

Supporting the Embodied Death : Notes from a Body Psychotherapist at Bedside



Picture © Dyana Van Campen

By Jeanne Denney

Strange. And true. What has taught me most about embodied spirituality, body psychotherapy and indeed life itself, is work and research with people very near death. We might assume that these dying ones, the ones being fed with spoons, withered, demented, silent and curled into their beds in deep interiority are the most disembodied beings on the planet. How could they possibly teach us about embodied life? Shouldn't we, like our forebears, continue to look to sexuality and birth for that? Yet the sacred link between body and consciousness is laid bare in illness, death and dying. Being with dying has given me a much fuller map of life processes than I would have had only watching my children in development, or had I confined my practice of body psychotherapy and transpersonal psychology to a therapy room.

For years, after clients were gone and children were asleep, I stole away to sit at the beds of comatose patients or to interact with people with dementia and Alzheimer's. These experiences brought my understanding home. Here body and spirit showed themselves in some kind of unending dialogue as one. We enter, we leave. We engage with body and disengage, unify and divide. I studied the processes and found some kind of implicit

(and implicate) order nested in aging and dying yet one also completely individual. I later saw that these processes are going on all the time; indeed, with each breath, in each life stage we find this same enduring practice.

I have more thoughts and observations about how body, psyche, and spirit dance together in our embodied life than I can bring to this article. What I can share here are four

ideas about death, dying and embodiment through death I might wish every somatic psychotherapist carried. I will illustrate them by sharing a story of my first hospice patient, who I will call Nora. Nora was my first and best teacher. If you are interested in a longer version of this story you can find it [here](#).

I met Nora in a run-down, dismal pink room in a nursing home near my home. A "difficult patient" in her 70's dying from breast cancer, abandoned by family, aptly diagnosed as psychotic, she was one who tortured nurses with loud, incessant demands shouted from bed or wheelchair. She had attempted suicide by climbing up in her bed to wrap a light cord around her neck. She threw things across the room at the nurses and cursed her roommate daily. She threw most people out of her room.

Even the hospice social workers did not want to work with her. On my first visit I simply sat for 15 minutes at the end of her bed watching her sleep. On my second visit, after I introduced myself, Nora simply gave me an, it's about time you got here, look and then said, "Get the book. Write this down." Nora needed a scribe.

"The book" was a tattered composition book that sat on her nightstand, scrawled with many barely legible, paranoid fragments. For the first few weeks, apart from trying to help her get to the bathroom or in and out of bed, I only recorded paranoid thoughts.

"Write this down . . . The Mafia killed my daughter. They took out her vocal cords and put them in a little plastic bag and mailed them to me . . . "Do you BELIEVE that they did this?!"

"What did they do Nora?"

"They put her in this room with me." She leaned over to me, and said in an exaggerated

whisper, "She killed my baby. How could they put a woman who killed my baby in here?!"

I looked at her roommate, and only saw a non-descript old woman sleeping with her mouth open.

I will pause here to make my first point:

Death is not the opposite of life. Dying is not the opposite of living. It is living.

If you take nothing else from this article, take this, examine it closely and say it 1000 times: "Death is not the opposite of Life".

Unfortunately, the idea that death and life are opposite occurs in the strange, circular definitions of life we have from biology, in our language and almost constantly in media culture. It is in body psychotherapy. We rarely question it. Opposing death and life is a pervasive and profound bad habit, a fundamental fallacy that is body centered in the worst of ways. Freud did it, Reich did it, Lowen did it. Most body psychotherapists do it too. We may be asexual by the time we are dying but we are not unalive. If you carefully watch both body and psyche transform through death, it is clear that we are not somehow exhausting a life force, as Lowen thought, as much as transforming it in a slow, regular sequence, out of a body which becomes heavier by minute degrees (Lowen, 1958, p. 85).

If life and death were truly oppositional, Nora would not have been as wildly alive as she was when I met her. Indeed she was working with intense outrage, energy and courage to be whole in the face of grief she could not bear. Admittedly this case was unusual. In more typical cases people seem to move into more spiritual and interior experiences in dying, yet we claim our physicality in ever new ways as well.



