

Declining Moments

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Something is gained and something is lost when experience is put into words. The loss is of wholeness, felt truth, richness, and honesty. Is there some kind of resistance operating to counter this loss – a resistance that keeps some experiences protected in their richly complex, nonverbal, nonreflectively conscious state? Perhaps it is an æsthetic and moral true-to-self resistance, an existential resistance against the impoverishment of lived experience.

— Daniel Stern (2004, p. 144)

We begin life in a whole, lush, experiential matrix. In *The Interpersonal World of the Infant* (1985) Stern explains that we are born into “the ultimate reservoir ... for all creative experience” (1985, p. 67), a rich and vast experiential matrix where life is experienced directly as intensities, shapes, temporal patterns, vitality affects, categorical affects, and hedonic tones. As emerging explorers we are given the luxury of basking in these early moments of wholeness. Without verbal skills or the need for words or other symbols we can truly live in the moment. Daniel Stern writes that, phenomenologically, we live only in the moment. As unencumbered infants we can live and experience each moment to its fullest.

Stern believes that we are differentiated right from the beginning of life and that our main task as infants is to connect. In this essay, I am suggesting that, at the end of life, the adult’s task may be similar to the infant’s task: to connect with others as fully as possible, on a primarily implicit level in the rich experiential matrix of the present moment. For a relative, caregiver, or compassionate friend, staying in that moment can be uncomfortable. Being present with someone who is nearing the end of his or her life who has lost the strength, ability, and/or the desire to communicate verbally can be especially challenging. I will show how some of Stern’s “ways-of-being-with” (1984, 2000, p. xv) that are internalized by developing, connecting infants can inform us about more helpful and more comfortable ways-of-being-with people in their decline of life. I will extrapolate the “implicit relational knowing ... the domain of knowledge and representation that is nonverbal, nonsymbolic, unnarrated and nonconscious” (2004, p.242) of the mother/infant dyad to the

situation of being with seniors in their end of life moments. My hope is that we can learn from this exploration how to be more fully present. Specifically, this view may inform our relationships with people who are at the end of life, enabling us to help them die in a richer, more connected way.

I work as a massage therapist with seniors. I have noticed that, during their decline, particularly in the last few months of palliative care, their ability and possibly their motivation to communicate verbally fades. As their world shrinks to the size of a room with a bed, they seem to experience the experiential matrix in which we are all immersed in an unencumbered, direct way, similar to the infant. It is not Stern's preverbal place, but a postverbal place where the wholeness of our immediate experience can potentially be lived in a richer, fuller way.

We learn at the beginning of life – with the help of our mothers and primary caregivers – how our embodied minds can be connected to others in an immediate, implicit way. (From now on, I will use the word “mothers” to represent all primary caregivers.) Before we put our lives into words, we are given the time in intersubjective relatedness with our mothers to experience the sense of our emergent self, our core self, and our primary intersubjective self, implicitly within this rich experiential matrix. As we develop, our pure lived experience is broken apart into smaller chunks in order to relate symbolically with others. Eventually, our use of symbols leads to a tendency to favour explicit modes of communication. However, even when our wholeness is compromised as explicit ways of communicating begin to dominate our attention and our modes of connecting, we never lose our implicit relational knowing. We experience it constantly and it informs and guides us in every moment throughout life.

Everything we do, see, feel, and hear from people has a temporal contour ... These temporal contours of stimulation play upon and within our nervous systems and are transposed into contours of feelings in us. It is these contoured feelings that I am calling vitality affects. (2004, p. 64)

These fundamental qualities of experience called vitality affects are sometimes felt as surges, rushes, explosions, fadings, fleetings, burstings, crescendos, and decrescendos. Unlike Darwinian categorical affects – such as anger, sadness, and

happiness – that come and go according to our moods, vitality affects are always with us, whether we are experiencing a categorical affect or not. Born into the experiential matrix and brimming with possibilities we emerge into consciousness slowly and methodically through our interpersonal experiences. Even though our acquired symbolic language becomes embodied and cannot be separated from our postverbal, sensuous selves, I believe that as we approach death we abandon our explicit modes of communication and may be able to leave as we arrived, experiencing more of the wholeness and truth of our immediate life. We can experience the end of our existence unconcerned with symbol or meaning, simply held in the purity and richness of the present moment.

