

# The Dying Self within the Living Self

**Clark Moustakas**



*Existential Child Therapy*

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# The Dying Self within the Living Self

Clark Moustakas

Jimmy came to me, quiet but with the spirit of the West wind. He entered gently, with swift steps, his movements registering a zest for life, a vibrant joy and enthusiasm. His entering the room was like radiant light being introduced, and suddenly the lifeless toys, the sand, the water, the guns—everything—took on a vividness, a brightness, a human meaning. I could feel his presence infusing energy into the formless shapes and the impersonal forms. Somehow, when Jimmy arrived, a new world opened up and I became aware of a vital existence unfolding before me. In him, I saw a new eagerness expressing itself with total commitment. Jimmy's joy in being with me in the playroom was instantaneous and filled me with wonder and awe. He helped to make my life with him one of value and excitement and frequent surprise. I knew from our first moments together that this was to be no ordinary experience in play therapy.

Jimmy was unlike any child I had ever met before. As each child is unique and differs from all others, Jimmy was unique. But his being in therapy was unusual in another sense. An unqualified diagnosis had been made: Jimmy was suffering from a treacherous and fatal disease; he was dying of a

rare form of blood cancer. The onset of the illness was sudden and unexpected, and the leukemia was rapidly taking over. So, Jimmy, who had been a healthy, robust, and active child, at the age of seven was doomed to die of an insidious disease which in a matter of months would vanquish him and destroy his vitality, his way of being in the world.

Jimmy's therapy started in a children's hospital one dark afternoon in a small room while Jimmy and his parents waited for the final report on a bone-marrow test that had been done that morning. As we played a game together, Jimmy was engrossed in moving the wooden pieces to successful completion, while I was very much involved in the meaning of the moment. I watched Jimmy. I watched the other children crowded into a small room, all waiting for examinations that would reveal their fates or indicate at what point they were in a process that would eventuate in death. Slowly, gradually, other children noticed Jimmy and me in the mass of people. They created a circle around us, and, feeling the invitation that came from us, they soon joined us in the game. The excitement of the play compelled the attention of many of the fifteen or twenty children in the room. A sudden quiet ensued, a stillness following the noise, as the children took their turns in the moves or watched as others played. The tensions melted, a calm atmosphere resulted, and the children played in a relaxed and enjoyable way, temporarily forgetting the ordeal that was to come, not even hearing the painful screaming of youngsters in the background, in the consultation rooms. But, I felt an

unshakable sadness knowing the grief and tragedy contained in the room.

Thus, my first hour of “therapy” with Jimmy did not occur in the private setting of the playroom. Nor did we have the usual toys, materials, and space. Just the contrary; we used what was available—a small room, crowded with children and their mothers. And we had only one item, a game, which we stretched enough to enable five others to play, a game that included many others who stood by and watched. Yet I am not speaking about a game. I am pointing to an experience in psychotherapy with children, an experience not in the usual or prescribed professional pattern or mode. The therapeutic value of the experience was immediate. These children found a way to live, to be active, to use their energies constructively, a way that temporarily alleviated the painful waiting and the terrible anxiety in facing the unknown. Obviously, the conditions were far from ideal for group therapy; yet the results were immediate. A situation was created in which these children could exist in a meaningful way. An adult was present, interested in them as individuals, concerned that these children were all dying of cancer and listening and attending to each one, caring and wanting to enter and perceive the particular world of each child, even when it was only a momentary glimpse, a momentary communion.

The initial hour of therapy with Jimmy did not end with a game. The hematologist called Jimmy’s parents. He wished to talk with them alone.

Gently, he informed Jimmy that it would be necessary to give him a blood transfusion. Turning to me, the physician asked that I assist by remaining with Jimmy while he received the blood. In the meantime, he could have his private talk with Jimmy's parents in another room.

In this way, the second phase of my first "hour" of therapy with Jimmy began. I went with him to the special room. As we walked, I sensed his growing anxiety. When we entered the room and saw the bottles of blood, his body tightened visibly throughout, and a dark look of violent dread crossed his face. A shadow passed between us, a foreboding expression which spread so completely that neither my words nor feelings could break through this catastrophic moment. All I could do was stand by and wait until the first overwhelming swells of fear subsided. After several minutes passed, in which Jimmy stood in a kind of paralysis, he recovered enough strength to get up onto the table, but his fear remained, and his body was tense throughout.