Photo-illustration, entitled, Pearl,
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Whether the work of dying takes place in a silent interiority, or is loud or inconvenient to others, these are intensely lived experiences.

I built a bridge to Nora as I do now with patients in a spiritual emergency, not trying to get her into my reality, but by going into hers, sitting, listening and writing for her. I took an active interest in her care, calling family to get pictures and other familiar things, and questioning authorities about treatment and advocating for her with nurses. Through this she began to trust me.

Over time as body functions failed, Nora became bed bound. She told me more about her life. She spoke in fewer fragments. What she said made more sense; the book became less important. She described the house and the town she lived in accurately. She told me

about her marriage, her children and relatives. She held her stories until I arrived. This "grounding" into reality at first happened through relationship, and perhaps because the processes of dying naturally breaks down defenses.

In sum: we crafted a heart connection, which brings me to my second point.

Both new and old relationships are profoundly important to how dying unfolds, and with what degree of grace.

Hospice cases throughout history document perhaps nothing as clearly as the primary role of relationships. Though we all die, we seem to have some choice in our moment and our company (or no company). We do it with varying levels of grace and ease.

Relationship work in dying unfolds between people in real time, through conversation, care, touch, breath and consciousness. It also operates in the near universal task of the patient's "Life Review". In aging and dying, we predictably regress through history, scanning our catalogue of relationships. We seek to bring life stories to endings we can tolerate. Often surprising things arise to be spoken about. Memories of second grade friends. Lovers from young life. All manner of body memories and longings. A memory of the smell of soil in Iowa or the sting of stitches after a sledding accident. The great satisfaction of touch or being fed by spoon. This is why supporting the heart is so important to hospice work. To revise our story, to tell it, to have someone go with us to honor the ego, to speak truth, is to also release it. In this process of course there are things we wish we had done differently. As therapists we see the same process working through our client's life changes and endings. Dying writes this large.

I have come to believe that life's energy in dying, as in growth, moves in wavelike forms through the body in clear, observable patterns.

In dying we work especially hard to make meaning of past relationships and complete present ones. I often say that in dying our whole life story must be re-told from the heart's point of view. This is indeed hard work if we have not practiced until then.

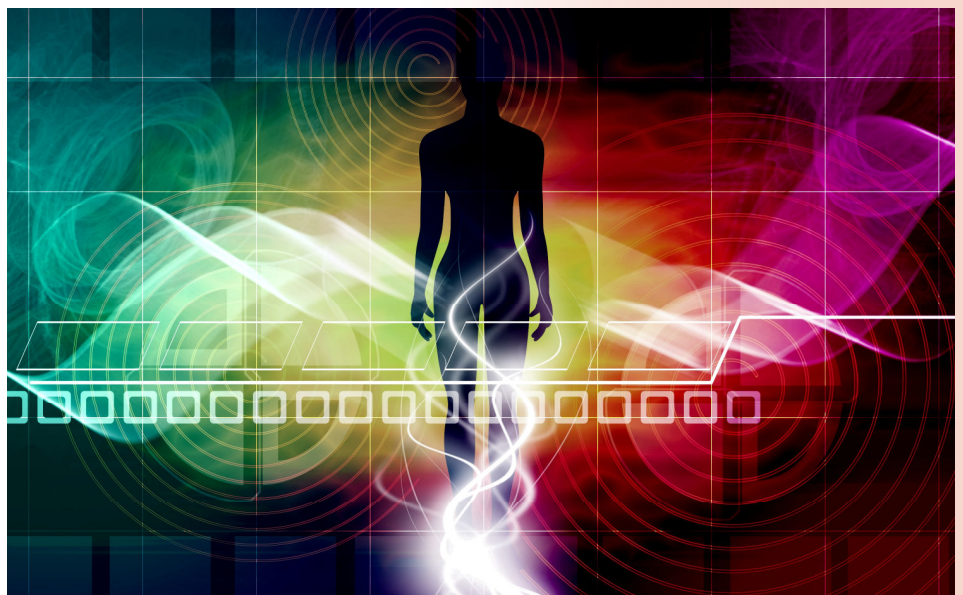
It is well known that tending to past and present relationships is a large part of the work of dying. Byock's five tasks of relationship closure (offering and receiving forgiveness, expressing love and thanks and saying goodbye) are experienced again and again as part of closing relationships in death and bereavement (Byock, 1997). Stories of patients who wait for certain visitors or words to be spoken only to die immediately after are legion and ordinary. It is not as often understood that new relationships are also important to the dying for different reasons. Perhaps we need transitional friends to help us leave all we have loved much like we need the hand of the kindergarten teacher as children.

