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Living in the Liminal Spaces of Mortality

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Our mortality—the fact that we will die and that we know it—defines the human condition, although this knowledge is often defensively maintained psychically as a theoretical, intellectual proposition. This paper explores one route by which such knowledge is transformed into felt experience: I suggest that how we mourn—what occurs psychically as we live the pain of loss—strongly influences our relationship to our own deaths. Because the psychic labor involved in making mortality real has compelling individual and social consequences, I position the role of the psychoanalyst as well as intersubjective aspects of the psychoanalytic process as central to helping patients grapple with their own mortality.

THE POEM “INSTANTES” (MOMENTS), ATTRIBUTED TO THE ARGENTINEAN poet Jorge Luis Borges,¹ opens with these lines: “*Si pudiera vivir nuevamente mi vida, en la próxima, trataría de cometer más errores*” (If I could live my life again, in the next I would try to make more mistakes). The poem’s narrator, a dying old man, looks back on his life with melancholy and regret for having lived it too

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¹I describe this poem as “attributed” to Borges because a controversy exists regarding its authorship. For a discussion concerning Borges’s authorship of this poem, see www.benjaminrossen.com/DAISIES/html/daisies_05.htm and the web site of the J. L. Borges Center for Studies and Documentation (<http://www.hum.au.dk.romansk/borges/bsol/iainst.htm>).

safely. He wishes he had taken more risks; tried to be less perfect. “*No te pierdas el hora*” (Don’t lose the now), he urges the reader. He is a man in touch with his transience. But sadly, there is little time left for him to make use of this wisdom. Ironically, he has come to appreciate the actual moments of his life by experiencing its ending. Borges’s lament poignantly captures the dilemma we face in grappling with our own mortality. Why is it so often the case that we fully experience and value the now only when we become aware that we are about to lose it? Must the liminal spaces of mortality come into being only when the metaphorical sun sets?

My project in this paper is to explore how our mortality is made real to us. I consider, generally, the psychic capacity to emotionally engage the prospect of one’s death and then examine, more specifically, one pathway through which an intellectual apprehension of one’s transience is transformed into felt experience. I begin by describing a range of subjective responses to mortality, review how psychoanalysis has dealt with the subject, and then propose a relationship between mourning and mortality that has clinical implications for helping patients to grapple with this inexorable fact of our existence.

Sunrise and Mortality

Mornings, it seems, do not lend themselves to thinking about mortality. Mornings have the feel of new beginnings; mortality points to endings, the unwelcome reminder that our mornings are numbered, that sooner or later they will cease to be. Yet, for me, mornings are wedded to a felt awareness of my own mortality. For the last two decades, the custom of reading the *New York Times* starts with my turning to the obituary page. This practice, no doubt, has its origin in the beginnings of the AIDS epidemic, when I would find myself filled with dread as I anxiously scanned the death notices to see who among my friends and acquaintances had died.

Since then, this morning rite has taken on different meanings and intentions: I admit with some embarrassment that it is an activity I actually look forward to. I read the names, ages, and brief histories of the people listed and experience varying degrees of identification with the narratives that unfold, gleaning what I can about how they lived

their lives, what mattered to them, how death came, and what they leave behind.

My discomfort in publicly sharing this not-so-unusual detail of my daily routine requires further explanation. It is not the activity per se that I feel self-conscious about, but the way in which my mind employs it. Reading the obituaries frequently leads to reverie about people I have lost through death. Allowing myself to experience their absence—to continue to grieve for them—often brings me into a psychic space where I become aware of myself as someone who also dies. During these moments of realization, the intellectual proposition of my mortality shifts temporarily to felt experience. I have come to value my ability to find this space in my mind as I live my life. Within it, I also become aware that I am alive. I take notice that I am sipping my coffee and that it tastes particularly good. The urine stain on the new carpet—the result of the dog's accident the night before—bothers me less. I feel both more aware and more accepting of what is.

Writing about one's personal relationship with mortality can feel particularly intimate. In the context of a professional journal, a voice that locates itself in the comforts of high theory and intellectual discourse conserves a safer distance. But addressing one's relationship with death, even in less public settings, can feel fraught with uneasiness. People who dwell on their mortality are suspect. Culturally, to do so is often experienced as crossing a boundary, breaking a taboo. And there are consequences: one runs the risk of being viewed as "other," labeled gloomy—a downer—or, in our own circles, imagined to be clinically depressed. The subject of mortality raises powerful anxiety, and our minds employ all manners of defense in an effort to shield us from a full awareness of our transience and its implications.

