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CROSSING OVER
A STORY OF SURRENDER AND TRANSFORMATION

Abstract: “Your job is to keep me emotionally alive until I die.” These were the words spoken to me by my analytic patient of seven years, after having been diagnosed with inoperable metastatic breast cancer. As she approached death, the emotional intensity of our encounter became the most passionate, and almost exclusive, pursuit of my patient’s life. We began to see her death as an opportunity for further integration and transformation. In this paper, I attempt to describe the process by which we expanded the boundaries of our relationship to create a rhythm of being together that carried her into death. Influenced by Thomas Ogden’s description of the “art of mourning” and Michael Eigen’s vivid image of “crossing over,” I describe the experience that I lived, and the process by which I have made the journey back from my immersion in death and loss.

Keywords: Surrender, transformation, death and dying, loss, mourning, boundary

“For the sake of a single poem, you must see many cities, many people and things... And it is not yet enough to have memories. You must be able to forget them when they are many, and you must have the immense patience to wait until they return. For the memories themselves are not important. Only when they have changed into our very blood, into glance and gesture, and are nameless, no longer to be distinguished from ourselves—only then can it happen that in some very rare hour the first word of a poem arises in their midst and goes forth from them.”

—Rainer Maria Rilke

A NUMBER OF YEARS AGO I had the privilege of working with an analytic patient until the day of her death. While my patient was dying,
I made some half-hearted attempts to consult the literature but found that it did not contribute to my understanding of the work that we were doing together. At that time, accounts of psychoanalytic work with dying patients were rare, and the literature then was concerned primarily with existential issues in approaching death, as well as the appropriateness of relaxing the psychoanalytic frame in order to respond to the needs of the dying patient (Eissler, 1955).

There was also a presupposition in the early literature that once a patient became terminally ill, the treatment would no longer remain psychoanalytic but would necessarily move in a more supportive and management-oriented direction. I was resistant to this notion and did not want to be hindered or limited by it. Although informed and partially fueled by the reality of my patient's impending death, each of us remained open to creating new psychic experiences in ways that felt enlivening for both of us. The psychoanalytic process, despite significant alterations in the frame to accommodate my patient's physical condition, intensified and became more deeply creative.

For several years after my patient died, I made unsuccessful attempts to write about my experience. Although the recent psychoanalytic literature reflects psychoanalysts' increasing courage in acknowledging the mutually transformational impact of working with a dying patient (Mayer, 1994; Bleichner, 1997; Gartner, 1997; Minerbo, 1998; Buechler, 2000; Redding, 2005), I did not come across an account of the mutual psychic influence that patient and analyst have on one another that compared with the degree of intimacy described in this paper. I could not locate anything similar to my story within the existing collection of stories.

Ultimately, what came to mind was a poem titled, "To Know the Dark," by Wendell Berry. This poem was important to me as I attempted to remain grounded and emotionally present to my patient while she was dying. It was also a poem that I read to her, often on days when she was too ill to speak. It goes like this:

To go in the dark with a light is to know the light.
To know the dark, go dark. Go without light,
And find that the dark, too, blooms and sings,
And is traveled by dark feet and dark wings.

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The story that follows is the story that emerged from the darkness.

Sharon was 52 when her body was finally devoured by the cancer that had stalked her for 17 years. Shortly after the second recurrence of cancer was diagnosed, just under a year before she died, Sharon announced to me, "If there's one thing I know, I'm going to be alive when I die. Your job is to help me stay emotionally alive until the day I die." We had already worked together in psychoanalysis for seven years when she learned that her cancer was terminal. Elsewhere (Dachnert, 1998) I have described the course of this analysis, a process by which Sharon, a hospice nurse by profession, shifted from living an almost completely reactive existence, characterized by massive self-deprivation and accommodation to the other, to living a life based on freedom to respond to her inner strivings.

Now, however, knowing that she had little time left to live, she was angry. "It's so unfair. I've just been reborn; it's like we gave birth to me, and I haven't yet had enough time to experience that. My boys [two adopted young adult sons] are losing two mothers in one lifetime. That's not supposed to happen. I'm losing two mothers in my lifetime, too. I don't want to leave you, I feel so frightened. I feel so cheated."

I felt the strength of Sharon's resolve to be fully alive when she died. I remembered, however, some of our earlier years together, when almost any loss, real or imagined, would precipitate a traumatic depressive state. She had gradually developed the capacity to experience grief and mourning without moving into the despair and hopelessness of her "black hole" depression, even when facing her first recurrence of cancer a few years earlier. This time, however, she knew her cancer was terminal, and I was uncertain how she would cope. The next time we spoke, I began to get some clues. "You have taught me a lot about life, but I have a feeling that you haven't had much experience with death. Loss, yes, or I wouldn't feel you understand me as well as you do, but death, I think death is new for you. Stay with me, and I will be able to teach you how to help someone die." She was correct; I had not yet dealt with death in any intimate way. Feeling slightly uneasy as she spoke, I was aware that this was one of the first times that she had, speaking boldly and somewhat playfully, assumed such an authoritative role in relation to me. In that moment, she experienced herself as the teacher, and me as the student who would then learn from her.