Relationships seem to matter even to people who are non-verbal or comatose near death. There is evidence that they, too, can form new relationships in their dying (Denney, 2008).

I sometimes wonder what would have happened had loving people not wandered into Nora's room. As heart connection developed and dying progressed, her psyche

normalized in a way we might more normally call becoming "grounded". How ironic that this psychotic patient was both grounding and healing through dying. Further, the relationships that were allowing her to move toward greater wholeness were not family, but people like me whom she had not known before.

I have come to believe that life energy in dying, as in growth, moves in wavelike forms through the body in clear, observable patterns. As it moves, it traverses through the unresolved blocks and wounds of a lifetime as best it can. This movement represents a unique opportunity to heal. People can and do get stuck in the dying process, something I have written about [here](#) and [here](#). We can certainly die with or without support. However, if we are connected to loving others, we have more resources for the hurdles and resolutions.





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And that can make the difference between “good death” and traumatic death, especially as we regress into earliest history and face existential loneliness.

Nora demonstrated something else clearly. The relationships we need may not be just with human others. It could be animals. It could be the beings without physical bodies so routinely seen by the dying. In Nora’s case it was me, a Catholic Nun, and Saint Michael, whose sudden appearance was a big turning point.

One day when I visited, Nora had had a recurrence of nightmarish visits from the Mafia. She thought they were hiding under her bed. On an impulse before leaving, I suggested that she invite in some “better friends”. While Nora was very Catholic, she was also very angry with God. But through dying and the words of a Dominican nun, she softened to this idea of calling in better help.

“Why don’t you experiment with praying when you get scared at night?” I said. “What could it hurt?”

I came to see Nora a few days later. I barely got into the room before she began. “You won’t BELIEVE who was here last night.”

“Who was here Nora?”

“St. Michael. Do you believe that? And you won’t believe what he told me. He said, ‘Take everything in your mind and throw it away just like you are pushing everything off of this nightstand.’ Do you believe that?”

I did believe it. Wise advice for the dying.

Nora continued to see St. Michael consistently to her death. She was confused because she felt that this was somehow the wrong saint for her situation. It should have been St. Christopher. But as her experience of this warrior saint (who also fought battles with the powers of hell) evolved, Nora began to face and grieve the truth of her children’s abandonment. She befriended her new roommate. Nurses and aides began to like her and spend time painting her nails. Friends visited, even her children came once. Most importantly she was commonly joyful and took newfound pleasure in embodied life. “I just want to take a sled and go down the hills with the kids. I want to do everything! I want to make love and eat chocolate!”

I kept bringing chocolate.