Before long, and without consciously deciding to do so, I take leave of the psychic space evoked by the death notices. I turn to the financial pages for a perusal of stock market quotes. In short, I find myself shifting between states of mind that intellectually acknowledge, emotionally engage, unconsciously disregard, or flatly deny my own demise. But despite these fluctuations, my mind seems to have developed some overall relationship to my own death that influences, if not shapes, my ongoing psychic experience and my relationship to my life.

The idea that an emotional consciousness regarding one's personal death can result in a shift from one mode of experience to another is

time honored. The Buddha understood enlightenment to come only from the piercing awareness that we all die (Piven, 2003). A more recent philosophical conceptualization of this perspective emanates from Heidegger (as cited in Yalom) who juxtaposed two fundamental modes of existing: a state of forgetfulness of being, which he contrasted with a state of mindfulness. Yalom (1980) states this distinction succinctly: in “the state of *mindfulness of being*, one marvels not about the *way* things are, but *that* they are” (p. 31). For Heidegger, what makes this shift in perspective possible is the reality of death—the unmatched border condition that provides us with a consciousness about being.

The recognition of our own mortality is most often held psychically as intellectual knowledge—a theoretical proposition. When external forces impinge on defensive, frequently dissociative processes that have been used in the service of denial, mortality can lose its abstract status. It then transforms, often traumatically, into the shocking realization that one’s death is an inescapably real event in the unpredictable or actually foreseeable future.

The liminal spaces of mortality—those spaces at or above the psychological threshold of awareness—are often lit with dark, disturbing hues. A psychic recognition of mortality is frequently accompanied by fear, dread, and existential despair. Some people maintain a schizoid connection to the prospect of their own deaths, regardless of their experience; their relationship to mortality remains dead or unreal throughout their lives. The desire to deny one’s mortality or keep the awareness of it subliminal appears to be a common underlying dynamic in how we cope with the human condition, but there is substantial variation in how individual minds deal with this fact of existence and how the same mind, over time, evolves in its relationship with its mortality. There is often considerable psychic flux and instability in any mind’s struggle with its own mortality. But the struggle *can* be psychologically liberating. To emotionally grasp one’s finiteness catalyzes a powerful shift in subjectivity. Being with the transience of existence can enliven the capacity to savor life, order priorities, tolerate losses and limitations (Yalom, 1980), and grant ourselves permission to take chances and make mistakes. It frees us from the tyranny of a subjectivity that refuses to acknowledge limitedness. Finding the liberating potential of mortality is, at best, an unstable achievement that is not won easily. But how is it won at all? Strangely, psychoanalysis has little to say on the matter.

Psychoanalysis and Mortality

Beginning with Freud and continuing into the present, psychoanalysis, for the most part, seems to be suffering from a problem of countertransference denial when it comes to the subject of mortality. Hoffman (1998) considers the psychoanalytic literature regarding the issue of human beings' adaptation to mortality and concludes that the anticipation of the loss of the self has been discussed minimally, relative to the intense focus on the general subject of object loss.

Freud (1915) explained the psychic tendency to avoid dealing with this aspect of our humanity by affirming that the unconscious does not believe in the possibility of its own death. By this he meant that the reality of our transience does not take root in the unconscious mind because death is a future event that has never been experienced and therefore cannot be truly imagined, since we are always present when we envision it (Yalom, 1980). This is, no doubt, Freud's most well-known and often-quoted statement regarding the mind's grappling with its own mortality.² In his personal life, Freud struggled intensely with the loss of people close to him, with his own illness, and with an anxious preoccupation concerning the actual date of his own death (Schur, 1972). But in his theory-building, he attributed the conscious dread of dying to castration anxiety, to fears of parental abandonment, to loss of love (Piven, 2003)—in short, to a variety of meanings other than the literal one.

Explanations regarding this phenomenon frequently cite Freud's massive fear of death as the reason he failed to appropriately acknowledge the psychic significance of mortality (Wirth, 2003).

²Hoffman (1998) notes the inconsistencies, contradictions, and lack of conceptual clarity present in Freud's writing regarding the mind's relationship to mortality. He makes the point that psychoanalysis has grabbed onto this particular statement above all others, privileging it as Freud's most definitive declaration on this issue. Yalom (1980) observes that Freud's lack of attention to death is restricted to his theoretical writing. He cites, for example, Freud's (1915) "Thoughts for the Times on War and Death," in which Freud discusses attitudes toward death and concludes by stating, "If you want to endure life, prepare for death" (p. 299). Interestingly, this is the same essay in which Freud earlier suggests that the unconscious is convinced of its own immortality. Psychoanalysis's repeated reference to the mind's inability to imagine its own death may be understood as serving a performative function in the interest of countertransference denial.