Stern describes the infant as coming into the world having already achieved self/other differentiation. This is a major departure from previous descriptions of the infant as being undifferentiated, in a symbiotic relationship with the mother, and having differentiation as the first major developmental task.

self/other differentiation is in place and in process almost from the very beginning. Therefore, the infant's major development task is the opposite one, the creation of ties with others – that is, increased relatedness. (1985, 2000 p. xiii)

Stern tells us that the infant's basic senses of self emerge through interactive experiences between the infant and another. "Primary intersubjectivity starts from the beginning, as does the sense of an emergent self, as does the sense of a core self" (1985, 2000, p. xxii). In fact, internal objects for Stern are not people, nor aspects of others, but rather representations of interactive experiences. In order to emphasize the lived experience of these internalizations he calls them "ways-of-being-with". For Stern, the interpersonal aspect of our existence is the primary aspect of our existence. The intersubjective exchange is a basic condition of mind and relationships that is constantly going on within any interactive dyad in what Stern calls the intersubjective field. This field is the domain of feelings, thoughts, implicit knowing, and explicit knowing that a dyad shares. It is reshaped with every interaction and it can be expanded or diminished, simplified or made more complex. But we are in this co-created field whenever we interact with another. Intersubjectivity is a pivotal concept for human development and one that

continues to be central to our existence from birth to death. Intersubjectivity in Stern's model is always dyadic, occurring largely in the implicit domain, and is a basic human motivation. In *The Present Moment* (2004), Stern identifies three main intersubjective motives. The first motive is an intersubjective orienting, allowing us to see where we are in relation to the other in the intersubjective field. The second motive is to share experience. The third motive is to reflectively use the other to define and redefine one's self. I feel that these motives are still active at the end of life and that the dying person wants to share as much of their experience as possible. There is still the opportunity, reflectively, to define and redefine one's self through the eyes and touch of another.

Infants are embodied minds experiencing the world from their insides and out. We grow and exist as embodied beings from the beginning of life until the end. Infants systematically organize the elements of bodily sensations from both internal and external stimuli together with whatever is in mind. This blending together gradually enables them to identify self and other invariants. When one of these invariants is formed, the infant experiences the emergence of organization. This experience of the "coming-into-being" (1985, 2000, xvii) of organization is what Stern calls the emergent sense of self and the birth of our primary consciousness.

The intentional object is whatever the mind is stretching towards.
... Primary consciousness is the yoking together, in a present moment, of the intentional object and the vital background input from the body. The body input specifies that it is you who is now having the experience of the intentional object. And a sense of the self emerges as the living vital experiencer of the intentional object.
(1985, 2000, p. xviii)

While the infant is experiencing a sense of emergent self, a sense of core self is also coming into being, where the experiences of self agency, self coherence, self affectivity, and self history confirm for the infant the invariant qualities of self and other. Stern states that "core relatedness, with its establishment of the physical and sensory distinctions of self and other, ... is the existential bedrock of interpersonal relatedness" (1985, p. 125). It is the foundation for intersubjective relatedness and for the co-creation of the intersubjective sense of self.

Stern emphasizes the importance of the preverbal world of the infant and the poorly acknowledged interpersonal language without words that it unfolds. It is this first preverbal language of interaction that is prominently in operation for the first two years of life. He suggests that there are three mental states – sharing joint attention, sharing intentions, and sharing affective states – that don't require language but have important relevance to our interpersonal world. Much like the unencumbered world of the preverbal infant, the world of the person who is approaching death is small, close and immediate. With less concern for the past and a future that has clearly narrowing options, the dying person has some renewed potential to live and experience the details of each of these shared moments to their fullest.

Vision and touch are the infant's primary modes of interpersonal connection. As we age, degeneration of our mental capacities is common and can be seen in people suffering from Alzheimer's disease and dementia. Even if our mental faculties have not been subjected to such devastation, there can be a slowing down of the mental processes and a progressive loss of memory. Clearly our bodies degenerate during the dying process and all the processes of declining life can contribute to experiences of dissolution of parts of ourselves. These potential losses of self agency, coherence, affectivity, and history shake the foundation of our sense of core self. (Perhaps some people experience a sharpening of their spiritual, psychic selves – peace and wisdom – as they approach death. I think it is important for us to also hold this possibility). Vision and touch again become the primary modes of connection available to the declining person. Through holding, stroking, gentle touch, and gaze, the person who is dying can be offered the opportunity to reaffirm and redefine their senses of self and maintain some connections while negotiating the finality of life.

