of who they want to become), the two other variables (representation, the behaviour) suggest the possibility of a foreseeable and enviable future that exceeds the problematic situations and the symptoms. Rather than firstly working on the present, the difficulties it raises, the pain it unfolds and its secondary holds in order to anticipate the future and to ask the subject how they intend to plan it and achieve their goals, how would it be if the subject made the reserve course to finish on “going back to the future?” The initial place offered to the subject is a positive one, and they are faced with a scenario narrating their life success and encouraging a feeling of self-sufficiency. A structured model of the functions that would embody the development of future projects and the way they would be executed by the subject can be established.

One (external or internal) trigger would be a primary motivational element in the context of being in a psychotherapy while (re)building one's future. It would be the consequence and the example of the “non-satisfying” aspect in a past or present life style that needs to be exceeded in order to guide the subject's mental work towards more satisfying life conditions. With TIM-E, the Temporal and Identity approach, the subject takes a look on their journey and anticipates this “after”, a built and satisfying future.

1. First, theorists have to question the factors that would condition the subject's disposal and ability to project into the future. They have to determine their “receptiveness” to the counselling work's goals.
2. The mental “construction” of a future life plan needs to be sufficiently developed and has to be coherent in order to be applied on a daily life basis. The subject needs insight to define their personal goals on an abstract and tangible level.
3. Putting this plan into action will involve organising and control skills as well as the skill to execute intentions and behaviours.

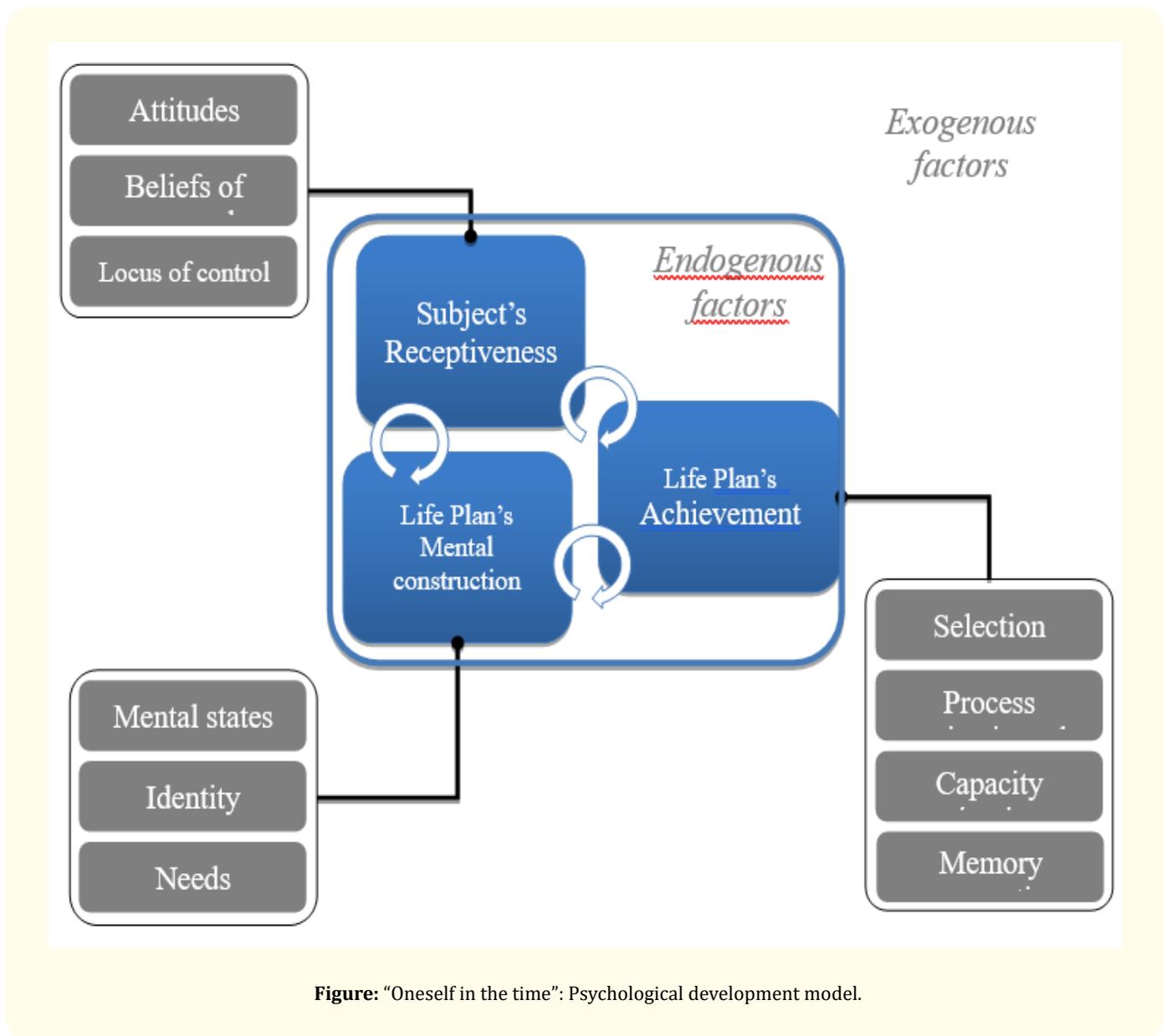


Figure: “Oneself in the time”: Psychological development model.