Yalom's (as cited by Wirth, 2003) analysis of Freud's case histories on hysteria shows Freud's countertransference denial in action: "Death," Yalom states, "so pervades the clinical histories of these patients that only by a supreme effort of inattention could Freud have omitted it from his discussion of precipitating traumas" (p. 62). Becker (1973) arrives at a similar conclusion about Freud and mortality: he suggests that the fundamental course of the history of psychoanalysis was shaped by Freud's defensive move away from death and toward sex and aggression. But Freud is by no means unique in employing such defensive operations. As Lifton (1979, as cited in Piven, 2003) pointed out 25 years ago, psychological theory, in general, has tended to render death a kind of foreign body—to separate it from the general motivations of life.

Post-Freudian psychoanalytic voices have on occasion clearly articulated the importance of psychic negotiations with mortality. Kohut (as cited in Hoffman, 1998) regarded the process of coming to terms with transience as one of the greatest and most difficult achievements of human development. He understood the acceptance of mortality to involve a powerful narcissistic blow that, when survived, resulted in the giving up of narcissistic delusions, and the acceptance of one's own limitations. Hoffman critiques Kohut, as well as Erikson (1959), for what he sees as their value-laden ideal of an *attainable* adaptation to mortality that claims to be free of conflict and anxiety. He offers a more existential perspective, which sees the developmental outcome of grappling with one's own mortality as an *ambivalent* relationship with death. For example, dread and anticipatory mourning may exist alongside the paradoxical consequence that an intensified awareness of one's own mortality can make everything feel both meaningless and extraordinarily meaningful, sometimes leading to the conviction that one's life is truly one's own, and to being able to actually live it as if it were (Yalom, 1980, Hoffman, 1998). Aron (2002), in articulating the relational view of psychoanalysis, explicitly links relational theory and practice to this existential perspective in considering life and love meaningful *only* in the face of mortality and loss.

It seems, then, that the liberating vision of the psychoanalytic endeavor would inherently be tied to a highly developed analytic consciousness surrounding mortality, and that our literature and our psychoanalytic training would include a spirited conversation concerning the role of the psychoanalyst in helping patients confront

this reality of our existence. Have you noticed that this is not the case? Consider your own experience as a psychoanalyst. What do we know about our patients' relationships with their mortality? How do they think about their dying? How does an awareness of their mortality—conscious and unconscious—reverberate in their character structure and influence the dynamics of their relational lives? What is striking is the relative lack of knowledge we have accumulated about our patients' experience in this realm, in contrast to what we know about other aspects of their internal lives.

When mortality does not stare the analytic dyad in the face, we tend not to invite it into the room. The work we do in relation to mortality is most often in the context of illness or in the presence of actual death that occurs in the course of treatment. Death, à la Lifton (1979), remains a foreign body until it is laid before us. But perhaps this makes psychological sense. The *emotional* recognition of our mortality, as Hoffman suggests, is not imaginatively possible, independent of experience. While there are diverse paths that may lead to our mortality becoming real to us, they are all marked by experiences involving loss: we are stricken by threats of or actual encounters with death and what is left in their wake.

But confrontations with death, in and of themselves, are insufficient to create a relationship to our own mortality from which we might benefit. I am suggesting that how we mourn—what occurs psychically as we live the pain of loss—strongly influences our relationship to our own death. Consequently, I want to consider and critique the tasks of mourning as they are conceived in traditional psychoanalytic theory. Our relation to mortality is nowhere more evident than in how we conceptualize and negotiate the task of mourning.

The Psychoanalytic Engagement of Grief

Beginning with Freud's (1917) "Mourning and Melancholia" and continuing to the present, the essential task of mourning has been conceptualized as the work of detachment. Consider Gaines's (1997) evocative description of this process:

The mourner at first finds himself filled with painful thoughts of the lost person. . . . Every moment of the day brings new

memories and longings, each of which must be responded to with the reminder “this no longer exists,” “this can never be again.” For some time, the mourner craves the return of the lost one and tries to hold on to him or her. But gradually, the longing subsides, the reality of the loss is accepted, the lost individual is decathected as a libidinal object. When the needs fulfilled by the lost person are freed and can be met by another, the mourning is complete [p. 551].