We both fought to create meaning in what was happening. I believe that, at times, I was as vulnerable as she was to our work's becoming meaningless. An image of the cicada came to my mind often, an insect that takes
17 years to develop; then, once born, lives only a few weeks. My distress was expressed in a dream: Twins are in a womb. One is healthy and growing; the other is dying. One is getting all the nutrients. The healthy one feels a pull toward death; it doesn’t want to live without the other one. The healthy one has to fight to want to stay alive, in spite of the fact that the other is dying. In a gesture that reflected slight movement, Sharon said, “Life isn’t over when you breathe your last breath. All this work we’ve done can’t be for nothing. It’s been the most meaningful thing about my life on this earth. Somehow, it needs to be meaningful in my next life, too.” Later, she sounded lighter as she added, “I found myself through this process; death can’t take that from me. I think there’s more to come. And, I figure, the more work on myself I get done here, the less I have to do on the other side.”

Another significant shift was reflected in a dream of hers. “A man and a woman come to my house. We go to a wedding. I realize she is a spy and is going to kill somebody. I really like the feel of the gun and how it feels to shoot it. I want to experience the feel of it.” Her own associations capture this shift. “I have always been so afraid. I’ve been passive in my life in so many ways. If I’m going to die soon, what have I not yet seen or done in my life? It’s a freeing experience, thinking about dying. I feel more powerful, less inhibited. I have lived so many years, where not a day went by without my worrying about the cancer coming back. The other shoe has finally dropped, and there’s a way in which I feel released.”

That insight was followed by a session in which she powerfully and humorously reflected, “Cancer is eating holes everywhere in my body, but my emotional holes are filled up. I hung in there long enough to know this really works. There’s no cancer in my soul.” I believe that Sharon was, for the first time, beginning to have a sense of private space. I was quite aware that Sharon was making use of me for purposes of self-integration and that the expansion and strengthening of her sense of self was contingent on our connection. “We’re still working. I need you to help me do that till the end. I need to feel connected to myself and to somebody who knows me and loves me. Stay with me.” She was becoming confident of my presence in her private world, that I was helping her to live her death on her terms, and my presence was her protection. “I just have to feel you being with me. That’s what I live for right now. My mother stuff is acting up again. Do you believe she can haunt me in my dying moments? I’m afraid she’s going to get me. We have to keep working on this, because I want to completely lose my fear of my mother before I die. That has to help me in my next life, don’t you think?”

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Accompanying her increasing surrender to the reality of her impending death was tremendous sorrow regarding her un-lived life, as well as a growing confidence in the knowledge that she was irrevocably affecting me. “I didn’t explore all the rooms in my house. I just got a start. I feel so sad leaving this world without that finished; sad about my own incompleteness. I feel sad about dying. That’s a place you can’t go with me. I wish you could. I wish I could stay here with you.” I responded that she had grown to trust that I would go with her to all the unknown places. She interrupted: “And this one most unknown place you can’t come with me. I know you’ll go with me as far as you can, and all the places you’ve gone with me so far are allowing me to face this death and deal with it as well as I have.” I was deeply moved and, at that moment, experienced the first of what were to be several instances in which the words, “Don’t leave me,” intruded into my consciousness. Somewhat embarrassed by this internal utterance, I dismissed it as irrelevant. Sharon knew that I was tearful. “I know you’re crying. I know you are aware of how much we’ve done, and are sad about what we weren’t able to finish.” I asked her what it was like for her to feel my sadness. “I feel good to know you’re affected. It is my greatest comfort. It even feels good to think that maybe you feel comforted by me. I’m surprised I feel that, because I’ve been so tired of giving all these years. But, right in this moment, it feels different. I’m giving you something, but it doesn’t feel like it takes anything away from me.” In life, Sharon had experienced herself to be taken from, used, and depleted. She gave, but rarely experienced reciprocity or mutuality in giving.

That night I dreamed that I was in a store where blankets and pillows are sold. Running around the room was a miniature train track, with little train cars. I was putting tiny comforters and pillows on the train cars for her to take with her when she dies.