Getting the needle into one of Jimmy's veins was an ordeal. He screamed again and again. Unfortunately, the physician himself was unsteadied by Jimmy's reaction, and his aim was off the mark. He made numerous probings with the needle before he could make a successful entry into the vein. During this time, Jimmy's emotional state fluctuated between extreme fear and extreme anger. Each time the needle stuck him, he yelled and jerked violently. The physician tried to convince him that the needle would hurt him only a



little, but this infuriated Jimmy. He screamed repeatedly and threatened to get off the table. He demanded that his mother and father be allowed to come to him, but the doctor told him that his parents would not be permitted to enter the room until the blood transfusion had started. During this time, I held his hand and tried to comfort him. In words, I tried to tell him that I knew it must hurt very much. My attitude throughout was to remain with Jimmy, with his experience. I did not talk about the realities involved. I did not attempt to convince him that the blood had been ordered to help him get well. I did not explain the plan of treatment. It was not information he sought, but escape from this terrifying situation.

I remained with Jimmy, as one person with another, facing a crisis in life. I remained with his perceptions, with his feelings. As far as it is humanly possible for one person to be in the center of the world of another, I was there, offering myself, my skills, and my strength. It was Jimmy's experience that mattered to me. At times, I reflected his feelings of fear and anger, but these reflections did not contribute much in helping him to face the situation with courage. I did not believe that his fear and pain could be assuaged, but rather that he had to live with them, in all the intensity of his experience, before the severe, terrifying threat could be altered.

Finally the needle was successfully introduced into the vein, and the flow of blood from the bottle into Jimmy's body began. I read to him during

the transfusion, and, although he was still experiencing great fear, there were moments when the reading compelled his complete attention. He interrupted the story at one point to ask why the doctor had been so clumsy in getting started. I encouraged him to talk about this experience, and he expressed considerable feeling that the physician could not understand his fear or pain. Jimmy imagined changing places with him. He thought that the doctor would know how it felt if he could be pierced with a needle several times.

Soon after the transfusion began, Jimmy's parents returned. Their eyes were filled with tears, and their faces with grief. No words were needed to tell me that the tentative diagnosis of leukemia was confirmed. Immediately, Jimmy's mother took my place, standing by him resolutely, with an expression of determination and strength. For the next ten minutes, I remained with Jimmy's father in the corridor, trying to enable him to regain enough strength to be able to face Jimmy with the new knowledge that was as irrevocable as death itself. There is no way to describe the acute physical suffering and mental anguish that Jimmy's father experienced, a torment so great that his whole body shook in waves of grief, so great that he pounded the walls of the hospital. In such a time, one can only stand by and wait for the process of self-healing and self-unity to return, wait as the person lives with the tragic fate until he is able to live in the world again. The meaning of such a situation is beyond therapy, beyond any intervention or help. Only the process of life itself, the restorative powers of the individual self, can enable the person to

live again. This he must choose to do. No outsider can render him whole, can integrate him, can do what only he can do for himself from within the depths of his own suffering.

When Jimmy's father had recovered himself, he entered the room where Jimmy was. As the door closed, I saw them embrace with silent tears flowing between them. This was now a time for the family to be alone, a time to live with grief that was to be the beginning of the end—the end of a pattern of life that held so much beauty and love and serenity. It was in this way that my first “hour” of therapy with Jimmy came to a close.

Each week I brought my kit of games and books to the hospital to live with Jimmy and his friends while they waited for their medication and treatment. The children greeted me as I arrived; and, though the therapy could not alter the slow death facing each of them, it served a temporary value in immediate, concrete moments in the hospital. The anxiety, the tension, the horror disappeared for a while; and in their place joyful voices rang out; eager children participated in challenging games. Active involvement replaced passive, fearful waiting; and the atmosphere of the room changed. Being in the hospital during this hour took on a new meaning, not a succumbing to the inevitable, but a spirit and an enthusiasm for living characterized this group of children. I established a relationship with each of them, a relationship in which each child could express himself, his experience

with the illness and at the hospital. Usually the children made only brief personal comments during the course of our games, but occasionally a child spoke at length. After the first meeting, I did not participate in the games unless another player was needed. I sat with the children attempting to relate to each child, with a glance, a gesture, a word. After the first hospital experience, I did not assist with the blood transfusions again. Jimmy's father and mother remained with him during these experiences.