This familiar conceptualization has been the foundation for all subsequent theorizing of the grief process. A secondary model of mourning involves the work of internalization: Freud (1933) stated, “If one has lost an object, or has been obliged to give it up, one often compensates oneself by identifying oneself with it, and by setting it up once again in the ego” (p. 63). The internal representation of the lost object, Freud thought, was also in the service of the work of detachment; when the representation of the lost object was strengthened in the ego, it became easier to accept the object loss and to let go of the object. Gaines (1997) offers an expanded understanding of the dynamics involved in internalization, arguing from a relational perspective that holding on to the lost object and maintaining continuity with it is no less important than is detachment in the resolution of grief, echoing the familiar and true maxim that death ends a life, but it does not end a relationship.

While these conceptualizations of the mourning process capture important aspects of what happens when we grieve, they seem to both reflect and promulgate an attitude of denial with regard to what becomes of loss. What is denied is the impact of what death brings in its wake. Loss, it seems, is resolvable: one relinquishes the lost object and cathects a new one. An internalized relationship with the object is continued. In this monadic view of the self, what death has wrought can be repaired; its effects are overcome.

The poet Thomas Lynch (1997) places another cast on what it can mean to suffer a loss. He refers to the “deaths in our lives that took” (p. 25), an image suggesting that there are specific deaths that take hold of us, permeate our beings, and potentially alter us in ways that endure. It is this alteration in oneself—one’s own little death—that strips away illusions of immortality. Butler (2003b) movingly articulates what I have in mind. What we fight in our difficulty with grief, she suggests, is not only tolerating the finality of the loss of the other

and who they were to us, but the irrevocable changes that take place at the same time within *ourselves*: “On one level, I think I have lost ‘you’ only to discover that ‘I’ have gone missing as well. At another level, perhaps what I have lost ‘in’ you, that for which I have no ready vocabulary, is a relationality that is neither merely myself nor you, but the tie by which those terms are differentiated and related” (p. 12). Butler is telling us that, in some ineffable way, when we lose crucial ties that constitute our being, we no longer know ourselves as we were. Loss has the potential to transform, because one’s sense of oneself is both intrapsychically *and* intersubjectively conceived and maintained. The process of grief involves mourning for the parts of one’s relational self that are lost along with the other.

From this vantage point, grief is not resolvable, in the sense that its effects are permanent. I am conceiving of grief, here, not as an emotion, but rather as a complex psychological state (Shear, 2003), the dynamics of which change but still endure over time. By experiencing our powerlessness to alter the irreversible loss of the other, as well as the loss of idiosyncratic parts of ourselves, which were knowable only in relation to the other, we no longer feel ourselves to be the same. The actual nature of this transformation is unique to each relationship and cannot be predicted in advance, but I am suggesting that there are also generic consequences that hinge on keeping grief alive: the vulnerability and limitedness of the human condition become real to us and remain available to be integrated into an experience of self. This liminal recognition of mortality has a humanizing effect on the psyche and on social relations (Butler 2003a, b). I recall patients after September 11, 2001, describing the seemingly paradoxical experience that in the midst of intense anguish and grief, they felt an opening in themselves to an uncommon experience of connection with humanity. Some have since bemoaned the gradual fading of this capacity, coupled with a return to a more familiar self-state organized around denial of the human condition. Butler imagines the possibilities of community based on keeping alive a shared recognition of vulnerability, loss, and death. She argues that nonviolence can emerge from the continued practice of mourning, and that the *de-realization* of loss undermines human ties. This *de-realization* of loss, I am arguing, is reiterated in psychoanalytic conceptions of mourning.

As analysts, our own subjectivities in relation to mortality strongly affect the nature of the intersubjective engagement that takes place with patients around their own grief experience. How *we* have dealt

with pain and what has emerged in ourselves as a consequence will shape our emotional responses to our patients' experience.

But the capacity both to grieve in ways that become transformative and to assist others in a similar process is, in actuality, more complicated than I have acknowledged. How any individual comes to terms with a specific death is shaped by diverse aspects of experience that mutually influence how loss is lived. The dimensions of experience I have in mind include one's individual history of object loss; the developmental capacities available to make sense of the loss at the time it occurs; and one's internal, dynamic relationship with the lost object as well as the nature of the intrapsychic and interpersonal conflicts that are left unresolved at the time of death (Wirth, 2003).

