PERSONAL TRANSFORMATION THROUGH AN ENCOUNTER WITH DEATH: CINEMATIC AND PSYCHOTHERAPY CASE STUDIES

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The psychotherapist is in a privileged position to learn about the most profound issues of human existence and to use that knowledge to help patients. Not all of the most important lessons we learn in our quest to help our patients come from scientific literature. One of the delights of being a psychotherapist is the opportunity to learn from art and philosophy, as well as our own patients. As students of film and as active clinicians, the authors have an unusual opportunity to contrast the incisive observations made by Akira Kurosawa in the film, *Ikiru*, and the psychotherapy of a remarkable patient. Many authors have noted the value of insights from psychotherapy in understanding art (Weimer, 1978). This paper will explore the similarities between the film experience of *Ikiru* and the last year of a man's life which was extensively documented in psychotherapy with one of the authors. Scholl (1984) has recently reviewed how the humanities have portrayed the theme of death in Western culture.

Both the patient and the chief protagonist of the film were articulate men faced at the peak of career with a fatal cancer. The character in the film, Mr. Watanabe, is shaken out of a life of meaningless complacency to create meaning ultimately through a series of actions he takes when faced with death. The patient, Mr. Lazarus, like Mr. Watanabe, was a successful middle management executive who met the challenge of his...
terminal diagnosis by dealing with a number of neglected life issues. Both men, with great latent strength and individuality, had allowed themselves to become inundated by the polluting trivia of everyday existence. Each found deeper meaning in their lives through transforming experiences which were both active and spiritual. The need to escape the trivia recalls the remarks of a colleague who (Rubin, 1979), when facing terminal leukemia at age 37, remarked that "It took this to make me set my priorities," and admonished, "Don't let it happen to you."

A CINEMATIC CASE STUDY

The hero of Kurosawa's 1952 film Ikiru is Kanji Watanabe, an elderly man who has worked more than twenty-five years in a city bureaucracy and who suddenly discovers that he has stomach cancer and only six months to live. Kurosawa describes his hero and the origin of the film as follows:

The hero of the film looks death in the face and for the first time realizes that his past life has been meaningless. Or rather, he realizes that he has not yet lived at all. And so he decides to live well in what little time he has left. I wanted to examine closely the tragedy born of this man's triviality.

Occasionally I think of my death... then I think, how could I ever bear to take a final breath, while living life like this, how could I leave it? There is, I feel, so much more for me to do—I keep feeling I have lived so little yet. Then I become thoughtful, but not sad. It was from such a feeling that Ikiru arose.

Donald Richie, the West's foremost interpreter of Kurosawa's work, evokes the great paradox in his initial comments on the film:

The story of a man who knows he is going to die, the film is a search for affirmation. The affirmation is found in the moral message of the film, which, in turn is contained in the title: Ikiru is the intransitive verb meaning "to live." This: is the affirmation: Existence is enough. But the art of simple existence is one of the most difficult to master. When one lives, one must live entirely—and that is the lesson learned by Kanji Watanabe (Richie, 1970).

Our first view of Watanabe shows a man completely identified with his persona as chief of the Citizens Section, busy behind a desk piled high with papers. The narrator comments, "This is the main character of our story, but he's not very interesting yet. He's just passing the time, wasting it, rather. It would be
difficult to say that he is really alive. . . . He is like a corpse and actually he has been dead for the past twenty-five years.”

Watanabe’s conscious suffering begins with his stomach pain and the shock of impending death as he realizes that he has the symptoms of a man dying of cancer. He returns home to find no solace in his alienated relationship with his married son. While seated in front of the Buddhist household shrine, he remembers past separations: the funeral of his wife and separations from his son due to illness and World War II. "He begins, for the first time in his life, to doubt; and to doubt means to feel, to begin to live. He doubts the office, doubts his twenty-five years of faithful service, and—most difficult of all—doubts his son” (Richie, 1970). The first intense feeling is fear; as he winds up his alarm clock before retiring, he shudders, drops the clock, and covers himself with the futon blanket. As he sobs we see a letter of commendation for years of government service. The juxtaposition of his crying against these symbols of conventional time underscores the extent of his despair.

Our hero next appears at a small drinking stall at night and dialogues with a writer of cheap novels. Watanabe explains his situation: "I'd thought of ending it all, but it's hard to die. And I can't die just yet. I don't know what I've been living for all these years." The writer after some reflection replies: "You know, you're very interesting .... I see that adversity has its virtues—man finds truth in misfortune .... Man is such a fool. It is always just when he is going to leave it that he discovers how beautiful life can be. . . . And even then, people who realize this are rare." Confronted by death, Watanabe begins a search for meaning in his life.