Sharon had begun to see her death as an opportunity for transformation, and she was becoming relentless in her pursuit of an intense, total connection with me. After that first puzzling moment, when she noticed that she was giving to me without feeling taken from, Sharon became enlivened by mutuality in giving. “Your being affected is allowing me to die. Knowing you’re affected is the greatest gift I’ve ever been given. Analysis as a preparation for death. Every time I think about this process, I’m amazed that it works. I would have been in such a black hole by now. I never would have believed that what you work through in your life affects the way you approach death. I’m not feeling blackness or depression. Just a wonderful feeling to know you are sad and I don’t have to
take care of you." She described how, through the cancer, she had learned what it meant to see life as a process, not focusing on the outcome. "Now, I create moments and live intensely in moments. I'm living through my death."

In tandem with these intense internal experiences, however, Sharon was thrown into an external world of painful and fatiguing chemotherapy and radiation treatments. An additional complication arose from the recent relocation of Sharon and her husband to the East Coast (owing to a job transfer), just prior to her recurrence of cancer. Sharon had had little time to establish new relationships before becoming ill. We had continued the analysis by telephone, as we would until the day she died. Although analysis by telephone had its obvious disadvantages, given her physically compromised state, it had now become fortuitous and necessary.

Intertwined with intense, interactive sessions were those in which Sharon, so ill from the chemotherapy, did not have the energy to speak. On those occasions, I selected some poems and read to her; I knew that the rhythm and the sound of my voice were comforting. On other occasions, I told her "Sharon stories," recalling some of the important memories from her childhood. She reflected, "When you tell me stories, it reminds me of how important the repetitions are, and how important that has always been. I think of your voice, and how you would say things to me over and over. There's so much comfort in the repeating, even now. That's why therapy can't happen quickly. It's the repetition that creates the change. It's moved me to a different place." I commented on how moved she was by what she and I had created together. "We found a way to create something very different inside of me." She responded, "I'm full of pain medication now, but I know that I feel full inside. Please don't stop doing what you do until the very end. It's still important. Stay with me."

Sharon had charged me to stay with her, to keep her alive until she died, and so I was compelled to find ways to be with her that were enlivening and meaningful. For periods of time, she seemed so weak that I asked her if she would prefer to talk less frequently. "No, every day" was her response. My dismay at her response alerted me to my ambivalence. At times, I wanted to escape. This feeling became particularly intense when Sharon's mother-in-law became involved in her care. By this time, Sharon was no longer able to telephone me, and we had arranged for me to call her. Although she had been instructed to awaken Sharon if she was asleep, her mother-in-law would frequently attempt to deny me access to her. Her hostility toward me seemed to derive, in part, from her belief that

Sharon needed rest and in part from her perception of me as an outsider, a stranger who was taking advantage of her family. At times, I had fantasies that I was killing Sharon by continuing our work, and I was vulnerable to thinking that her mother-in-law might be right. I felt anxious each time I called. To protect Sharon's space with me, I had to transcend my inclination to capitulate. The climax to our conflict occurred when, in response to a particularly adamant and nasty, "She's asleep," from her mother-in-law, I took a deep breath and replied, "I know that it is difficult for you to comprehend what Sharon and I are doing together and that it seems meaningless to you. However, we both love her, and we each do what we can for her. She has asked you to let her speak to me, and I hope you can respect that." Although Sharon's mother-in-law did not speak to me again, she did not again refuse me contact with Sharon.

Meanwhile, Sharon was creating an extensive support system. Her husband, a devout Christian, had become involved in a church, despite Sharon's refusal to participate in organized religion (she had been disillusioned with it years earlier). Church members, neighbors, and various other "angels" of this world helped her in variety of ways and quickly realized that, in relating with Sharon, they received more than they gave. She told me that her nieces now wanted to hear the family story: "Because of the work we've done, I feel confident enough to tell them, and they actually believe the things I'm telling them. I don't want them to repeat our history, and they can't change without a desire to know. It feels like a relief to pass on these stories. I am aware, too, of how much I want to have an impact." Sharon, feeling confident and powerful, had become less inhibited about openly expressing herself. She realized that people regarded her as inspiring. At one point, she told me, "I don't need you to speak at my funeral. You probably don't know it, but I've always fantasized that you would have to tell them who I am. I told them myself. I know who I am, and I've been able to convey that to them."

A few weeks before she died, I had a dream. In it, I was going to the beach with my husband. I stopped at a care facility to see Sharon. Her mother-in-law was there. Gangs had broken in, and there were four or five gang members on the bed. Sharon was curled up in a corner of the bed. The gang members left, and I began to talk with Sharon. Her mother-in-law came in, annoying me with her presence. Sharon was doing her spelling workbook, even though she did not want to; she said she has to keep growing and learning. I knew that it is my responsibility to tell her she can stop, and she said, "No, because you will think I'm dying." She
went behind a door and was talking, though barely audibly. I put my ear to the door. I felt panicked that I would not be able to hear her anymore. I knew her mother-in-law thought me overly involved. A nurse came in and said that Sharon's tumor markers were very bad.

