

TO DIE  
TO GET OUT OF TIME  
TO GO IN TO THE TIMELESS

Those who die will teach us to live. How? In the palliative phase, life and death are two powerful poles that create a polarity field in the living life, in the present. Life is intensified for better or worse. It's easier to say yes to what's good and easier to opt out. The experience of presence increases, relationships become more meaningful and enriching. In life close to death, it's just as easy for laughter and joy as for sorrow and crying. The feelings live side by side. The experience of the present moment can be transcendent, a transparency, a spiritual perception. Existential questions are present and seek answers. A body in physical degradation can, with the right help and support, reach a psychologically growing phase in parallel. Growing is perceived positively, which gradually reduces the experience of degradation. The quality of life in the present enriched.

Why is psychotherapy essential in this phase? Which method and tools should be used? The article is based on my long experience as a leader, nurse and psychotherapist in palliative care.

Working in the palliative phase is to balance between what happens autonomously in the process and to assist, support when it is needed. To recognize and see the difference. Creative expressive processes interact and support the medical treatment and provide a necessary rest. You 'lose' yourself and the experience of time disappears when you enter the creative process. Rest is necessary to be present in the difficult now and in the important relationships. Rest gives a respite from a painful past and an uncertain future. It will be possible to tie the life line together, to end the unfinished. Since the experience of pain is usually described as 10% present and 90% past of time, the pain experience is relieved in synergy with the medical treatment. Anxiety and depression can be alleviated through expression, subsequent dialogue and eventually understanding. As a psychotherapist, I cannot understand more than my reference material and what I have experienced. That's why it's crucial how my own life trip is. What experiences I have about life's transitions, endings, deaths, timelessness, creativity and the like? How I have worked these experiences, what insights I have received. Can I be in the presence of the one to die? What contact do I get with the patient? How can I help and support a needing person, close to transition to the timeless space?

When symptom treatment is difficult to cure with medicine, I'm the next one who is called, but it would be desirable to get involved earlier to prevent complicated symptom treatment. Basically, medical relief should be done in parallel with the psychological support, and the psychotherapist must be a natural part of the team around the patient. On my three trips to New Zealand I visited hospices and palliative units and teams. Everyone had an

art therapy department and one or more art psychotherapists who worked on an equal footing with other professionals in the team. At that time there were 38 palliative units in New Zealand.

#### THE SPOKEN AND THE UNSPOKEN

A human being who is dying knows by himself. Dr Elisabeth Kübler-Ross described it as distinguishing between the symbolic verbal language and the symbolic nonverbal language. As helpers in the final phase of life, we must learn to listen to what is being said and to what is not being said. We must listen to the symbols that are seen in the body, in motion, in voice, in actions, in relationships and in expressions. The language has limitations and is often too harsh. So in my world it's not about telling a human being to die. In my world it's about to listen to what is being said both with words and without words and to learn to use the symbolism. And it is important to remember that in the palliative phase you are both and. Both towards completion and towards a new beginning.

One of my employees, a physiotherapist, said long ago that being a physiotherapist in the palliative phase is at one moment working with rehabilitation to work on relieving in the next moment. This observation applies to everyone in the team. We must work with both perspectives. The palliative phase is on the one hand decadence and degradation, and on the other hand it is about growth and development. Decomposition and construction take place at the same time, parallel to each other, which is difficult to see and understand, since we are either on one side or the other. Through rehabilitation, old patterns must be released in order to grow in the new changed life. Palliative care and rehabilitation are in fact the same processes, but with different destinations.

#### TO GIVE HOPE AND REST

The task of psychotherapy is to relieve the symptoms and thereby contribute to increased quality of life. The task is also to give hope. A creative expression is always forward-looking, something is seen as possible. Thus, the expression promises hope forward, no matter how far the actual life perspective is. Hope is located on several levels. As the palliative process progresses, the perspective of hope gradually changes to shorter. In the end, it's a hope of days, hours and minutes.