In a first false start he follows the writer into a carnival-like street scene. In the midst of this debauch Kurosawa inserts a touchstone scene of Watanabe singing softly and slowly this song:

Life is so short,
Fall in love, dear maiden,
While your lips are still red,
And before you are cold,
For there will be no tomorrow.
Life is so short,
Fall in love, dear maiden,
While your hair is still black,
And before your heart withers,
For today will not come again,

Richie describes the scene as follows:
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This is shown in full close-up and Watanabe is gazing straight into the camera, tears running down his cheeks as he sings this song he remembers from his youth and which now has such meaning for him. It is like gazing into a mirror, and rarely has feeling of empathy been so strongly evoked (Richie, 1970).

Here, the predominant mood is one of aware, a Japanese aesthetic term describing this ego state. At the end of the film, Watanabe will sing the same song, but the mood will be suffused with yugen, a mood of mystery and timelessness. His consciousness will have evolved from the ego level to the transpersonal.

Next, Watanabe decides to devote himself to another person—Toyo, a young naive girl from the office. They enjoy their outings together until their last one in a coffee shop where he confesses his illness and his failed wish to live through her: "Darkness is everywhere and there is nothing for me to hold onto, no matter how I try. There is only you." In this very stark scene, the existential issues of death, meaninglessness, isolation and freedom become very explicit for the audience: he will die, without meaning, isolated from other people and the world—what is he to do? Watanabe, unshaven and gaunt, speaks in a low monotonic voice of extreme despair while in the background "The Parade of the Wooden Soldiers" plays, underscoring the inevitability of his fate. The key issue is time; as Watanabe says, "It's too late," the music becomes louder. After twenty seconds he states simply, "No, it's not. It isn't impossible.... I can do something if I really want to!" In an instant, like a Satori experience, Watanabe has imagined and chosen to act on an idea which will bring meaning to his life.

Watanabe goes to his office and rescues a neglected proposal to build a children's playground. The narrator then announces, "Five months later our hero dies," as we see his picture on the funeral altar in his room. In the second half of the film, his colleagues at an all-night wake in his room recount in flashbacks their images of Watanabe's efforts to force the park plan through the bureaucracy; These reflections of Watanabe's last acts illustrate both his will to create something for the living and his acceptance of his own death.

An early scene shows Watanabe inspecting the vacant lot where the playground will be. By walking through the mud and rain in front of a woman holding an umbrella, he epitomizes what he had just said to a colleague, "It won't be difficult if you are determined." In another scene, gangsters intimidate him in city hall to give up the proposal by threatening him; he smiles back uncannily: death will not stand in his way.
The final scene shows him swinging slowly on a swing in the park he created, at night, singing the song "Life is Short" while snow is falling. Quiet violins accompany the visual images. He is alive and yet dies on the swing by morning. The style is that of yugen, mysterious and timeless. Instead of a nighttime despair, he sings the same song this night more slowly and with the hushed fervor of acceptance. Life and death co-mingle as the swing and Watanabe are one, moving like a pendulum; time has melded into timelessness. He has achieved a transpersonal level of consciousness.

A PSYCHOTHERAPY CASE STUDY

The patient was a 52 year-old married man, father of two, who had worked for many years as an executive in a turbulent industry. At the moment he first sought psychotherapy, he was at the top of his divisional achievement ladder and poised to assume a national vice-presidency in his company. The family had dealt for the past year or so with a malignancy in the newly married daughter. On the day that they received the first indication that treatment was successful, he received results of his routine yearly physical. There was a tumor in the right upper lung field, shown on subsequent biopsy to be an aggressive squamous cell carcinoma.

To state that the patient was devastated in these circumstances only begins a complicated, moving story. This patient was an extraordinary man. Not only was he a very effective manager, he was truly loved by his subordinates. Raconteur, joker, devoted family man and sensitive, introspective intellectual, he would have been a remarkably gratifying patient under any conditions. To see him under the pall of the black cancer cloud was to be privileged and deeply moved as a therapist.

Like Watanabe he sought a guide in his fear and found meaning in his resolve to handle some issues with determination. He was sophisticated enough to seek support and guidance in handling his stress and making terrible decisions about his own fate. As time went on, the therapist could only grow in admiration for this giant of a man brought low by a disease that angered him. Unlike anything in his life, this disease was something that "I can't see or understand." Just as his daughter seemed to be escaping, he was caught.