At some level, I knew that Sharon did not have long to live. Because I could not see her, it was difficult for me to orient myself to her physical condition. Sometimes she spoke in a whisper, and I felt anxious about what would happen when I could no longer hear her. She spoke optimistically about the experimental treatment that she was undergoing; until the dream, I had not allowed myself to be consciously aware that the treatment was not working. The mother-in-law in the dream was a part of myself that did, indeed, wonder if I was overly involved. I was frequently tearful, and Sharon was never far from my thoughts. I was conflicted about whether or not I should tell Sharon the dream. I had never done so before. I felt, though, that my dreams helped to orient me and reflected my unconscious awareness of what was happening, even when Sharon could not give me many clues. Given that I felt tremendous responsibility to release her, I told her about the dream the next day. She was too weak to respond. However, the following day, she began by saying, "I remember your dream. I thought about it dozens of times. I thought about the fact that you dreamed about me, remembered me." I told her that she is never far from me now. She said, "I know. That is my greatest comfort. Maybe I don't have to end my life alone."

It also occurred to me that Sharon had been continuing her infusion treatments, ostensibly at the request of her husband and sons. I began to wonder if she was prolonging her treatments in the hope that she would feel well enough to want me to visit. She confessed that this had been one of her motives. "I just kept thinking that I might feel better, and then I would want you to come. I don't want you to come, feeling like I do now. If I give up the treatments, I won't get to say goodbye to you." I responded, "We are saying goodbye, and have been for some time. We couldn't be any closer than we are now, even if I were physically present." The next day, she said, "I need help in telling my family that I want to stop the treatment. I think what you said yesterday is right. I'm doing the treatments for them, and I was hoping I'd feel well enough to see you one more time. I liked what you said, about how close we are, how we couldn't really be any closer; that what we're doing, how we're talking, that is intimacy. I felt so good, so relieved. It's like you are right here with me. I'm tired and I feel ready to quit. It's my first step in claiming my right to die. My family will just have to adjust." I answered, "You needed me to tell you that you've done enough." Then she said, "It feels really good to have you say I've done enough. It's almost like I needed your permission to die."

That night, she dreamed that she had given up, and that it was okay. I dreamed that I was driving in the countryside with my sister, near the house in which we lived when I was very young. She turned left, saying she knew a shorter way to the house. Sharon called and said her voice was stronger because the obstruction in her throat had cleared and now she was free. When I told her the dream, Sharon said, "It feels validating. We're both on the same track. Right now, I need you and your feelings, your ability to help me think. It feels really good for us to have those dreams. Like I did the right thing."

Hospice took over quickly, once Sharon had made the decision to discontinue treatment. Their presence had made her decision more real, and she now felt scared and anxious. For the most part, however, she had become quite noticeably calm. Although now using morphine to control the pain, she tried to time the doses so that she could be maximally alert when speaking with me. She continued to be reflective about the meaning of her life. "I get to take all of what we've done together with me, don't I? I get to keep it, and I get to leave it, too." I validated her awareness of having affected me and other people in a way that would continue after she was gone. "When I think of all the people who call me and tell me what a blessing I've been to them, it's meaningful," she said. "What feels best to me, though, is that you feel, and that I know you feel, that I've given something to you." She continued, "I got something that most people don't get. I figured out the meaning of my life before I died." I asked her what she has discovered. "I'm an ordinary person and have lived an ordinary life. I always wanted to be profound. What I've given to you, and what you will give to other people because of me, sometimes I think that is profound. That is enough."

I began to think about how important it had become for Sharon to feel that her life had made a difference. It had been terribly disappointing to her that her sons, her sisters, and, until recently, her nieces had shown no interest in talking about the family and its history. She had been left feeling invisible and as though no one really knew her. I realized then that, in some ways, I had become the daughter that she had never had. I was the daughter who could record her history and speak about who she really was. I think she was telling me that now, with her history recorded, first, as she lived it, and then as we lived and created a history together, she could rest.
When we next spoke, I shared these thoughts with her and then apologized for having taken so long to come to that realization. She asked me about this, and I explained to her that, unconsciously, I had been reluctant to assume the role of daughter in relation to her, that I had been comfortable providing maternal or paternal functions, but that I had also erroneously believed that allowing her to give me as a daughter would involve a reversal of roles that would be hurtful to her. She responded by talking about her relief in my acknowledgment of this issue. "I always felt like someone must have hurt you or taken advantage of you. That's why you've been so careful about never taking advantage of me or needing me for yourself in any way. Sometimes I wished you weren't quite so careful, like your concern about not taking advantage of me made you hold back sometimes. That's the biggest vulnerability I found in you." I validated her perceptions by speaking about the way my investment in not needing her had become a principle that, like all principles, was vulnerable to losing its elasticity. My attempt to avoid hurting her, once rigidified, became the cause of her hurt. "I'm glad you are not denying this or defending yourself," she said, "I wonder how long it would have taken me to get to it if I weren't dying, and hadn't moved into this way of being together. It feels good that I can tend to that vulnerability in you without feeling like I'm taking care of you or that it's costing me something. You never take from me. I always thought that, before I died, I wanted to know about your life. I wanted to know about your mother, things like that. But now, I don't need to know about you, because I feel like I know you. That feels so good."