How we grieve also depends on the manner in which our experiences of loss have been engaged relationally and what our early intersubjective experiences have been in our attempts to mentalize death. Yalom (1980) observes that children's questions and concerns about death are frequently evoked by actual illness and death in families, when parents are themselves feeling confused and overwhelmed. Adults, who may have weak links to religious beliefs, find themselves falling back on prescribed doctrine and immortality myths in communicating with children about death. The child's capacity to mentalize his or her *own* intense feelings and thoughts in reaction to death is often powerfully compromised by the absence of an open and useful intersubjective engagement of that experience. Too often they are met with hollow, avoidant responses or anxious and inconsolable reactions in the other. In the understanding of mentalization proposed by Fonagy et. al. (2002), this intersubjective meeting ground forces the child to internalize as his or her own the vacant or overwhelming affect-laden representation of the object's state of mind in relation to death.

The reality of death poses challenges to parenting that are fundamentally different from other aspects of life that require a considered relational engagement. For example, whether or not we are comfortable talking with our children about erotic desire or sex, we have a personal knowledge base from which to relate. Death is, universally, the only human event that we are unable to speak about from direct experience; by virtue of encountering it, we lose the opportunity to report back. In this respect, we are on shaky ground when it comes to talking with children about death and mortality. But beyond this particular handicap, perhaps the greatest obstacle to

engaging mortality with those in our charge is our desire to protect them, and ourselves, from its indifferent reality. I am reminded of a patient who told me, in the context of discussing the impact of September 11, that the most difficult thing she ever had to do in raising her children was to break the illusion she had worked so very hard to create, an illusion of safety—that their lives had a predictable stretch they could count on, and that she and they had control over their destinies.

In our work as analysts, we encounter lives that lend themselves to the maintenance of this illusion, and there are lives in which this illusion is shattered well before it has a chance to take hold. These are the more familiar arenas in which the psychoanalyst listens for and understands, with such patients, how their hearts and minds have been assaulted by death and loss, in an effort to repair, or perhaps to establish for the first time, a sense of trust and faith in the world. We are, I believe, more comfortable in this relational position, the stance of the sturdy analytic object, than we are in being vulnerable, fragile human beings along with our patients. It is the necessary tension between these two relational attitudes we need to maintain.

As Cole (2002) points out, technical recommendations regarding anonymity and nondisclosure often function for us as taboos against revealing our own vulnerability and our feelings about illness, death, and mortality. There is a history in psychoanalysis of disparaging such disclosures, especially when the analyst experiences life events and circumstances that make the analyst particularly in touch with mortality. Too many otherwise rich and productive treatments have ended traumatically because analysts have not been able to sufficiently encourage an intersubjective engagement of their illnesses with their patients. Our analytic superegos often place injunctions against disclosures about death and illness in the life of the analyst that fail to protect the patient from information that could focus too much attention to the analyst's vulnerability. But sometimes hidden in this injunction is the fear that the analyst will erode his or her own authority if he or she emerges too much like the patient (Cole, 2002).

Analytic work offers a rich opportunity to engage the human condition in the relational life of the dyad as both members live their experiences of illness, death, and loss. If we are able to keep alive the tension between containing and expressing parts of ourselves to our patients that reveal our own vulnerabilities and our own struggles with mortality, we offer them the possibility of a new and different

intersubjective engagement of their experience with death that can help actualize the transformative potential of loss I have described. In this regard, I focus here on aspects of clinical work with my patient Paul and the ways in which deaths that occurred in each of our lives, and in close proximity, formed the basis for an intersubjective engagement regarding loss, mourning, and grappling with mortality.

Paul

Paul's psychological beginnings took shape in a family confronting impending loss. An older sister, Lisa, a teenager when Paul was born, was slowly dying from a degenerative illness, and Paul's very existence was predicated on his parents' desire to create new life in preparation for the one they were about to lose. (Lisa died when Paul was three.) Paul had no conscious memory of his sister, except a vague image of Lisa lying in bed at home in what he now imagines to be an oxygen tent. From his accounts, Paul's mother never recovered from Lisa's death; she remained joyless, wore night clothes when at home, lit candles daily in front of her picture, and suffered from depression and guilt about not having been able to save Lisa's life.

Paul became his mother's reason for being. She worshipped him and devoted herself to making sure he would not suffer pain or unhappiness. She would often advise him to take it easy and "not kill himself." Her depleted state and low tolerance for his upset or frustration resulted in a relationship with his mother in which Paul ruled. He relied on her to help him get whatever he wanted and to avoid experiences that either frightened him or made him feel inadequate, and she did her best to comply. When, on occasion, she would inevitably fail him, he could become rageful and scathing.