The weekly meetings continued at the hospital for about six weeks until Jimmy achieved a remission. Then Jimmy and I met in the therapy setting described in *Psychotherapy with Children*.<sup>1</sup> Though I understood that Jimmy was dying, though I had been told that within a year the leukemia would completely ravage his body, I could never integrate this knowledge in any living sense. It remained outside, as an ominous idea that threatened and needled and brought occasional images of terror. But only rarely did this knowledge create a shadow between us; only rarely did it bring a darkness that would prevent full human communion. Of course, the disease increasingly affected Jimmy, debilitating him in some ways and creating pain. But it never reduced him to a passive, mechanical, dependent existence. On the contrary, he remained spontaneous, autonomous, active, in touch with life in an imaginative, flowing sense.

My mode of living with Jimmy meant remaining within his world,

stretching with him to new horizons of experience, pursuing with him new ideas, developing new facets of self and society, engaging in activities and projects, and encouraging spontaneous, active expression of feelings. Within this pattern of philosophy and value, and mode of existence, a relationship evolved in therapy in which Jimmy came to express his anger and resentment and fear against all the inhuman devices in the world, against the impositions of hospital superstructure, against dishonesty and unnecessary hurt, against cruelty and torture. But, at the same time, Jimmy came to be forgiving; he accepted and valued his life at home, in the hospital, and in school. With amazing perceptiveness, sensitivity, and insight, he could recognize the limitations and imperfections of people in his life. But he could also express an unusual degree of sympathy, understanding, and respect even for those who misunderstood him or treated him unkindly. After he had related an unpleasant or painful experience, Jimmy would often say, "He's not being very good to himself" or "He's not treating himself in a kind way." Thus he understood that the self who treated the other cruelly and destructively brought suffering upon itself in the form of a diminished and fragmentary life. The self at odds with the world was beset with internal warfare.

I wish to repeat that I never thought of Jimmy as a dying person. I never met him with the feeling that this hour might be our last. Even though the possibility of Jimmy's imminent death always remained, the reality of our moment-by-moment life was all that mattered when we were together. The

reality we shared was too much in the stream of life, too lusty in its quality, to be primarily concerned with decay and death. When I met Jimmy, I just met him. I just went on living with him, and the living was the center of our existence, as it always is when there is a sense of wholeness and unity and mutuality between people. And, as in all living, we had our confrontations and our issues, our conflicts and disagreements; but we also had our moments of joy and communion. I did not deny either the healthy or the sick components of Jimmy's world. These dimensions of himself merged and mingled freely, as we lived.

There were those who treated him as though he were dying; and there were those who treated him only as a healthy, flourishing individual. Some recognized only the health, and some recognized only the illness. But, within Jimmy, there were both components—the healthy, growing self and the dying person. These worlds existed side by side, or they merged in experience. The reality that he *was* embodied contrasting moods and contrasting emotions, darkness and light, a sense of pessimism and defeat and a feeling of hope and of glory. Who could meet him in these varying dimensions of himself and not know the exhilaration and joy as well as the discouragement and despair? But to meet him either as a dying person or as a person growing solely in a healthy, normal way automatically meant denying the reality of the other world, of the different centers of his existence.

No method or medicine could free him of his pain or suffering. While accepting the efforts of others to help him, Jimmy somehow maintained contact with himself. He continued to feel the pain. He tells about his experience with a hypnotist in the following conversation:

Dr. Wright will hypnotize me again tonight so I won't feel the needle any more.

And, when he hypnotizes you, do you feel the needle?

Yes, I do. I feel it, and it hurts.

And you're scared when the doctor starts to pierce you?

Yes, I am. Dr. Wright is trying to help me so I can take the transfusions better.

What is hypnosis, Jimmy?

It's a kind of sleep that helps you not to be afraid. But it doesn't work with some people. Some people go on being afraid.

Are you afraid, Jimmy?

Yes, I am. I am afraid.

Jimmy's hours of play therapy were important to him. They represented in philosophy and structure a place where he could create a world of his own, in his own way and in his own time. Here he lived in accordance with his own interests, by his own values and ways. The privacy, the consistency, the emotional climate, the presence of an adult totally interested, committed, and concerned—all combined to enable Jimmy to express openly the inner life he

experienced in the hospital, in his home, and at school.