Emboldened by this conversation, she asked me if I was going to be all right and if I had people to talk to. "I've always thought you had the capacity to feel lonely," I reassured her and talked about the way in which she was now freely allowing herself to feel like the mother who was abandoning her daughter and that she was afraid of leaving me alone. Beginning to tire, she said, "That's good. You keep thinking for us, okay. I've got to keep growing until my last breath." Her voice was growing fainter, and she said something I couldn't understand. I felt somewhat frantic as I told her that I could not hear her. She said, "It's okay. You've come as far as you could. You can't go there. I'm crossing over to the other side."

That night, I dreamed I was holding Sharon until she crossed to the other side. My sleep was fitful, and it seemed as though I were dreaming the same thing all night long. When I awoke, the words, "Don't leave me," penetrated me internally, a deep, mournful cry that I experienced through my whole body. I told Sharon about the dream. She said she already knew. She had felt it all night, too. She told me it wouldn't be long now. I began to cry and was unable to speak. Finally, I asked her what it was like for her to know that I was so affected by her that I could not respond in this moment. "Your silence is a response. Your tears are a response. It's the greatest gift I've ever been given. And, I wait in the silence, not because you've gone away, but I wait for you to use what is happening inside of you to create something that I know you are going to give back to me." I replied, "You are so sure of me."

"Yes. I'm sorry I have to make you do this, sorry you have to go through so much suffering. I don't really want you to hurt. I know it's killing you, but I need for you to suffer. I need somebody to suffer that I don't have to take care of. Other people are suffering, but it's because they are losing somebody who has taken care of them. You are suffering, but not because of anything I do for you. You are just suffering because of the loss of me, and the loss of what we have together. It's so different. I told you a long time ago that the one thing that I would be able to teach you, after you have taught me so much, is how to help someone die. And it is really important to me that you have let me do that. What's funny is that I thought I knew everything there was to know about death. I've seen so much of it, but really, we're learning from each other. Even though I still don't think you've been around a lot of death, the way you are present to me is giving me a new experience of death. I feel grateful for you for that. I'm tired now. Stay with me until I die."

The next time we spoke, Sharon's voice was inaudible. Her husband had to speak for her. Initially, I felt his presence to be an awkward intrusion, but we needed him. He told me she had had a bad night and that he did not think she would make it another day. I said, "It sounds as though this will be the last chance we have to be together." I began to cry, and, reflecting infinite wisdom, he said, "It's okay, you don't have to be the doctor anymore. You've done enough, and Sharon's done enough, too." He said that Sharon had told him there were two angels with her now, and I could let go. She said, "I have to do this part alone. You can't go with me here." I felt frantic as the words, "Don't leave me," again rose up inside of me. He then told me that she was singing a lullaby and making a rocking gesture with her arms. Even as I said the words, "We're rocking you to your final sleep," I felt uneasy. I knew that I was still trying to hold her, but I was also aware that I was hiding behind an interpretation, reluctant to speak of my experience as the baby who was losing her mother.
Sharon was not satisfied. Nudging me further, her husband paused and said, “She's nodding yes, but she is gesturing that she is rocking you and singing to you as well.” I collapsed internally, as I finally surrendered to the image of myself as the infant who was being left and who was being rocked and soothed until her mother's dying moment. It took me quite a while to gather myself enough to say, “You finally got your baby girl. You're rocking and singing a lullaby to the baby who is losing her mother.”

Her husband said, “Now she's smiling.” He then left us alone. We rocked together in silence for a few moments and then said good-bye. A few hours later, Sharon died.

Afterthoughts

After Sharon died, although I continued to function in other arenas of my life, I experienced a sense of unmitting grief. Although the most primitive form of my grief was that of an infant who had been totally abandoned by her mother, I was, at that point, only vaguely aware of its significance. I felt sad on many other levels as well. Sharon and I had worked together for eight years. For many months, my life had been organized around helping her to fully live her dying. When she died, I lost my sense of purpose and meaning. I missed her, and I missed the self that I was with her. Sharon was someone for whom my loving, my mind, my way of being was enough. We were similar in having an intense need to make sense of experience, and both of us needed to speak of that experience in order to feel that it was shareable. We had not been strangers in each other's worlds.