Another task, as I mentioned before, is to provide the necessary rest. A rest that has healing effect, as it mobilizes vitality to increase presence in the present. It makes it possible to be present with oneself and the situation and the important relationships, in love, in spite of painful experiences from the past and an uncertain future. Psychotherapy can help a person to tie the way of life together and to end still unfinished businesses. Psychotherapy in this phase can also contribute to an internal mental cleansing of material that is no longer needed. Clearance is to create space for the new one who is

on the way and to let go of the old one. Psychotherapy helps the patient to answer the existential and spiritual questions that are needed, and it helps to psychological and spiritual growth. This facilitates the transition, which requires fewer medical resources.

If expressive psychotherapy is included in the final phase, a care team may be better able to navigate through the process and prevent symptoms from developing inappropriately. The focus of the palliative effort should include the new growth phase that is on its way. With this approach, the content is changed in palliative care, and the health education is added a new dimension.

## FOCUS ON NOW

Expressive psychotherapy works with both expressive and receptive methods, an internal and external image creation that is linked to the ancient knowledge of the healing effect of myths, dreams and rituals. The artistic makes it possible to express oneself while protecting the interior. As a treatment it is possible to reach behind the linguistic limitation, which leads to a deeper and faster understanding. Expressive psychotherapy intends to capture the interior and allow it to project into an image in the external reality. Through the eye, the image returns to the person who made it.

My focus is always meeting the moment, what is in the front of the psyche. Very soon, the underlying theme occur, what our meeting is about to deal with. Frequently, I use a current dream picture, spontaneous paintings, backside techniques, series of pictures, adventure, bodily experience, patterns of movement, music, relationships, life story, mandala painting, photographs, clay, and nature experiences.

What happens during the meeting with the newborn expression? How can it be understood? How is dialogue created with the expression to reach an understanding? Active imagination is a method I use. The inner images that come under an active imagination can be compared to dream pictures. The difference is that in the dream the dreamer is passive. In an active imagination, the conscious part of personality is active, thus creating a synthesis between the conscious and the unconscious. After a structured dialogue and empathetic attitude, a cognitive anchoring of the expression, as thus understood, occurs. Understanding always comes after an expression, after understanding come a bodily relief and at the same time growth power. Another way is to question the newborn expression, ask questions, such as: Do you have a name or title? What do you want to show me? Do you have a message? These questions can be varied depending on the person and the situation. The person answers the question and writes them down. When the answers are unclear, I use the backside technique. This means that you see the first picture as showing the problem and the following backside as the solution. A backside is created by a few lines from the original image, which has been transferred to a new paper. The first image is set aside and a brand new expression is made. For each expression, the same questions are asked and the person writes the answers. These quick paintings are made for up to

10 minutes and in mandala form, as the circular shape protects the interior that is projecting. Each meeting always ends up with a clear closure.

## SUPERVISION

In the Nordic countries, every year, there are as many dying as are born. This means that in many forms of care we meet people who are close to death. When the staff choose to work with death and dying in palliative care, there is often something inside a oneself that, in parallel with the choice in the outside, actually seeks to die - unconsciously, there is something in the interior that is in need to create room for change, room for something new. A need to reach a growth phase. One therefore accompany the one, one are about to help and care for. One confront existential questions in oneself. One can be hit. Therefore, it is crucial that staff working with the questions in the final phase of life, are given the opportunity for guidance. On the individual level, the goal is to feel seen, heard and understood. From a group perspective, it is important to have a forum to discuss different patient situations for learning. An overall goal is to maintain and further develop the professional skills and to deepen understanding and self-reflection.

## BY LIGHT WE WERE CREATED

Patients I've been close to in the palliative final phase have said, "I've never felt so good before and I know I'll soon die." - "I feel so comfortable, but my wife is so sad, so I dare not say so."

Being in the living life, in the timeless space is to practice to go out of time-to die to enter the timeless.

Even though the bodily constituents was created from earth and will return to earth when we die, it is a spark of light that turns on life. Therefore: By light, we were created and to light we will return.



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