The meetings in the playroom differed radically from those in the hospital. In the playroom, we were alone in an expanded universe of space and resources that offered a wider degree of genuine choice. Here Jimmy could make decisions that more fully challenged him. He could initiate a theme in conversation and know that he had my complete attention, know that he would not be interrupted.

So he entered the playroom with great exuberance and delight. He husbanded his time, treated every moment as precious. He was keenly aware of time, often verbalizing his feelings that he had so much to do, so much living to embrace within a single hour. With Jimmy, there was never preparation, never getting ready. He plunged into experience and remained actively involved as a self from the first moment to the last.

We met fifteen times; during each meeting Jimmy emerged with new facets of identity, with new means of encountering life, with new ways of being and relating in the world. At the center of Jimmy's existence was a great energy that sometimes unfolded in quiet construction projects and sometimes was expressed in hysterical, hyperactive movement from item to item and brief activity to brief activity. There were periods of heightened joy and laughter, and there were episodes of frustration and anger. Within these



two modes of relating to the world, Jimmy's behavior was characterized by a high degree of self-consistency, involvement, and commitment. He persisted in following his own directions rather than conventional signs, and he insisted that he could overcome any obstacle he encountered. Quitting, being defeated, or failure to see a self-chosen activity through were simply not characteristics of his life. He often said that it was the attitude which counted. He simply would not and did not give up because he believed that he could solve any problem he met, if not in the standard way, then by his own standards. He was satisfied that, if he stayed with a problem long enough and had enough patience, a solution would emerge.

The sessions with Jimmy began with quiet construction projects. These projects generally involved the building of models. Jimmy worked in a serious, methodical way. When he chose a model, he chose one that would challenge him. He commented as he looked them over: "That one is too easy for me" or "I want one with more pieces" or "This is just right for me." He stayed with the model he chose until he completed it, although occasionally this required two or three weeks. While he was working on a complicated, difficult model one day, the following conversation took place:

That's a rough one, Jimmy.

Ya. *(Pause.)* But if I don't finish it today, I'll work on it next time.

It's a real challenge.

I'll be up to it.

Yes, I can see that you will.

No fun doing the easy ones.

No, not for you.

Jimmy worked in an orderly way. He would open the box, lay all the pieces before him, study the directions, and then begin to work. He worked like a craftsman, being careful to use just the right amount of glue and fitting the parts with precision. As he put the pieces together, he encountered problems; but each time he stayed with the problem, puzzling it out and seeing a way to proceed. As the pieces began falling into place, I could feel a growing sense of excitement in Jimmy. He would often remark enthusiastically, "Well, at last I got that one" or "I see ya! This is it." Obviously, during these times, Jimmy was a self-directed child. He knew what he wanted to do, and he pursued his tasks with diligence. He did not wish or need help. He wanted to find a solution that fitted his own sense of harmony and unity within the experience. There were times when I had to take hold of myself to keep from telling him how to proceed, especially when he had experienced considerable frustration and failure. Fortunately, I did not intervene. And, in every case, Jimmy discovered his own way, even though it did not always conform to the directions.

I learned from Jimmy the value of waiting and having patience, of living

with a child through defeat, and of permitting a child to come to terms with a problem or issue in his own time and in his own way. I learned that my commitment to Jimmy involved a human presence, being there with him as he lived, groping with him, sharing his struggle, accepting and supporting his decisions, his way, not manipulating or directing, but simply standing by fully committed to him as one person with another.

My concern occasionally focused on a different dimension of Jimmy, his physical health. There were times when his breathing became labored, when he coughed heavily and repeatedly. But when I asked him if he wanted to rest awhile, he shrugged off my suggestion, even found it difficult to understand. After our first few meetings, though occasionally I was bothered by what appeared to be an uncomfortable physical tension in Jimmy, I did not comment, but rather learned to live with the discomfort, as Jimmy did.

During the fourth meeting in the playroom, Jimmy began to express feelings of hostility. The shift from model building to aggressive activity occurred gradually. At first, he wanted only to try the guns and rifles and darts. He used the typical targets. Then he began shooting Bobo, the comeback clown. This sequence of starting with the usual targets and then directing his shooting at Bobo continued over the next four meetings. Each time the intensity of his attack on Bobo increased. I offered numerous interpretations during these outbursts! I remarked, "Sometimes when

someone hurts you, you feel like you would like to get even”; “You seem to be especially angry today”; “Perhaps you’re mad at the whole world today.” Jimmy received these comments silently.