The subject's receptiveness to work on themselves through their abilities (as a three-dimensional structure which is cognitive, affective and conative at the same time) towards:

- The idea of a future and changes, as well as the mental construction of a future project.
- The belief in one's role in their own abilities (a feeling of self-efficacy) and one's environment as a means to achieve their goals.
- Their appreciation of the locus of control.

The life plan's “mental construction” process would develop along abstractions of the personal identity and the subject's needs in order to build:

- Anticipating representations of various types (visuo-perceptive, sensori-motor, emotional);
- Mental states or goals to achieve (intra-personal, affective, cognitive, subjective organisation - or in the environment – self-confidence, intrapersonal integration, activity).

To fit in the life plan's achievement would entail:

- Motivational processes involving transforming the mental construction (state, result) in a series of short and long termed and ranked anticipating and evaluative goals.
- Prospective memory.
- A process to select the future life plan's possible mental constructions.

It can be assumed that receptiveness, mental construction and making a reality out of one's life plan have been revisioned on a regular basis, on the grounds of the changes made and their internal and external impacts, congruent with the goals. It is about observing the problematic (e.g. a situation that provokes anxiety) way beyond time in a global life plan in which the subject already faced and overcame the situation. Not thinking with the eyes of the present is to encourage life projects through self-representation, facilitator behaviours and positive identity in order to reach the cognitive ability to turn one's life plan into a reality. The question is no longer “What can you do in order to face this situation?” but “Now that you have reached such a life scenario, look back and tell me how you managed to face this past situation” (the subject from 2020's subjective past, but the 2018 situation's objective future).

What about the meaning of life?

The question of the meaning of life in therapy reconnects the therapist with all forms of obedience to the existential approach [51]. Along their life, the subject guided by a therapist tries to give a meaning to the world and to themselves, through ontological truths (e.g. the past and the present) that are far away from the cognitive neurosciences' objective truth that animates their general state. There is, thereupon and as seen before, a fundamental difference between living time and living in the time. There is another one between planning how to solve a problematic and in planning one's life. The Future – Chronesthesia (or mental journey through time) projects the subject by proxy in a situation that has not happened yet (e.g. with an avatar of themselves), and establishes a cognitive link (feeling of continuity) with the past and the present, through an emotional commitment. There seems to be an unbreakable link between the meaning of life, the values it carries [52], the subjective future's possible variables (representation, behaviour, accomplishment) and the psychological elements that positively or negatively influence values (e.g. that are part of the subject's consciousness and applied to their life). “Recovery indeed entails encouraging the acceptance of what cannot be changed and building a new positive life project. Recovery is more of a process than a result. It aims at accomplishing a full and significant life, an identity based on hope and self-determination” [53]. To help the subject enter this prior-self past journey (external injunction) to end up with their substitutive-self future (internal will), is to enable them to find hope, to redefine their identity, to find a meaning into life and to take an active responsibility in committing to their project [54].

This approach seems respectful and mindful of the subject's point of view on the intimate relationship they share with their symptoms. No objective point of view nor issue or symptom is provided to them, but elements or items are, in situations that they tackle when discussing their “life quality”. Finally, intensity offers them the freedom to confess their ambivalence, their dissonance and their hold on a symptom qualified as negative by their clinician. It is essential to offer the subject a safe environment for them to feel respected and free to share their temporal feelings and history. Their history is currently tested in a method using the following techniques:

- EMDR's and BCT's cognitive vision [17,35,55];
- Humanist approach and psychological well-being [56];
- Good Life Plans (Good Lives Model) [57];
- Future perspectives [25], control modalities and beliefs [58];
- The Mindfulness [59] applied to subjects facing problematic situations [60];
- The system approach and psychodramatic activities [61];
- Or yet the Avatar therapy [62], the augmented or virtual reality [63].

Our proposal is to be close to the person, to maintain active listening and to help them understand that it is better to “not feel anything rather than suffer” or it is on the opposite better to “suffer rather than not to feel anything”.

The meaning of life in clinical criminologist therapies

It is possible to develop a more global procedure of the subject's perception of the future, by directly referring to the “temporalist” model and using the “Temporal Identity Model” TIM-E that contemplates on investigating the identity [64]. This existentialist approach relates to both Spinelli's (2007) [65] and Huguélet (2013) [53] works on the role of the meaning of life in reaching the problematic's exist. The therapist shall tell the subject that they are here to help them find a meaning and values that are currently stuck because of a situation preventing them from globally planning a life project. In this respect, using the “futuristic” temporal approach “TIM-E” completely relates to Farrall, *et al.* (2014) [66] “desistance” theories mentioned above, that is to say stopping to see acting outs as a (renouncing) non-linear process of a disinvestment of identity in a criminal path. In the psycho-criminological field [67], this model is to be used through structured tools such as “SPHERES”, “MC-FLY” or “FRED-Virtual Reality” and fits easily in the “Good Lives Model” [18] and Restorative Justice model [68]. They complete the “Risk-Needs-Responsivity” model [17]. Offenders not only wish to reach the renouncement of the problematic process, they most of all desire to live a favourable and coherent life, to have a social life again and to develop a “coherent” self-identity, the ultimate condition to achieve psychological well-being.