Gazing is the first form of social interaction available to infants, where they are able to exercise some control over their interactive involvement. Infants have the choice to either look or look away. They can stare intently, gaze through you or past you as though you weren't even there, or simply close their eyes, blocking you out completely. They can choose to connect, reject, or distance themselves through their use of gaze. At the end of life, the visual-motor system's stamina seems to be the strongest. In my opinion, gaze is the final frontier of self-motivated activity for interaction. Someone who is dying can usually still choose to stare, gaze past, avert

or close their eyes. It can be uncomfortable to be with someone during their declining moments who is choosing to stare at you. It can be an intense, shameless gaze with no end in sight, like the extended gaze of a baby. This intense shared experience can be quite unnerving. We understand the motive of the preverbal infant to use the gaze to connect. As adults we share a verbal language throughout most of our lives. We don't need to use gaze as a major connecting mode, in fact, unless we are loving intimates, we consider it rude for an adult to stare at another adult for an extended period of time. "Nonlovers (in this culture) ... cannot tolerate the mounting intensity of a silent mutual gaze for more than 7 to 9 seconds without fighting, making love, or turning away" (2004, p. 109). It seems that we forget that vision was our first mode of actively engaging with another and may be our only and last mode as well. An understanding of this idea may make it easier to tolerate the intensity of this special type of deep gaze – if we are asked, through a dying person's eyes, to meet it. Our appreciation of its importance may even make the gaze welcomed and enjoyed. If a person doesn't want visual connection, they have as many choices to not connect as infants do. My colleagues and I have had several experiences of working with people nearing the end of life when they have chosen extended gazing in combination with the touch we were providing. In each case, we shared the attention of the gaze and the intention of the supporting bond between us. They could also have been reconfirming through our eyes their own identities and their shifting identities. The privilege of being able to share some of their dying moments with them was a powerful experience for all of us. Gaze can be a way of hanging on, easing pain, or staying connected when someone is experiencing a dissolution of identity or a break in cohesion caused by diminished bodily senses. According to Stern, "The power and frequent enlistment of interactive contact to situate and confirm one's identity is not sufficiently appreciated" (2004, p. 109). I am confident, however, that our willingness to engage in this type of contact is.

Our ability to effectively be with and support someone on a nonverbal level depends partly on our ability to engage, to empathize, to experience to some degree what they are experiencing, and to resonate with their affect. Stern describes neurological studies that have shed some light on how we are able to do this. Mirror neurons that sit next to our motor neurons are activated when we watch someone else perform a behaviour. Our brains are stimulated by the mirror neurons that map onto them the

equivalent motor representation of the behaviour. We get the sense of participation in the behaviour as if we were actually performing it ourselves. We can share in the same feelings, sensations, affects, and even motor sensations just by watching. Stern says that the evidence is solid for our ability to resonate with another's hand, mouth, face, vocal, and foot actions. This is crucial to our ability to empathize and be-with-someone in a truly connected way. According to Stern, affective resonance requires unconscious synchronicity of movement. Adaptive oscillators have been discovered that may help us accomplish this subtle dyadic coordination. These oscillators are like tiny internal clocks that can be reset over and over to match incoming stimuli, availing us with extraordinary powers to temporarily coordinate with others. Studies of interactions between mothers and infants have shown that, if a recording system is used to introduce a split-second delay in the sound or sight of the other while they are communicating from separate rooms, the infant will notice and the interaction will break down. Correspondence is crucial to smooth interpersonal contact and is present from the start of life in primary intersubjectivity. Research on mirror neurons and adaptive oscillators is providing us with information about how observed temporal contours are transposed into vitality affects in the observer and how we implicitly engage on a very somatic level that is usually outside of our conscious awareness.

This process can be easily observed in mothers as they observe the temporal contours of their infants, nonconsciously transpose the infants experience into their own vitality affects and then act in corresponding ways to regulate the infants experiences of self. The mother fulfills an essential role as a “self-regulating other” (1985, p. 102). She is a self-arousal-regulating other and a self-somatic-state-regulating other. She also regulates the infants’ affect intensity and sense of security and attachment that would be extremely difficult for the young infant to accomplish alone.

Two years ago, I was working with a lovely man who was very near death. I entered his room and found him lying in bed wearing an oxygen mask, fighting desperately for each breath. I could feel his panic through his eyes. I smiled and took his hand. Sitting very close to his face and holding his gaze I whispered to him that he didn’t need to try so hard. I placed one hand on his heart and the other on his forehead. We continued to stare at each other as I began to sing his favorite song. Slowly I

sang, “On the goood ship Lollipop, it’s a sweeet trip to the candy shop...”. I gently stroked his forehead in the same tempo. Soon his breathing calmed and met my pace. Gradually the desperation faded from his eyes. He reached up and removed the oxygen mask from his face. In that moment, connected to me, he seemed ready to let go and face his ultimate disconnection. Intersubjectively I was able to help this man regulate his level of arousal, affect intensity, feelings of attachment and perhaps even his sense of security. I was a self-regulating other.