Paul's resulting sense of himself as special and superior was reinforced in school. His original, keen intellect and quirky, ironic sensibility distinguished him from other children. His father took delight in Paul's accomplishments but remained somewhat removed. He dealt with Lisa's death stoically, taking refuge in his work and distancing himself from his wife's depression, as well as her resentment toward him for leaving her alone with her grief. Paul became the oedipal victor in his relationship with his parents, and this victory, coupled

with his mother's overinvestment in him, left no room for him to tolerate feeling little or unsure without also feeling humiliated and enraged. These narcissistic dilemmas were the focus of our work together and caused him considerable torment in both professional and personal spheres. He desired to achieve greatness as a writer and, at 38, had met with a fair degree of success, but he felt incapable of breaking new ground and risking failure. With women, and with me, he disallowed and disavowed feelings of need, dependency, and vulnerability, often taking refuge in a narcissistic mode in which people were reduced to objects to be manipulated and scorned.

Over the course of several years, our work together was proceeding in a plodding but productive manner when Paul's mother became ill and unexpectedly died. Paul was attentive to her throughout her illness and, immediately after her death, seemed more fragile than usual but did not lay bare any observable grief. As weeks and months went by, he spoke very little of her; my attempts to connect his intermittent anxiety about feeling stalled in his writing with his feelings about her went nowhere. When I would inquire about his experience of loss, he claimed that he had already mourned his depressed mother long before her actual death. In response to my more persistent inquiries about life without her, he would turn inward, telling himself in a soothing voice that he just needed to take it easy and not burden himself or worry about things. Initially I understood Paul's emotional state during this period to reflect a disavowed mourning process. Only later did I come to think of his state of mind as part of a general effort on his part to preempt any experience of loss whatsoever. He attempted this preemption psychically, I believe, by means of a primitive introjection of his mother, wherein he felt her presence by becoming her and, in so doing, attempted to forestall any experience in which he would miss her or feel a longing for her.

As months passed, the treatment, like Paul's stalled writing, came to feel bogged down. Paul had become increasingly irritable and angry, complaining that he wanted to soar in his life and that, in ways he could not specify, I was holding him back. He was talking about terminating the therapy when, seven months after his mother's death, my own mother died.

I contacted Paul by phone and told him there had been a death in my family and that I would be out of the office for a week. When I saw Paul, he began the session by asking me head-on who had died. My

decision to respond directly to his question by granting him the information he requested, after a brief inquiry, was motivated by a conviction that not to answer Paul directly was somehow to give him the message that my grief was off limits to him, and I did not want to do that. I hoped that if he were able to engage me in my own state of mourning, it would somehow be useful to him. A part of me, though, was also feeling a desire to seal the grieving part of myself off from him, given how vulnerable I was feeling. Paul reacted to my disclosure by proceeding to ask more questions. He wanted to know how long my mother had been ill; what she had died of; whether I, like him, had been with my mother at the moment of her death; and what my relationship with her was like. I recall feeling besieged by his questions. I answered some of them and asked about the motivations behind others, but learned little that felt particularly useful regarding Paul's experience of what was transpiring between us. For me, what stood out was the quality of Paul's inquiry and how it made me feel: he seemed cool, detached, and vaguely contemptuous as he hurled his questions. I remember feeling somehow taken advantage of by him, as well as embarrassed and resentful that I had shared aspects of my personal experience with him.

In containing these feelings and in trying over time to understand the experience in Paul that might have engendered them, I found myself associating to the sarcasm and mockery that years before had characterized Paul's descriptions of his mother's grief over Lisa. I came to think that Paul's disdain, then and now with me, defended against his own powerlessness to do anything to help his mother out of her abject state and his resulting fear that grief in himself could incapacitate him in a similar manner.

Over the course of the next several months, I tried to make use of this understanding with Paul, by offering my grasp of what his mother's grief must have been like for him and by asking him how it felt to be with me, knowing that I was grieving. But this form of inquiry proved less discernibly useful than a conversation that eventually transpired between us: one day, several months later, he began a session by noting that I seemed cheerful and asked if I was over my grief yet. I eventually responded by telling him that my grief was still present, but that it was changing and was different from the way it had felt immediately after my mother died. I told him I was sure that, in one way or another, I'd be grieving for her for the rest of my life, but that grieving for her did

not mean I could never feel happiness again. I told him that my mother's death had affected me deeply; it made me more aware of my own mortality and fueled my desire to live the rest of my life as fully as I could. Paul listened to what I said and thanked me for sharing my experience with him. Several sessions later, he spontaneously mentioned that the anniversary of his mother's death was coming up. He said that he was consciously trying hard not to think about her. "If I remember her, I have to feel that she is gone. If I grieve, I have to acknowledge that I've lost something. I don't know if you realize this," he said, "but I haven't really accepted the reality of my mother's death."