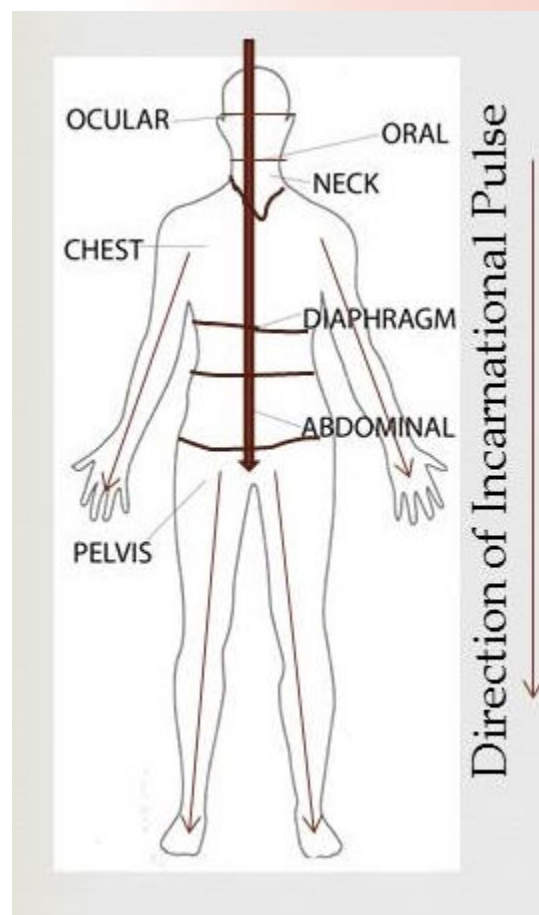


For people nearing death, visions of other beings, friends, family, children, angels, saints are all quite normal. They are occasionally frightening. But most commonly they bring comfort, help and guidance. Strangely, going into spiritual experience brought Nora closer to her embodied life which she was claiming in new ways even as she was leaving it.

Which brings me to how we leave our bodies.

In natural death we lose physical capacity from foot to head, periphery to core, as the psyche regresses in tandem.

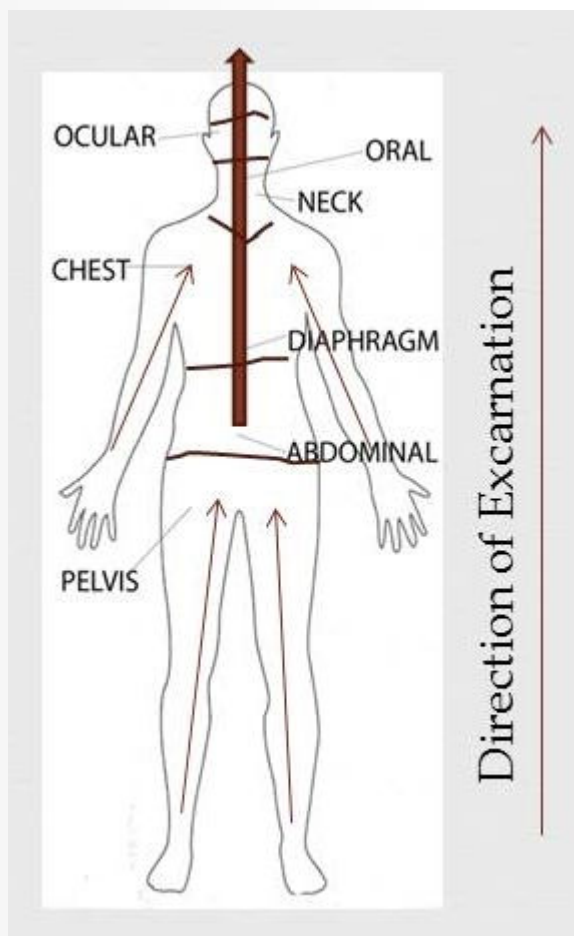
It is pretty simple to see that as we incarnate we grow head first progressively toward a physical ground and outward to our periphery. By about 25 we find ourselves with large, finely developed feet and hands. Hopefully at the same time we are able to engage a world with an ego, intact and



healthy. Consciousness nests in our tissues as we incarnate segment by segment. Reich and others saw this fully incarnated state as being most in life.

