

Narrative

Facing death in the therapeutic relationship[☆]

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When Lillian walked into my office one January afternoon I was not busy enough and she did not want to live. Somewhere between those two poles we found ourselves spliced together; a kind of discordant harmony searching for sequence. Lillian has the kind of story that one reels from and sometimes rails against. An unwanted birth characterized by eternal emotional neglect and terrible physical and sexual abuse. Strictly speaking she did not walk into my office. I went out to reception to collect her where she was collapsed on a chair, her legs wound tightly around each other. On another day, in a different place, she might have been maintaining a yoga pose.

This was not somebody connecting or connected. What I could see of her skin was grey and emerged from the neck of her puffy jacket as unwillingly as she followed me down the hall. I introduced myself and she did not speak, and for the next 50 min I reviewed with her what she already knew: 12 beers, Ambien, Paxil, and Wellbutrin; a valiantly ineffective attempt to close out the light.

Something about her struggle kept me struggling. This was not the kind of silence we are encouraged to make space for in the holy therapeutic hour. This was a heart contained, a mind suppressed, a body concealed by years of injury, insult, and collared vision. I did not know that on this day but I sensed something inside me had identified something inside her. It truly was that vague, not clinical, diagnostic, or in the least bit clever. Within a few minutes I cared about her and although I did not know it yet, she cared a little about me.

Lillian came to my office twice a week for 4 weeks; eight sessions in which she spoke perhaps 20 words. During my training I would see myself on video-tape talking too much, not

allowing room for a client to make her own insights. Caught up in the wonderful moment when head and heart fall beautifully into place. Translating the complicated step between personally 'getting it' and the therapeutic moment is an underestimated and under-practiced art. Lillian gave me more than enough room to hang myself; an ironic twist considering her history of failed suicide.

I thought a lot about Lillian between visits. What kept her coming back? What was I saying that she thought worth listening to? I knew that she was drinking but I knew it like we know most things; based on estimation. Her body odor lingered sweet and fermented, cloaked in cigarettes and the crunchy winter air. Under other circumstances I might not tolerate that smell. What kept me there? It certainly did not seem the right time to confront her. Lillian was tough and tiny, passion and rage camped-out inside a wiry frame. I was not so much afraid of her anger as I was afraid that provoking it would drive her off and I wanted her to stay.

Week 5 began differently from all the others. She was smiling, talking; garrulous for Lillian. "How are you? Are we ready? Can I come in? Did you miss me?" There was so much to grasp in so few words. For a moment I was excited we had a breakthrough; one of those indelible moments in counseling where both of you know something has happened but each of you struggle to name it or credit the rightful owner.

She was certainly different. Her feet were always clumsy despite her sensible shoes. They hit the ground slap-happy due to diabetic neuropathy. Today however her arms were spread in gangly repose and barely keeping her body upright she widened her legs to find some base of support. I almost thought I heard her giggle. I am not entirely sure what Lillian saw on my face but I was exalted for several minutes trapped in the euphoria of connection. It did not last long. I caught the unmistakable whiff of marijuana, or was it hashish? Did I tell you that Lillian was 62 and dressed in the style of 'Midwestern androgyny' where short hair meets polyester pants and a synthetic hooded

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sweater? “Are you high?” I asked. “Yes,” she said “what are you going to do about it?”

That was the first question she had ever asked me and for more than a minute I did not feel I had much of an answer. There was no doubt in my mind that she drank alcohol, and too much. However, each time I had brought up her drinking she slid around the chair her skin already crawling, closed her eyes and breathed out as though that pungent draft of exhaled air was my reminder that she could just as easily blow me off. “You can’t drive,” I said. “You can stay and I will get you home but you cannot take your car.”

She began to tell me her story; gnarled and bedraggled, as profound for its torture as it was the stark beauty with which she held up her modest moments of joy. It was strangely light in the telling, the words levitated on a cloud of puffy myth. I knew this as truth as much as I knew anything. She told me how family memories had been subjugated by her resilient façade. Her childhood lost to cruel invasions, sexuality denied by the times, her victimization a template for all that was unforgiving. She handed me a CD and I put it on and watched her watching me. The sound of a piano piece by Ravel, *Miroirs* (Mirrors, although I did not know then what it was called), filled my office. She had given up playing music a long time ago and these few minutes were my invitation to get to know another part of her soul. When our hour was up I had barely spoken and she brought the session to its timed and timely end as though it had always been she who was clearly in charge.

Lillian came to see me twice a week for the next 16 months, following me to my private practice after I earned my independent license. Not once was she late and not once did she not show up. Make no mistake, existential angst aside, there were days when I could only wear a clinical hat in order to save her and of course me, from the despair that is increasingly ignored in the labels of mental diagnoses. We made contracts that held each other accountable and at times I was scared she might die on my watch.

One day she told me that she knew where I lived. It was the first time that I understood that she could only truly let me care about her if I could stand that she cared about me. Was I unnerved? A little, after all I knew what she had endured. It was less a threat and more a request for reciprocity. Do not we all like to know where the other stands?

We shared many months together interrupted by long awaited trips and frail bodies. There was less a downward spiral

into depression than a continuous scourge of psychological mutiny. Of course it is never only about feeling better, it is about what life expects from you once you do; a return to work, a willingness to once again be invulnerable. Lillian needed very badly to be vulnerable and who really has the courage to want that? When her alcohol binges and tempestuous health became too much for the practice at which I worked I transferred her back to the agency where we first met. She was hurt and angry but had never ever done anything more than clench her fist or point at me with her stick. On that day I saw her chin tremble and I felt my own metaphoric punch right below the lip.

Every 3 months, like clockwork, she sent me a letter; carefully crafted formal sentences that by the end of the page slid into something close to: “I miss you, and knowing you changed something inside me.” In November 2005 I received my last letter from her. I knew she had cancer and I knew it had spread, and as I always did I wrote her back. There were many more quiet months, more than the usual space of time between our correspondences. One night recently I received a phone call from her daughter. “My mother is dying” she said, “You were somebody she really liked.” “I *liked* her too,” I was careful to respond, “Can I visit?”

The next morning I stepped into Lillian’s living room, no longer smoldering from burning ash. The bed occupied most of the free space. Even that was a symbol of how little, at least physically, was left. Why can you always hear the whir of something on a death bed? It seemed like an unkind irony, that pure oxygen finally flowed freely now that Lillian was close to her last breath.

She reached out and touched me and my instinct to touch her filled the hole I worried would be permanent between us. Her words contained a familiar resistance and I recognized fear on her face. Was it because she was afraid to die or did she not want to die afraid? I felt grateful for this gift of reflection. It was hard to watch her lose the last moments of a life that had offered her so little. It is this shared voice that has therapeutic privilege and ultimately I grasped what it was she had mirrored back to me.

“I confirm all patient/personal identifiers have been removed or disguised so the patient/person(s) described are not identifiable and cannot be identified through the details of the story.”

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