In order to understand this man and his situation, one must consider several general issues that emerged in therapy, common to so many people faced with such a threat. What is particularly important in this case, is that the patient was able
to articulate his issues, his needs, his pain in a way to make productive use of therapy time and illuminate some of these issues for other patients less able to express themselves, and perhaps shed light on Mr. Watanabe's struggles.

In the first place, faced with this impending threat, he was aware that he needed to resolve several old issues, in order to meet his new challenge. In this regard his mother and his boss represented the most important pieces of unfinished business. Further, like many high achievers, he had profound feelings of unworthiness which he often let drag him into depressive states which he felt he could ill afford now. Closely related were his struggles over dependency and counterdependency with family, co-workers and subordinates which got in the way of coping with his stress and even getting the most out of his relationships with his treatment team of medical specialists.

Faced with prolonged disability at best and probably premature demise he regretted a workaholic lifestyle that gave him virtually no friends outside the company for support and no interests to keep him stimulated if he were unable to play his beloved golf. Like Mr. Watanabe, he had allowed his job to define him, his existence. And like Mr. Watanabe, he now began to experience doubts about himself, his job and his relationships.

Before describing how this man adapted psychosocially to his unabating stress and threat of an early death, it seems useful to describe the course of his illness and its treatment. Predictably, the first response of this powerful executive to the unexpected diagnosis was protest and a demand to recheck the X-rays. Surely they must belong to someone else, mixed up in the radiology laboratory. As he was asymptomatic, his plight seemed even more unreal. His oncologist determined that his tumor was potentially sensitive only to radiation. The prognosis in any event was grim.

The medical experiences of the two men reflected the difference between the Japanese and American doctor-patient relationship. Where Mr. Watanabe met an unknown, impersonal doctor who gave only indirect information to which he responded passively, Mr. Lazarus received his diagnosis from his long-trusted, personal physician who gave him the diagnosis perhaps too directly, in fact grief-stricken himself, to which Mr. Lazarus responded with protests of possible errors in diagnosis or lab tests. His initial worries about the radiation treatment were legion. He worried about the lost time in the interval between the plan and the commencement of radiation. The actual start of treatment brought home the reality of his
situation so powerfully that he reported crying himself to sleep that night. While he worried about the effects of radiation sickness, he was most concerned about the calculation of radiation dosage. Did they calculate accurately? Would they err on the light side and give him less than his tolerance and maybe less than a curative dose? Ironically, he felt safer when actually receiving the radiation. Somebody was actually doing something. When the course of radiotherapy ended he became depressed again, feeling abandoned. No one was doing anything for him. More broadly, Kalish and Reynolds (1981) have recently researched how death-related phenomena and behavior can be understood in terms of socio-cultural and social psychological patterns of a group or community.

Early in his course he had a bout of chest pain, diagnosed as pleurisy that resolved without immediate sequelae. At the time he became frightened, equating the pain with the signal of impending doom. He reported increased sensitivity to any bodily sensation. He succumbed to a kind of hypochondriasis that he had always so despised in his mother. His experience with the pleurisy and his worries about pain and suffering when the cancer got worse, led him to start talking about suicide with a gun he had at home. When he actually became symptomatic and was clearly on the slippery slope of terminal cancer, he clung to life tenaciously and there was no further mention of suicide. In fact, at one point he was relieved and almost happy when his oncologist interpreted some of his symptoms as an extension of the tumor. The tumor had crossed the midline into a virgin radiological field and he could receive more radiation. He held onto that straw of hope, the relief that he could now receive more of the cancer-killing radiation.

Relationships with his team of doctors were strained at times. Although he never lost any faith in their clinical skills, he complained bitterly at times about their bedside skills. He felt his internist was too gloomy and frequently felt that none of them gave him sufficient information about his illness or their plans. At one point his oncologist reported some progress in that the tumor mass had shrunk in response to the radiation. Yet he was unsatisfied with himself and the doctor, the latter for not offering to show him the films and himself for not demanding to see them. This take-charge executive, indeed, found himself often being quite passive! dependent in relation to his doctors. He felt often powerless to change this, yet angry at himself for not insisting his needs be met.

When the reality of his predicament first sank in, he began to survey the array of stressors he faced; some, like the losses he feared, derived from the fact that he realized he was probably

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mortally ill. Others were longstanding issues, postponed or ignored, which gained in immediacy because of his sense of urgency; the most important were unresolved aspects of his relationship with his mother and daughter, and notably his love/hate relationship with his boss and mentor.