Shortly after her death, a series of losses in my life compromised my capacity to process and integrate my experience with Sharon. Attempting to preserve and keep the memory of my experience intact, I became reluctant to share it with others.

A shift within me began to occur when I encountered Thomas Ogden's book, \textit{Reverie and Interpretation}. Ogden (1999) maintains that it is only in hindsight that the form of a particular analysis can be understood. During an analysis both patient and analyst, to some extent, relinquish their ability to think or create experience as distinct and separate persons. A shared mental space is created, and it is only after the analysis is completed that they “retrieve their separate minds” (pp. 9–10). Furthermore, when the analyst dies prior to the planned ending of an analysis, the patient is profoundly disrupted and not fully able to retrieve his or her separate mind. It

struck me that, although different in many obvious ways, an analyst experiencing the death of a patient could be similarly affected. I realized that when Sharon died I had become psychically immobilized, unable to “retrieve” my separate mind. Ogden's views began to validate my experience and helped me to embrace the complexity of it. Reflecting on it now, I believe that my paralysis had largely been due to the shame I felt at having been so moved by, and having derived so much from, the analysis with Sharon.

I was further affected by Ogden's statement, “When the analysis is alive, it unselfconsciously manages for periods of time to be an experiment that has left the well-charted waters of prescribed form” (p. 8). During these periods, we “render ourselves unconsciously receptive to being made use of in playing a variety of roles in the unconscious life of the analysand” (p. 9). I began to consider that, rather than erring by immersing myself and surrendering so completely to the process with Sharon, it may have been necessary for me to become deeply involved with her, despite my not being in total control and not completely understanding what was happening. Allowing Ogden's words to affect me assisted me further in my attempt to recover my capacity to process my experience.

I began to think about Winnicott's (1976b) discussion of object relating and object usage. Briefly, object relating is characterized by an experiencing of the other that is based on projective mechanisms, such that the other continues to be under the child's illusory control. Object usage represents a “new awakening” (Eigon, 1981, p. 414), based on perceptions of the other that are real, existing outside the child's boundaries. The mechanism by which this shift occurs is one in which, paradoxically, the child destroys the mother, yet she survives. Mother then becomes “wholly other” (p. 414); she can now be loved, and the child can make use of her. Now also free to be real, the child “can use otherness for true growth purposes and, through the risk of difference as such, gains access to the genuinely new” (p. 414).

With Sharon's terminal diagnosis came a dramatic intensification of this process; she became more emphatic about making use of me for her own growth purposes. The boldness with which she said, “Your job is to keep me emotionally alive until I die,” and then repeated the charge, “Stay with me,” reflected a greater willingness to take risks in her usage of me. Directing me to tell her “Sharon stories,” compelling me to find ways to be with her when she was weak and could not speak, and nudging me to structure our appointment times to completely accommodate her physical
and emotional needs—all these things reflected her determination to remain fully alive while dying. She was pushing the boundaries of what she required of me, "destroying me" and discovering my durability.

Winnicott's term, destruction, however, did not quite capture my experience. Rather, I felt myself more dismantled by the ways Sharon invited, nudged, and cajoled me into being with her. The most poignant examples of her belief in the impermanence of what we had created occurred when she said, "I know it's killing you, but I need you to suffer. I need somebody to suffer that I don't have to take care of," and, "I wait in the silence, not because you've gone away, but I wait for you to use what is happening inside of you to create something that I know you are going to give back to me."

Emmanuel Ghent (1990) helped me to understand that what was fueling this process for Sharon, a process that had intensified with the recognition of the imminence of her death, was a deep longing to surrender. Surrender, for Ghent, involved a deep yearning to be known, to live completely in the present, and to have a chance for personal transformation by letting go, that is, surrendering, "in the presence of another" (p. 109). Sharon's acceptance of the reality of her impending death became inextricably intertwined with her longing to surrender, that is, to become fully alive and fully recognized. Statements like, "We're still working. I need you to help me do that until the end. I need to feel connected to myself and to somebody who knows me and loves me. Stay with me," reflect her deep wish and faith in the process. It brought to mind a comment by Ogden (1999), who said, "The effort to become human is among the very few things in a person's life that may ever come to feel more important to him than his personal survival" (p. 15). As Sharon approached death, the emotional intensity of our encounter, with its promise to help her become more fully human, turned into the most passionate, and almost exclusive, pursuit of her life. When she said, "Now I create moments, and live intensely in moments," she was, in the words of Eigen (1981), "living through creative experiencing" (p. 413), in which the person "neither holds on to anything, nor withholds himself" (p. 413).