Soon the attacks shifted from the standard targets to Bobo exclusively and then tentatively, but definitely, toward me and from me to other figures in the room. He shot all of the “bullets” for all of the guns in the room, first at Bobo and then at me. He repeated this sequence a number of times. Then Jimmy selected a doctor and nurse figure. Repeatedly he shot down these figures. Finally, he returned to Bobo. He punched Bobo severely. He kicked Bobo, jumped up and down on it, punched it in the nose, and threw it across the room. He choked Bobo until it collapsed to the floor. He took a heavy board and clubbed Bobo over the head several times. He carried Bobo to the sandbox, poured sand on its head. He took a shovel and beat Bobo over the head with it. He took Bobo by the neck and strangled it fiercely. He bit Bobo, chewed its nose, and slashed it viciously with a shovel. Finally, he dragged Bobo to the steel vise, opened the vise, and squeezed the head of Bobo tight in it. While Bobo hung precariously in the vise, Jimmy made clay balls and heaved them into its face. He loaded a Ping pong rifle and emptied it into Bobo’s face. He left Bobo, got a nursing bottle and squirted it into the face of the doctor and nurse. Then he squirted the faces of the family figures. He picked up the stethoscope and brutally poked it against the doctor several times. At the end of the hour, Jimmy carefully stood up five figures: a mother,

father, two girls, and a boy. With the Ping pong rifle, he shot them down one by one, with the exception of the boy. Then he remarked, "Only one child, only one child left." He looked at the clock, and, seeing that his time was up, he left the room.

In the next session, Jimmy began a furious attack against me. First, he shot rubber darts at me. When he hit the mark, he laughed and shouted almost hysterically, "Ha! Ha! Ha!" Next, he selected the bow and arrows. He came toward me and aimed directly at my face. He approached within two feet of me and was about to shoot. The following conversation occurred:

Maybe you want to eliminate me altogether. *(Pause.)* I'd rather you didn't shoot me in the face.

*(Jimmy hesitated. We stood facing each other for several moments.)* Well. *(Then he dropped the bow.)*

*(Jimmy picked up a metal pistol and threw it at me. He followed with a number of other objects. Then he turned to other figures in the room.)* Doctor, Father, and Mommy. *(Jimmy picked up a Ping pong rifle.)*

And do you plan to shoot all three?

Ya, in three shots. *(Jimmy loaded the rifle and shot all the "bullets" but missed the figures. He loaded again and shot. This time, one by one, the figures went down.)* Psh-h right down! *(Jimmy's voice was heavy. He coughed repeatedly. The coughing became particularly bad.)*

You really aren't feeling well today.

I have a cold. It started last Friday and it isn't getting any better.

Jimmy picked up a machinist's hammer, looked in my direction, then moved away, and began pounding a table. He turned his attention to Bobo, pouring sand and water over it. He slashed Bobo with a plastic sword, kicked it, jumped up and down on its face, and squeezed it into the vise. As he attacked Bobo, he shouted over and over again: "Wowee!" "Wowee!" He threw a rubber knife at Bobo and cut fiercely at its head. Suddenly, he looked startled. His entire emotional mood changed. He was visibly disturbed and unhappy.

Oh, look, now I've put a hole right through there. Can you get a piece of tape for that so I can fix it?

You want to repair it?

Yes, I do.

I got a repair kit and Jimmy patched Bobo and blew it up. This was characteristic of Jimmy. Even in the moments of strong anger, he did not wish to destroy; and, when he did, he tried to repair the destruction. Next he selected a car model and worked until the end of the hour. As he left, he said, "I'll take this one home to my sisters."

From this point on to our last meeting, these attacks continued reaching a peak in the tenth meeting and subsiding considerably by the last. Between the aggressive outbursts, Jimmy returned to construction of models. He also painted and constructed objects using wood, nails, and tools. Occasionally he

used clay and tinker toys.