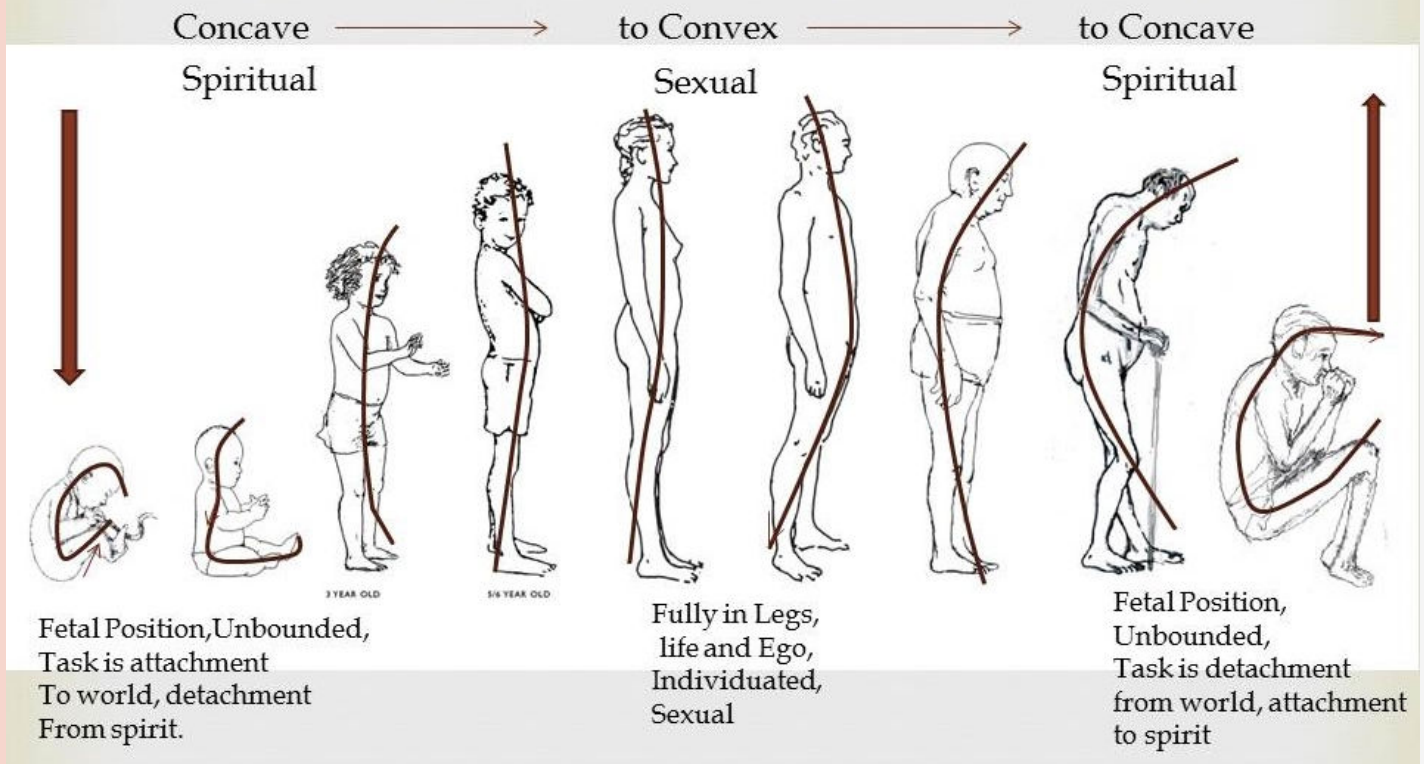
It is also not so hard to see that as we age and die, this process roughly reverses. Physically we lose first what we gained last: physical strength, sexuality, generativity, dexterity, balance on our feet. I call this entire life process the "Allometric Wave".

Prior to our meeting, Nora had lost balance and ability to walk. She needed me to write because she was losing control of her hands. Energy and capacity continued to be lost in a typical, sequential way from distal points (feet, hands, lower body) to upper body, from periphery to core. Nora lost bowel control and capacity to sit upright in a chair. Later her breathing changed and food became more difficult to eat.



The Circular Pulse

As energy moves up and down the body responds with curvature/gesture



As energy rises and returns, perhaps seeking what I call "spiritual ground", digestion slows and eventually stops. In concert with these physical changes, relationships and psyche change as well; social contracts, intellect, personal power and identity slowly mutate or dissolve. By the time we are in the hold of death our consciousness has become completely transformed. We may lie curled into a fetal position again, speechless, sexless but nevertheless very much living, in touch with a very different self.

This movement is neither tragedy, failure nor some kind of negative intention toward life and pleasure. It is simply an aspect of our nature, a requirement of the breath of life itself. We unfold and fold into ourselves again with regularity in this simple human gesture.

In the process, our consciousness and our relationships, too, transform. We can see a profound order in this transformation. I have called this whole life gesture "The Circular Pulse". I see in it a full life respiration which operates subtly in the breathing process throughout the body's life, helping us practice walking the road home.

Which brings me to my last point.