Slowly, Paul became more able to formulate and express how the loss of his mother affected him:

I think she was like a safety net for me. Her comforting and soothing kept me from struggling with things I found hard to do. It felt good at the time, but it was crippling. She couldn't tolerate the idea of my being depressed or scared; it made her feel too anxious. I was very aware that my being alive meant an insane amount to her, and I would sometimes flaunt that, like deciding to go to Mexico when she begged me not to. . . . My mother related to me in ways that now feel confusing; she provided me with a sense of myself as invulnerable by allowing me whatever I wanted and protecting me from things that frustrated or frightened me. It was like she was telling me, "You're my god, and I worship you." At the same time, she was always terrified about what might happen to me, and I couldn't ever allow myself to feel vulnerable, because then she was right about danger lurking all around me. Lately, without her, the world is feeling like a dangerous place. One of the dangers is reaching for something and not getting it. I can't allow myself to fail, but I'm not sure if that's because I can't tolerate it or she couldn't.

As Paul continued to give form to the dynamics of his relationship with his mother, as well as his altered sense of himself without her, he began to identify a nascent sense of freedom. "If my mother is dead," he said, "maybe I don't have to be so controlled or worried about her feelings." He spoke for the first time about how he had felt terribly sorry for her and remembered feeling a raw connection to her pain, feeling somehow responsible for it. He spoke about feeling frightened

about having an emotional impact on people or feeling emotionally affected by them, alluding to the defensive contempt he had developed in relation to vulnerability in himself and others.

Around this time, Paul began to ruminate out loud about mortality. In recounting his experience in writing a note of condolence to a friend whose father had died, he spoke about his bewilderment in relation to death: "I'll feel better about death when I figure out what happens after a person dies." He described a fleeting feeling of inconsolable loss and confusion in thinking about his friend's father's death: "It's not so much that death and mortality are truly incomprehensible to me, but I can't use my intellect to resolve it as I do with everything else." A few sessions later, he began by asking me if I accepted my own mortality. After an inquiry about the question itself, I told him that I couldn't answer it with a simple yes or no. I told him that there are times when my mortality feels very real to me and when I own it as real. I said that there are other times when it feels less real or not real at all. Paul seemed relieved to learn that my own experience is more complicated than he had imagined, and that my own struggle with mortality includes my mind's dodging a sustained awareness of it. He then told me, in a confessional mode, about going to a photography exhibit and afterward having elaborate fantasies about becoming a photographer. "Photography, I've been thinking, is all about mortality . . . capturing images. . . . At my mother's grave, during her unveiling, I thought to myself, the answer is photography: it stops the transience of things . . . you can capture the moment and hold it for as long as you'd like. I wish I had taken more pictures of her." Then, after a long pause, "I guess I'm up against the part of myself that believes I can control everything."

A few weeks later, he began a session by saying, "There's a phrase, like a mantra, going on in my head lately. I want to tell it to you. It's 'You're going to die anyway, you know.' And I sort of like it. Life is mercifully and brutally short, and there is so much you want to do in your life, and then you realize you can only do so much. Today I don't feel so much anxiety about that. You know, the fact that you don't live to be 300, it feels energizing, and the word I keep hearing in my mind is "*relief*." "Relief?" I asked. "Yeah," he said, "it cuts through the bullshit. You're going to die anyway. The duration of your life is short. . . . It makes me feel small. No matter what I construct in my life, it's going to be blown away—like the Buddhist sand paintings; the

awareness of this takes a certain pressure off. Who gives a shit whether my writing will stand the test of time? Right now, in this moment, and don't hold me to it, everything doesn't feel so fraught with my having to be somebody. If this is my only life, what's there to lose?"

Paul then asked me if I knew the Borges poem: "If I were to die right now," he said, "what I'd regret most is not having taken more chances."³ "I feel sad," he told me. "Like a pang of sadness has just come over me. I think it's about my mother. . . . She's really dead: she was alive and now she is no longer alive, and it's just real, death is real . . . or maybe it's that it finally feels real. My death feels real, at least right now, and it's odd. . . . I'm almost embarrassed to say it, but in some way, it makes me feel joyful." Later, as the session was about to end, Paul became anxious. He worried that he would not be able to hold on to this experience of himself as small or locate the feelings that went along with it. He worried about returning to a state of mind and mode of experiencing that felt more insulated, invulnerable and impenetrable: "Right now, I feel more permeable, but most of the time I'm like an answering machine that only has an outgoing message. I don't let anything in." I told him the important thing was that he had discovered this new place in himself, and that we could work together on finding it again.