What was the meaning of the episodes of extreme anger that at times bordered on rage? Although it is possible to speculate with hidden dynamics, with psychic traumas of early childhood, with concepts of deprivation, rejection, fixation, and other similar notions, there is another way of viewing the meaning of Jimmy's behavior, a way that for me is direct and consistent with the current reality. The catastrophic condition was not in some faraway repressed conflict in the family nor in the parents' treatment of Jimmy nor in the birth of his twin sisters. The tragic condition was ever present, imminent in Jimmy and inescapable. The irrevocable catastrophe was that Jimmy was dying. Jimmy was becoming increasingly debilitated. He was being pierced and poked with needles. From week to week, he lived in fear of the blood transfusions and the other horrors involved in leukemia. In brief, his world had been shattered, and none of the people in it were quite the same. Everyone had changed in some very important ways, particularly his mother and father. Jimmy himself had changed. There were many activities—running, riding a bike, even walking—that other children take for granted and that Jimmy could no longer do. Many, many days, he was unable to attend school. He was no longer a peer among peers, a friend among friends. He was now different in a critical way from all other children at school and in his neighborhood. This was the irrevocable tragedy of Jimmy's life. Even with great effort on the part of his parents, his teachers, and others to treat Jimmy

as a growing person, there were many times when his condition required special handling, when he became the exception, when adults responded to the dying self inside the living self and treated Jimmy accordingly.

The irrevocable, inescapable disease and all the resulting changes it brought into Jimmy's personal and social world created pressures and tensions, daily frustrations, and daily ordeals. There had to be an outburst. There had to be a safety valve. There had to be a release. And Jimmy was too controlled, too sensitive, too kind, too considerate, to let the explosion occur in the hospital or in his home or at school. So, he used the playroom as his safety valve. Here, the strained, intense feelings could be expressed.

I believe that as the disease spread, as the pain and suffering increased, as Jimmy was more and more restricted from a spontaneous life, as he was exposed to continual hospital treatment, and deviant school and home life, Jimmy's tensions mounted, his anger increased, and the explosions in the playroom occurred unabated. My acceptance of these attacks, not only against the items in the playroom, but also against me enabled Jimmy to feel increasingly free to express himself and to relieve himself of the pent-up feelings and frustrations. Once the hostile outbursts got under way, Jimmy reached a peak of intensity of feeling. As the feeling was expressed and accepted, in the meaningful framework of relationship therapy, Jimmy relaxed and returned to constructive projects with models, with paints, with



wood. The sequence was the same: aggressive attacks followed by constructive projects. Almost without variation from the fourth meeting to the last, Jimmy began the hour by expressing feelings of anger and ended the hour by working quietly, immersed in his projects. The pattern was reversed when he had been absent for many weeks. Then he began with a construction activity, slowly moved into hostile play and ended the hour with a work project.

Jimmy's illness prevented him from coming each week. The fifteen meetings occurred over a span of seven months. When he missed for long periods, he always commented on it, often as he entered the room, saying, "I haven't seen you for quite a long time. I missed coming here, but I'm glad I'm here today."

Jimmy's crisis was a crisis of life and death. He lived in the midst of an existential dilemma, and that dilemma revolved around the question of death. But this issue was not only an issue of death. He did not just die as many people do. Perhaps there is no ordinary death, but the unique character of Jimmy's situation is that he was actively involved in the process of dying while he was also involved in the process of living.

Jimmy did not know he was dying, in words. He had not been told, and he did not verbalize such knowledge. But he knew in the meaningful sense,

from within. He knew in the deepest regions of his being, from the experience of his own senses—not consciously, not in the usual way of knowing, but from the radical shift that was occurring in the primary components of his life. The inner battle between the healthy cells and the cancer cells was being waged, and the disease was gradually but definitely taking over. He was aware of his tragic condition in the existential sense, as intrinsic knowledge, not by diagnostic labels. His fears and his desires came out clearly in one of our final meetings, after he had expressed considerable hostility in his play. He picked up the stethoscope, and, placing it next to my heart, he listened. Then he put it over his own heart. His breathing was heavy and labored. He seemed greatly frightened.

It sounds like a terrible storm.

Yes, I can believe it does.

Here, you listen to my heart. *(Jimmy handed the stethoscope to me.)*

Are you worried that your heart will break like a storm? *(Long pause.)*

It sounds like thunder. *(Jimmy picked up the nursing bottle and looked at me.)*

Would you like to drink from it?

Of course not; I'm already seven years old. You trying to give me the baby treatment?

Well, once you were a baby, you know.

But not any more. That was before the girls came.

When you were a baby, you were alone and you were well taken care of.

Well. *(Pause.)*

Sometimes?

Yes. Especially, once every year.