The Temporal Identity Model applied through the future-temporal Interview, observes that without a project, without a goal, without a vision of one's future, one's beliefs of one's own abilities, one cannot be effectively disposed to change through time. TIM-E-Future's proposition relates to the will to investigate with the subject on their prospects for the future and their changes. The ultimate goal is to apply this model to a large choice of therapists and offenders, as it was tested for the assessing of vulnerabilities, reinstatement in social insertion and probation, psycho-educational group workshops, groups for preventing recidivism, Restorative Justice through mediation, through groups or in Groups for Support and Responsibility. Unfortunately, many criminological works demonstrate that subjects who went through an infringement situation relate to “Presentism” (a fixation on the present) [1]. Therapists shall therefore try their best to support the subjects in locating themselves in time and space and in relation to others. This methodological experiencing on time launched works on what motivates changes (e.g. through the motivational interviewing technique [69,70] and core correctional practices” [16] to help ending a criminal life). Besides its relation to temporality, the Temporal Interview TIM-E contemplates a relation to otherness and the feeling of powerlessness that a person gets towards their life, whether they feel in control of their own actions and projects or if they feel enslaved to destiny and external inconstancies [71].

ORACLE Program: for Victims (example with the part of Individual Treatment)	
Steps of TIM-E treatment for victims (ORACLE)	Link with others models/methods
Step 1: Life Plan focused on the future, Future secure mind	Virtual Reality, Good Lives Model, MBCT and BFB
Step 2: Desenzibilisation and cognitive restructuration about anticipative anxiety	EMDR, BCT (Schema and Exposition), ACT
Step 3: Hâbiletés sociales orientées vers le futur	Motivational Interviewing, BCT, Psycho-education

CeSURE Program: for Offenders (example with the part of Group Treatment)	
Steps of TIM-E treatment for offenders (CeSURE)	Link with others models / methods
Step 1: Identity and Readiness	Readiness (with Motivational Interviewing)
Step 2: Values (or Primary goods) and Cognitions (or distortions)	Good Lives Model, Cognitive restructuration
Step 3: Emotional and Social Skills	BCT, EFT, Restorative Justice
Step 4: Future perspectives	Relapse Prevention, Self-Regulation

Example of McFLY steps of, method of Temporal Interview (TIM-E model): Departure from the interview since the present, consider identity in the past, look to identity in the future, then return to the current identity. From the present offer about concrete materializations, a careful listening of the current situation and a part of the patient in the time period of the interview. The past heard in connection with the event that has troubled the identity will then serve as a jump to future projections, which the troubled identity can become. Here, with M.W. (offender but so victim of heavy physical violence, social ruptures and suicide attempts), a brief illustration as to the temporal order and the questioning of identity:

Temporality	Primer, about the present
TIM-E professional	Mr. W., in general, explain to me how you see yourself. For example, how would you describe yourself, how do you consider things, events, etc.?
M. W	It's a difficult question, there are many possible answers, I do not really see where you are coming from. I am someone who is not helped by destiny, everything always falls on me. [...] While for others, it's so easy. And then there is the pressure, not to disappoint. Finally, ... the pressure in relation to myself. It's hard what you ask me. [...]
TIM-E professional	I understand. For example, if you were someone else, just to my right, and you got along during this description, what would you think?
M. W	It's easy to think like that. [...] That I disempower myself, that others have problems and that they are no more helped than me to overcome them. [...]
Temporality	Then, the past...
TIM-E professional	Before coming here, even before it all started, that is to say, three years ago, if I had asked you the same questions about you, what would you have answered?
M. W	Ola ... [begins to cry]. That I could never be like that. That I was a shit, but that I would find ways to manage ... [...] That I would not miss ... [crying again]. [...]
TIM-E professional	For example, if we brought the person you were right to my right, how would you find it?
Temporality	Then, the future...
TIM-E professional	And if we meet by chance in three years, when all this is over, what would you say to me about you?
TIM-E professional	For example, if we brought to my right just there the person you could be in three years, how would you like him to be?
Temporality	Finish on the present...
TIM-E professional	And if we asked him to say what he thinks of you now, that is to say for him what he was exactly three years ago, what would he say about it?

Conclusion

The development of behavioral, cognitiv and emotional support offers practitioners recognized intervention methods. However, they do not work directly on future projections. The Temporal Identity Model (TIM-E) and the Temporal Interviewing (TI) are integrative recommendations on which different modes of treatment can be based without alter their approach. Therapies focused on the future life plan would thus make it possible to combine the subject's life objectives and the professional's intervention objectives.

Conflict of Interest

None.

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