In *The Interpersonal World of the Infant* (1985) Stern cites research that clearly supports our facility to provide touch to a dying person that will closely match the expression of their affective experience. We have the capacity to do this without thought. With thought and conscious intention our effectiveness in providing comfort, connection, and a gentler easing out of life can be even greater.

The sharing of affective states is the most pervasive and clinically germane feature of intersubjective relatedness ... Inter-affectivity is mainly what is meant when clinicians speak of parental ‘mirroring’ and ‘empathic responsiveness’. (1985, p. 138)

Stern suggests that this sharing is accomplished through the phenomenon he calls affect attunement. It is a kind of imitation of a perceived affect but is largely performed cross-modally. It is not a matching of their behaviour but rather a correspondence to their feeling state.

Affect attunement ... is the performance of behaviours that express the quality of feeling of a shared affect state without imitating the exact behavioral expression of the inner state. (1985, p. 142)

Unlike empathy, attunements occur mostly out of awareness and almost automatically, as demonstrated experimentally by Stern. He describes how emotional resonance is converted into attunement behaviours which can lead to conscious empathic knowledge and to an empathic response. It is clear from observations of the infant/mother dyad that attunements occur in intersubjective relatedness and have been an important part of our implicit knowing since our lives began. There is no reason to expect that we should lose this ability to emotionally resonate with others or to automatically provide them with attuning behaviours.

We are also capable of extracting empathic knowledge from the experience of emotional resonance in order to provide a person nearing death with a conscious empathic response.

The essential point is that when people move synchronously or in temporal coordination, they are participating in an aspect of the other's experience. They are partially living from the other's center. (2004, p. 81)

Recently I worked with a man who I didn't know very well. A few days prior to his death, I was stroking his arm in matched intensity and tempo with his slow, deliberate breaths. A few moments later, while holding hands, he stroked my hand gently with his thumb in synchrony with the same intensity and rhythm. My affect attunement seemed to adequately match his experience and was confirmed by his response.

We are capable of co-creating what Stern calls shared feeling voyages. We can travel together in the experiential matrix, along the same temporally dynamic slopes, in real time, in a joint experience of sensations and affects, simply and without words.

As they move, they pass through an emotional narrative landscape with its hills and valleys of vitality affects, along its rivers of intentionality (which runs throughout) and over its peaks of dramatic crisis. It is a voyage taken as the present unfolds. A passing subjective landscape is created and makes up a world in a grain of sand. (2004, p. 172)

We already possess the implicit relational knowing we need for interaffectivity with a person approaching death. We experience their emotional states through a gaze, a touch, a moan or the subtle quality of a breath. We share the vitality affects living within the interaction. But in the present declining moments near death the voyage can be intense and the waters rough.

Being the accomplished mirrorers, oscillators, and resonators that we are, we need a mechanism that allows us to stop, so that we are not overwhelmed by someone else's experience and we don't lose track of what's ours. Luckily, we have brakes that

operate to help us gate our attention, selecting what to let in and what to keep out. Another set of brakes prevents the motor neurons from being activated by their corresponding mirror neurons. A third set of brakes helps us temper our degree of resonance. I believe that this knowledge can help us manage the fears we may have about being-with-someone who is close to death: the existential fear palpable in the room – ours and theirs – of the reality of our shared mortality.

When we are born we leave the warmth and comfort of the womb behind. Suddenly we are separate and flooded with new visual and sensuous stimuli. Birth must be a frightening shock. I imagine that the end of life can feel much like the beginning.

It can be reassuring to understand that we have powerful neurological systems in place that allow us to connect and share in the experience of someone else's death, as well as the systems to prevent our being overwhelmed. If we trust our implicit relational knowing, trust our solid core sense of self, trust that our boundaries are strong enough and our brakes are adequate, we may find it easier to approach this challenging intersubjective field. Most of all, if we believe that the connection is truly desirable then we can begin to help others and ourselves make our connections out of life as important as we make our connections in.

Perhaps Stern's "existential resistance against the impoverishment of lived experience" (2004, p. 144) strengthens over time, allowing us to regain at the end of life what was lost when experience was put into words.

References

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