Discussion

By making aspects of my own grief experience available to Paul, I believe I provided him with access to a subjectivity that both resembled and differed significantly from his experience of his mother. Throughout his life, Paul experienced his mother as drowning in her grief, and her consciousness of mortality seemed to him to involve an unarticulated yet profound longing for death. What I conveyed to

³It is interesting to note that in Paul's use of Borges's opening lines, with which I believe he was attempting to play, he changes the idea of making more mistakes to "taking more chances." This may actually be an appropriate reading of Borges's meaning: in order to take chances, one must tolerate the possibility of making mistakes. It may also indicate Paul's reluctance to fully embrace the idea that living life fully means living it imperfectly.

him of my own experience was limited but sufficient to provide the possibility of a new identification regarding loss and mortality that felt less threatening and helped to create a holding environment in which he could ultimately mentalize and grapple with his own experience. This holding environment was created by my *actively* opening a space in which the two of us could engage and “play” together, à la Fonagy et al. (2002), with thoughts and feelings about death and mortality that, in other contexts, were potentially too highly charged and anxiety arousing to facilitate mentalization. While my understanding of Paul’s particular history and character clearly informed the posture and content of what I shared with him, I think this clinical illustration has more general application to analytic work surrounding mortality and grief. The expression of the analyst’s subjectivity in relation to loss, when mediated by a consideration of what may be useful to the patient, allows for the possibility of an intersubjective engagement of the human condition that is not only rare but often nonexistent in the lives of our patients, and sometimes in ourselves. We cannot ultimately protect our patients from the pain of being alive, but we can help them to feel less alone in it, or, more accurately, to feel joined while they experience their aloneness. Our own countertransference resistances to engaging in this kind of mutuality with our patients is supported by an allegiance to a psychoanalytic tradition that fails to sufficiently acknowledge the psychic significance of the human struggle with mortality and the importance of the analyst’s participation in that psychic labor.

Paul’s developing ability to live the experience of his mother’s death and to psychically engage aspects of his own mortality gave him access to an unfamiliar self-state that contrasted markedly with more known narcissistic modes of experiencing himself and the world. In this new self-state, he obtained a glimpse of himself as someone smaller, more vulnerable, and imperfect; he experienced himself as more able to tolerate his own humanness and, by implication, as more related to other human beings. One might argue that a prior alteration in Paul’s narcissistic character organization paved the way for the advances that I have described, and that is true. But it is equally true that Paul’s experience in confronting his mother’s death and its psychic consequences, which included a beginning exploration of his own mortality, led to a further and more recognizable modification of his sense of himself along narcissistic lines.

It makes sense that this would be the case: narcissistic dilemmas pivot on issues concerning identity. Identity and mortality are inextricably and antithetically related. Our identities seem to tell us that we have essence, stability, and permanence. Our mortality tells us we are transient, ephemeral, and will cease to be. Identity, in this sense, opposes or negates mortality. But reifications of identity create their own prisons. They work to preclude who we allow ourselves to be and what we allow ourselves to feel and express. When we make way for mortality, we loosen our grip on how we need to think of ourselves. In this sense, the emotional recognition of our mortality can promote not only an existential *consolidation* of self (Hoffman, 1998) but also a potential flexibility, elasticity, and freedom in one's established self.

A respected colleague and friend of mine is dealing with a formidable cancer diagnosis. In one of our more intimate conversations she tells me, with a combination of elation and embarrassment, that for the first time in her life and after many years of her own analysis, she finds herself feeling freer and able to appreciate the ongoing moments of her life in ways she has never been able to before. This is, of course, not *all* she feels in relation to her illness, but it is a part of what she feels. She is clear that living in the liminal spaces of her own mortality is strangely freeing. She tells me, "All we have are small moments, many times,⁴ which feels enlivening like nothing else has been." I find myself thinking of the Kris Kristofferson lyric, "Freedom's just another word for nothing left to lose," and I realize that what my friend is saying includes both that and its opposite: being in touch with what there is to lose, with the transience of her life, is what makes her experience vibrant.

Piven (2003), in a recent issue of *Psychoanalytic Review* devoted to the topic of death, calls for a further exploration of our relation to our own mortality, which he poetically calls "a small but sincere gift of death" (p. 399). If we as psychoanalysts can find ways to open our subjectivities to the fact of our own transience—to our own dying as we live—we open the possibility of helping our patients to do the same. And that, it seems, is no small gift.

⁴ My friend tells me that the phrase "small moments many times" is actually attributable to the Buddhist, Joseph Goldstein.

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