Therapists who work with families begin to think of the world as populated by troubled marriages. So the contrast was even more marked when meeting this man and his lovely partner of more than 32 years. It certainly heightened the poignancy of his sense of loss. The patient described his marriage as "made in heaven." Certainly there were differences between them but the mutual regard and supportiveness were striking, and yet there were signs of stagnancy in the marriage, too. By mutual consent the sexual relationship had ended years before. Perhaps inevitably, he still felt alone and hinted at a sense of alienation from her. She could not really accompany him on his quest for something more deeply meaningful in his life. So like Watanabe (even with an enviable family life), he was not comforted in the bosom of the family.

In fact there was another transitional loss as he tried to delegate more of his workload to hand-picked successors. He saw a role for himself intellectually as the conscience of the company, a thinker who could imbue subordinates with creativity and motivation, as well as temper the occasional irrationality of his boss. Yet he was a take-charge person whose identity was too tied up with operational exercise of power. He couldn't transition from king to philosopher, and experienced the delegation of power as another painful loss. Like Watanabe, he created meaning through action and achievement in the workplace.

The patient's relationship with his mother deserves special attention. She featured in every list of stressors he itemized at every stage of his illness. He made it a goal of therapy to "dislike her less." He could only see interactions with his mother as a burden. When he first got sick, she predictably saw in it only tragedy for herself, seemingly oblivious to his disaster. He reported that she carried on histrionically on the phone which he found distressing to hear. She was demanding and critical, forever undermining his self-esteem because he could never satisfy her. Yet he felt guilty when he didn't call her.

His conflicted relationship with a demanding, controlling, hypochondriacal mother ceaselessly intruded on his life. Often her demands would drain him and take energy away from his existential struggle with his death and its meaning. With the therapist's help he was finally able to abstract himself from a
juvenile relationship with her, setting limits and delegating responsibility legitimately to a social services agency when he was unable to cope.

His boss had served as his major mentor for many years. He had begun as a professional in the company in a staff job. The boss had seen leadership and management potential and drafted him for his first managerial responsibility. He took to it like a duck to water and was forever grateful for this inspired guess on the boss's part. Unfortunately, the boss had several characteristics that made him a difficult CEO. In the first place he was very controlling. It took the patient some years to see through the sham about wanting his subordinates to be strong independent managers. In fact, as he matured in positions of increasing responsibility, he bumped up against the control­lingness. He saw this characteristic stifling his creativity and that of some of his peers. It made him chronically angry.

The issues of dependency and counter dependency loomed large as well. When he first sought therapy he remarked that he had felt tired for a year or more before his diagnosis-having so many people dependent on him. His parents were dependent for all their business needs. His mother typically sent him some IRS forms in the mail with a pencilled note that said only, "handle it!" Only the fact of his cancer now allowed him to refuse such imperious and often unnecessary demands. He experienced his refusal, his use of the secondary gain of illness as both delicious and frightening at the time. It is interesting to note that Mr. Watanabe too begins to disengage from work for the first time when he becomes aware of his condition.

With his wife and children, he too was controlling. He saw it, he decried it and still he did it. He interfered with his son's choice of dating partners. He criticized his son-in-law and withheld approval from his daughter. In a poignant family meeting held at the therapist's suggestion, these issues all surfaced in an articulate sensitive group of people. His son confirmed the issue of the family's dependency on "Dad" when he described him as "the moral center of the family." The therapy aided him in seeing his masochism in assuming burdens, which mirrored his own struggle with his controlling mentor and his controlling mother.

The initial impact of this recognition of the burdens he assumed had, for him, frightening implications in his struggle with cancer. In his worn-out state, with family and work subordinates all dependent on him, he feared that he would give in to the cancer, lose his will to live as a quasisuicidal act. It is fascinating to note that suicidal themes appear early for both
men but dissipate and do not return. He feared he would give in to unburden himself.

His profound sense of unworthiness, easily understood from his descriptions of his relationship with his mother, led to a frequent tendency to flagellate himself verbally. Early in his disease, he picked up the concept of the cancer-prone personality and used it to put himself down. His wife, in her desperation, constantly acted like a cheerleader. She recognized his spiritual exhaustion and read it as giving up. She sought to keep him positive, probably overdid it some, and he faulted himself incessantly for not being positive enough. He frequently made statements to the therapist overtly or covertly asking for reassurance and validation. In any disagreement with his boss from the time of his diagnosis, particularly, he took it to be a sign of his decline. One disagreement some six months after his diagnosis left him feeling devalued. The boss "didn't listen" and he began ruminating then about early retirement, sick leave, and total disability.