When you got sick?

*(Laughing.)* Uh-huh, not when I got sick.

When, on your birthday?

No.

Christmas?

No. It happens every year just once.

And you love it.

Yes! *(Emphatically.)*

Jimmy never explained what he meant, but it was my impression that he was speaking of a great, rare euphoric moment that transcends all lesser moments rather than of a specific occasion or event.

Jimmy's sensitivity, his unusual awareness, and his depth of insight into so many aspects of human life placed him beyond the ordinary. He saw facets

of behavior, nuances and meanings in personal situations, that most people overlook. And he had a deep interest, more than this, a genuine compassion, for other human beings. His gentleness and sensitivity meant that he could not express his growing hostility toward the disease and the treatment in any direct way, at least not with the persons most immediately involved. This was the secondary crisis he faced within himself. For Jimmy, there was an unwritten moral law that one simply does not condemn or attack the people one loves, one does not trespass the ingrained moral signs; the voice of inner conscience must not be violated. This attitude became deeply ingrained, out of seven years of life in a gentle, compassionate family. Angry explosions, violent outbursts, physical aggression, or corporal punishment simply were not a part of his life. From his beginning, he knew the meaning of kindness; he experienced quiet, gentle sounds and movements; he lived in an altruistic world. He was not taught or commanded to be gentle. He simply absorbed this quality as a natural outcome of living in a world of tender ways. For Jimmy, this gentle passion was perhaps the organizing principle of his life. His deep conviction was that he could not hurt those he loved, those who cared for him.

But, in the playroom, Jimmy could express the two basic dimensions of his nature: the sweet, gentle, soft, noble feelings for his fellowman and the violent anger engendered by the disease itself, by the dying aspects of himself, and the concomitant treatment, the piercing and probing, the mechanical

pushing, the injections and transfusions, and the frustration and anxiety that revolved around the plan and program of medical therapy, and the manipulation and deception that were sometimes used to persuade him to accept treatment. In the playroom, his outcry against the injustices in his world could be heard.

The four figures most directly and most frequently the center of these attacks were his doctor, father, mother, and therapist. These were the primary adults in Jimmy's life. These were the four people connected with his illness and with his treatment. And although these persons provided the climate in which he was cared for and nourished and loved, although these adults were within the matrix and substance of Jimmy's life, they were also directly connected with the painful, paralyzing feelings, with the discomfort and suffering.

Jimmy could not explode at home or at the hospital, but in the playroom he came to feel that this other world in which he lived, this world of anger, of hostile and destructive wishes and impulses, could be expressed in the receptive atmosphere of relationship therapy.

In Jimmy's world, he could not fight those who took care of him. Somehow, this was a principle he would not violate. But it was this world which therapy recognized and encouraged and enabled. And through the

process of expression of the frightened, angry inner self, Jimmy arrived at a sense of harmony and a restoration of inner peace, which, of course, was partly destroyed as the disease flared up, as he re-experienced the hospital routines, as the fear and pain surrounding his illness intensified, as the shots and transfusions were required. These gains were never fully destroyed, but they were not accumulative. However, Jimmy's hostile outbursts reached a peak during the course of therapy and then subsided significantly.

In both of these contrasting worlds, there were dimensions of Jimmy that remained embedded in fibers of his identity. He had a zest for life, a ringing laughter, and impish, gleeful eyes. But beyond all of the observable, describable characteristics, there was a certain unique substance, a certain way of being that was always present when Jimmy entered a room, a personal identity that had never existed before and will never exist again.

We lived together in the two worlds—the world of creation and the world of decay—and we lived moment by moment, each moment containing its own unique meaning and relevance. Each time, there was always the present moment, only the present moment. It was this moment which counted for us, which created the bond between us. This moment existed complete in itself even though we both knew that it might be the last. But, knowing or not knowing, all we could do together was to live, to embrace with full commitment who we were and who we could be within each

experience as it unfolded in the present. It could not have counted any more fully or be lived any more fully than it was, even if we had known that any particular moment was to be our last. Each meeting was crucial and lived within the existential crisis which made our therapy a unique encounter. We went on in this way, living concretely, two human selves intertwined in a beautiful but tragic destiny, until the final moment came and Jimmy returned no more.

### *Notes*

[1](#) Clark Moustakas, *Psychotherapy with Children* (New York: Harper & Row, 1959).

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