For Ghent (1990), the act of surrender marked the transition from object relating to object usage. Paraphrasing Winnicott, he wrote, "I went all out, completely vulnerable in the faith [or surrender] that someone was out there—and it turned out to be true, as I could only have known by destroying you with all my might, and yet here you are. I love you" (p. 108). Ghent stated that the use of the object involves a "desire to deeply know, penetrate, discover the other" (p. 124), a desire that complements the person's deep longing to be known, penetrated, and recognized. Thus, successful use of the object requires a corresponding willingness to surrender, that is, to be used, on the part of the analyst.

Elaborating on this idea, Benjamin (2004) says that we surrender to a thirdness, "the intersubjective mental space that facilitates or results from the surrender" (p. 8). Surrender "implies the ability to take in the other's point of view or reality" (p. 8), and thus, surrender to a third involves mutual or reciprocal recognition.

I thought about these ideas and was aware that Sharon had always had a strong need to be recognized by me. As she moved closer to death, however, Sharon's desire to penetrate and know me deeply intensified. This shift was reflected in a comment she made after I asked her what it was like for her to know I was sad, "I feel good to know you're affected. It is my greatest comfort. It even feels good to think that maybe you feel comforted by me. I'm surprised I feel that, because I've been so tired of giving all these years. But, right in this moment, it feels different. I'm giving you something, but it doesn't feel like it takes anything away from me." I had been reluctant to act in ways that would leave her feeling misunderstood and depleted. Now, however, she was telling me that I did need to be so careful with her. Expanding her capacity to be human now included a desire to know me in deeper ways than she had before. I felt that, without directly asking, she was trying to discover how much I was willing to risk for her. She desperately needed to feel that she was having an effect on me. Her awareness that I was receiving something by being with her and that I was being impacted by her is what was transformational for her, "Your being affected is allowing me to die. Knowing you're affected is the greatest gift I've been given."

With hindsight, I see that Sharon was gradually moving me to a place where my personal and professional boundaries had to be dismantled if I was truly to be with her. I had gradually surrendered myself on many levels. I found myself willing to play out an ever-widening range of roles in relation to her, and it was obvious to me that she became stronger and more alive with each of my acts of surrender. Although I was willing to be known by her, I was uncomfortable when her use of me evoked dependent feelings within me. Hence, my dismissal of the little voice that cried inside of me, "Don't leave me," at moments that reminded me of her impending death. I was invested in a psychoanalytic persona that disavowed my need for her. I could be used but was uncomfortable using,
believing that I was doing something wrong. She needed me to allow her to love me. I could do so when transferentially she was the baby or child loving her mother or father. I certainly was comfortable with her adult feelings of love toward me as another adult. However, I defended against acknowledging that I actually needed the love that she extended to me. I believe, now, that my delay in surrendering to the role of the daughter and the child who was losing her mother created a period of deadness in the work.

When I spoke of this realization, Sharon was relieved. She had always grieved at not having a daughter who was interested in the family history. Toward the end of her life, when she said, "I get to take all of what we've done together with me, don't I? I get to keep it, and I get to leave it, too," she knew, even before I was able consciously to acknowledge to her, that I had become the daughter who would record the family history. She could now be the mother, teaching her daughter about the secrets she was uncovering. She would not be forgotten, and I would pass it all on to the next generation, "family" now consisting of those people who are willing, perhaps even compelled, to cultivate an inner world that can become shareable with another.

My willingness to be recognized by Sharon involved a further unraveling of my former boundaries, which opened greater space, or thirdness, between us. Gheen (1990) claimed that when the analyst's own need for surrender is acknowledged, "the work is immensely fulfilling, and the analyst grows with the patient" (p. 132). Sharon and I were mutually enlivened by my surrender. Her use of me was allowing me to articulate who I was as well, and I was becoming more real to myself.

More confident about the legitimacy of her desire for mutuality, Sharon inserted herself into my world in even bolder ways, "I always thought that, before I died, I wanted to know about your life. But now, I don't need to know about you because I feel like I know you." That comment reflects an image of herself as someone who truly knew something of my inner world, as well as a confidence that she was giving to me in a vital way. She had freed herself from a giving that had always been duty bound. We could each know and be known. For the first time, rather than being depleted or used up by someone's use of her, she was becoming enlivened and transformed. She knew that I was choosing to participate and that she was the means by which transformation was occurring in me. She had discovered pleasure in mutuality, and it was this that allowed her to say, "I found the meaning of life before I died." Life had become worth living.