In states of uncertainty he invariably reached premature negative conclusions about himself. His executive ego struggled with these feelings, holding them usually in check. However, he reported the worst times at night. Just before he drifted off to sleep he felt alone, anxious and terribly unworthy. It was the first onset of cough that marked his only ruminations of suicide. He admitted that he had been idling in his job for some time before his diagnosis and now his gloom only reinforced his sense of stagnation. Moreover, he did not have the expectation of responding to the call from headquarters to move up to the long expected role as heir apparent. Recall Mr. Watanabe who also experienced the worst times at night, at bedtime also the fleeting thoughts of suicide and sobbing himself to sleep.

There were moments of triumph as well. One evening during a meeting of his visualization group, several couples had dinner together and attended a demonstration of firewalking. He stood fascinated in front of the burning coals. At that moment he was at his highest peak of optimism about all the support he was getting in combating his disease. He took off his shoes, the only person in his group, and walked barefoot over the bed of hot coals. He felt at the time that it had been one of the most exhilarating spiritual events of his life. He truly felt transformed. (Recall Mr. Watanabe who said you can do it if you're determined.) He spoke often on other occasions about the firewalking experience as if he had been initiated into a profound cosmic mystery, a member of a small and special group. In his optimism he took it as a sign of hope. When he saw his imminent death, he had a sense of completion of a
spiritual evolution. It became for him as if death were no longer a threat but rather another event in his transformation. Whatever the validity of his sense of this transformation, it clearly offered comfort at critical times.

On a more mundane level, before his energy waned, he was on his beloved golf course and scored a double eagle. The rarity of such an event gave him a feeling at the time of rare privilege, as if compensated in rarity and quality of life experience for the loss of quantity. He remarked on the years of sameness when he had been just living in contrast to the intensity of special events during his period of heightened awareness. These events occurred close to each other in time and he was elated for weeks. Even as his physical health deteriorated, the memory of these triumphs somehow sustained his morale.

How does one measure the value of therapy to a man who lived one year from the diagnosis of squamous cell carcinoma? He attended psychotherapy faithfully and certainly gratified some of his dependency needs. There were clearly moments when he came in distraught over some decision to be made or some interaction with his mother to be faced, and walked out of the office in control. Many times, he reported the usefulness of his ‘work in therapy as he mastered the old issues which he had painfully avoided or merely suffered in silence.

The patient’s fundamental goal in therapy, as noted above, was to reduce hassle and rid himself of as much of life’s unnecessary trivia as possible and enjoy his symptom-free period to the utmost. The therapist’s best friend also died prematurely after a struggle with cancer. He too spoke of finally being able to separate the chaff from the wheat in life, only with the sword of Damocles over his head. The patient deeply appreciated this shared anecdote. The therapist’s friend offered that insight in the sadness that he could only do it himself when already condemned to die.

The short time available for this therapy did not allow for much leisurely analysis and interpretation. An overarching function was clearly the relationship, the acceptance, the mutual delight of therapist and patient in a funny story well told, the freedom of the patient to ventilate without fear of criticism or shame. Specific interventions fell into two major categories: 1) consultation on interpersonal stresses, mostly within the family, and 2) support of mature ego defenses in internal adjustments and decision making.

One intervention does not fit the usual psychotherapy categories, and underlines the value of the physician therapist. At
one point in the later stages of treatment, the patient was treated by his internist for nausea with low doses of Compazine. The patient complained to the therapist of a feeling of restlessness and internal disquiet that the patient interpreted as impending doom. The therapist made a diagnosis of akathisia, instructed the patient to discontinue the Compazine and start a brief course of anticholinergic medication, with dramatic relief.

In interpersonal interactions in which the therapist took a directive, advisory role, the relationship with mother stood out. The patient had never been able to set limits with mother, in fact, had never considered the possibility. When it was pointed out to him that he was playing a game in two hands with her and could shift the rules to an adult-to-adult interaction, remarkable things happened. The patient could readily anticipate mother's emotional maneuvers and the therapist rehearsed what blocking maneuvers the patient could take to force the interaction onto a rational, non-destructive plane and it worked elegantly in the hands of this high functioning man. Another device that worked well in a man who tended to carry too much of the water for himself was to enlist his wife as a supportive partner in confronting mother. By preventing mother from splitting them, they were able to manage meetings with her very productively.