Dying is an iterative learning process that requires practice. A lifetime of practice.

How peculiar. Nora longed for and enjoyed bodily pleasures even as she was losing her capacity to have them. In fact, the healing she received through human and spiritual

support made her more aware of the body and pleasure than when I met her. Dying people often pull back in to body, breath and speech multiple times in their arduous process. Natural dying, apparently, is not completely a linear process but also an oscillatory one. Touch will most commonly pull the dying back into their bodies for a time. This can be especially frightening or jarring if touch is rough, unexpected, or the hands are unfamiliar. However, physical grounding through light, conscious touch or massage can be very helpful, perhaps providing resources for the great change. The pattern of pulling into the body or even the *need* to be pulled in to the body in order to leave it, then, is something to recognize and work with. It is also a pattern I see in people in therapy before they change from one form to another. I like to think that engagement helps provide support for healing and energizes a kind of “catapult”.

Of course Nora died. It was an early morning death following a sudden stroke. I went to the wake where I saw her body dressed in pink, hair done, face made up, the word Mother scrawled across sprays of flowers, her relatives milling at a distance. Her body looked alone in the casket and unlike the wild spirit I had known fighting for light in the nursing home bed. It could have been my imagining of course, but kneeling before her I felt I saw and heard an agitated Nora jumping around in my head saying, "NOW they fix my hair? NOW they bring flowers?" I heard my own silent words of comfort, my thank you, my expression of love, my goodbye (Denney, 2011)

I am sometimes stunned that western body psychotherapy has had so little to say about both dying and spiritual experience. Maybe this is little wonder. Body psychotherapy took root in rebellion against death obsessed



Victoriana and sex-phobic Christianity. It claimed the sexual as good after being seen as evil and discovered the powerful imprint of early development. To be sexual was to be bodily was to be healthy and alive. We have recently focused on birth, attachment, trauma and neuroscience for clues to life. With so much focus on early development, there has been much less interest in later life, the full life span or the spiritual/transpersonal experiences that unfold regularly within illness, natural dying and bereavement. Did we adopt this orientation because Freud saw spirituality as infantile delusion? (Freud, 1962) Because real-time exploration of dying was derailed by a debate about “thanatos”? (Freud, 2014). Because Reich was rabidly anti-spiritual and focused almost exclusively on sexuality as health? (Reich, 1973) Because Lowen saw death as an exhaustion of life, a thing that “can be

contrasted with life" but is "not a part of it"? (Lowen, 1958, p. 86). I don't know. I am still struggling to understand what these men meant when they spoke about death and life. Meanwhile I am drawing my own conclusions from the experience of being with dying people.

Death and spirituality are ancient bed partners, and rightly so. Through bodily trials, illness, deprivation of all kinds, crisis, trauma, Near Death Experiences, or Out of Body Experiences, we are forced into an awareness of a possible life that spans outside of an ordinary, material reality. We call this different awareness "spiritual". It is often considered suspect, inconsequential and in opposition to embodied life rather than in some continuum with it. Unfortunately this awareness has also often been pathologized, even and *especially* in our field. I hope we will examine this prejudice because ironically, through these experiences, we are often taken deeper into body awareness, health and sacredness. Our bodies often change and heal as psyches heal through contact with altered states, not always eluding death but walking paradoxically through it with greater coherence.

Deeper observation of this process challenges models that have sexuality, reproduction, physical function and grounding into a material reality as the sole movers of health and life. We might look squarely at the fact that the process of becoming *both* embodied and disembodied (as in dying or spiritual experience) can open us up to non-ordinary reality, and that these spiritual openings and experiences often have strong bodily components which help us claim even more presence, even deeper sexuality, stability and wholeness even through death. These apparent paradoxes are well worth examining as we expand the conversation about the

nature of both embodiment and life itself.

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Passages in italics have been retold with excerpts from this previously published story: Denney, J. (2011, March 11). The First Patient: A Hospice Worker's Chronicle. Retrieved February 2, 2015, from <https://jeannedenney.wordpress.com/2011/03/11/the-first-patient-a-hospice-workers-chronicle/>

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Stillness by Diane Doheny, a marriage and family therapist in Exeter, NH,