Even though Sharon had expressed the desire to have me visit her before she died, I thought about the reluctance we both felt about my going to see her. Ultimately, my decision not to travel to see her had to do with my understanding that she and I were living in an area between fantasy and reality. Winnicott (1971ed) calls the intermediate space, "the place where we live" (p. 104). I could not take the risk that, by temporarily becoming part of her public world, I might also leave her private world. Sharon was able to make the distinction between physical and psychic presence when she said, "I liked what you said, how we really couldn't be any closer... it's like you are right here with me."

Shortly before her death, Sharon said, "You've come as far as you could. You can't go there. I'm crossing over to the other side." That was the night I dreamed that I was holding her until she had crossed to the other side. Eigen (1993) states, "What matters most is not the state or moment one is stuck in, but the loss of movement, the pulsation at the boundary, the crossing. The patient grows in the ability to cross over" (p. 59). Sharon succeeded, before she died, in restoring her capacity for movement; she had crossed over. She had developed the capacity to be alone (Winnicott, 1958) because, paradoxically, she was in the presence of another. With her newfound ability to be alone, and her capacity for movement restored, she felt little risk in surrendering, helped by angels as she crossed to the other side.

The mournful cry within me, "Don't leave me," that I experienced in relation to Sharon's crossing over began to move me to my ultimate place of surrender. I think, as Benjamin (2004) suggests, that Sharon's recognition of me, and my tolerance of this created a greater space, or thirdness, and made further surrender possible. Many years earlier, Sharon had adopted two sons, both of whom were of a different ethnicity from that of her husband and herself. At the time of adoption, a social worker had discouraged her from choosing her younger son because he "never stops crying." Sharon chose the baby anyway, and, even though she devoted herself to his care, there was a very real sense in which he never did stop crying. I believe that, in choosing him, she was choosing her own crying baby self.

I think, now, that the voice inside of me that cried, "Don't leave me," was the voice of that baby self. In my last moments with her, when I was
finally able to acknowledge that she was rocking and singing a lullaby to me, my defenses had almost completely dissolved. When Sharon's husband said, "It's okay, you don't have to be the doctor anymore. You've done enough, and she has, too," I could find my infant self, the owner of the voice that cried, "Don't leave me." I surrendered and became both Sharon's baby self and the baby girl who needed her love and could be comforted by it. I had to allow myself to know, completely, what it had been like to be her and what it was like to be myself. She then had the opportunity to become mother to my infant self, a crying baby whose mother was dying and leaving her.

When I found my infant self and surrendered to the rhythm of Sharon's lullaby, I became overwhelmed by her love for me. Even then I realized that what she needed from me in that moment was also something that I needed to experience. She was able to feel, for the first time, that her comfort made a difference. She had a baby for whom it mattered that she was leaving. Sharon was no longer the crying baby. That baby could stop crying as she experienced me as crying for her and for my loss of her. It was then that she could let go. She, too, had done enough.

Sharon was fully alive when she died, paradoxically feeling held by a mother who was completely involved in her care and also being mother to an infant who was deeply grieved, but comforted by Sharon's care. Thus, our final moment, when I rocked her as she rocked me, I loved her as she loved me, was a moment reflecting the pleasure and comfort of mutuality, and the rhythmicity that comes from a place of total surrender to the music of the third. We came into being in relation to one another, as we created a rhythm of being together that carried her into death.

It has been several years since Sharon died. Left in a state of surrender, I found it my task and my turn to cross over to the other side, and to restore movement within myself, or, as Eigen (1998) calls it, "the pulsation at the boundary" (p. 59). I also had to fulfill my commitment to be the historian for Sharon's life. As I attempted to write the story of how this courageous woman took hold of life until the very end, I realized that, while we lived her death together, Sharon's story had become intertwined with my story; her history had become part of my history. Ultimately, she was woven into the fabric of my being, and what I have written is our story. Along the way, my constant companion was a quotation from Ogden (2000), who maintains that the "art" of mourning "centrally involves a demand that we make on ourselves to create something—whether it be a memory, a dream, a story, a poem, a response to a poem—that begins to meet, to be equal to, the full complexity of our relationship to what has been lost and to the experience of loss itself" (p. 65).

I realized, however, that although creating a narrative was a necessary part of the process, it was not sufficient. Just as Sharon had to leave me behind, being carried by angels as she crossed to the other side, so also did I have to leave her, as well as my bond with death and loss, and allow myself to be invited, nudged, and helped across by angels on this side of life. I then remembered that transformation occurs within the context of living relationships.

This story, my "art" of mourning, is my attempt to reclaim my separateness and to do justice to the complexity and intensity of my experience with loss. It is my gift, and my return.

REFERENCES


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