With his wife and children, there were similar interactions that he brought on that left him distraught. One family meeting including wife, two children and son-in-law covered several key issues that lowered the stress level in the entire family, promoted healthy communication among the members about previously taboo topics, and gave the therapist invaluable information about the people in the patient's life. For example, part of his continuing criticism of his daughter, and the resultant tension between them related to his disdain for his son-in-law. His opinion, when held up to the light of reality in the meeting, was found to be full of what Sullivan used to call parataxic distortions, The young man was articulate, sensitive, caring and had a softspoken yet acerbic sense of humor. He also understood the family dynamics well and was a helpful commentator, The patient's distortions rested largely on his inflated expectations for his daughter in terms of her professional achievement and (to the patient) the limited professional achievement of her husband.

In his grief and fear, his defenses became shaky at times. He was aware that desperation would make for poor decisions in crucial areas. He used the therapy time very appropriately to verbalize his fears and explore options rationally, On one
occasion he became quite depressed over the ending of his first course of radiation therapy. Clarifying that his immune system had a major role in the fight with the cancer cells, and would indeed continue working albeit invisibly after the radiation stopped, and even perhaps better without the radiation, helped his spirits and calmed his agitation. His sense of humor never failed him and he commented in different ways on many occasions that "It helps to talk and laugh about it all." He responded best when the therapist could offer an interpretation or observation with a humorous twist.

On one occasion a deeper interpretation was quite effective. When he made the final decision to turn down the offered promotion, he did not experience relief, but rather became quite depressed. Further probing revealed that he had unconsciously entwined the promotion with living on. His job was his life in primary process. Separating the two allowed him to mourn the job and maintain some hopefulness about life when that was still appropriate in his course of cancer treatment.

Several themes appear in the film that echo issues in the live psychotherapy:

1. Obviously, the transformation of consciousness and behavior of human beings when they become aware of their impending death. This outcome can be viewed more traditionally as an example of successfully coping with serious illness (Weisman, 1979; Ahmed, 1981; and Rosenbaum, 1982).

2. The family issues that had been left untouched for years come to the fore only when resolution must take place. Mr. Watanabe is alienated from his son, for whom he has sacrificed so much, and must find his meaning in a work setting. Mr. Lazarus had been tapped for higher office in his company, to become heir apparent to the national company president. His recognition and acclaim were poignantly demonstrated at the company-sponsored funeral service. He chose instead to scale the mountain of his internal trivialization and the need to resolve family tensions.

3. The role of outside guide sought by each man, the Mephistophelian writer and Gretchen-like woman for Mr. Watanabe and the therapist for Lazarus (forgive the Faustian imagery, a mixed metaphor but also in the theme).

4. The attempt by the organization to co-opt the significance of each man's life after his death. The patient's funeral service was totally dominated by his company, as the higher officials in Ikiru attempted.
5. Both men had experiences that transformed them spiritually and seemed to fortify them as well as signal that they had crossed a transpersonal threshold. Mr. Watanabe sits on a swing in the park he created, swinging quietly in the winter, oblivious to the physical world and its discomforts. Mr. Lazarus literally walks on hot coals after an inspiring group guided-imagery session.

6. Loneliness is a theme that jumps out at the viewer of *Ikiru*, and Mr. Watanabe seems hungry for contact when he "wakes up." Mr. Lazarus' situation is more subtle. He is in a marriage of 30 years with a supportive, loving wife. And yet there is a human sense of aloneness (symbolized by the absence of sex for several years "by mutual consent"). Mr. Lazarus lies quietly in bed at night, alone in the dark, sobbing to himself next to his sleeping wife. He is cut off emotionally from his daughter who can't please him and his son who doesn't live his life as father planned. His parents are a burden.

7. Both men encounter problems in family relationships, and when first encountered are pouring their energy into work. Mr. Watanabe recoils from his son's indifference and greed and eventually transforms his role at work into a meaningful task by fighting the deadening inertial forces of the Tokyo bureaucracy. He plunges himself into the park project and draws power from community service. Mr. Lazarus, early in his last year, oversees the completion of a major company project; moreover, he moves quickly beyond that, as a man of our times, and sets goals in terms of family relationships and internal growth which he fulfills.

8. Both men are celebrated by an outpouring of emotion by colleagues at the memorial service that could evidently not happen during life. In each case the family moves to the periphery.

The therapist has elements of both director and audience. His skill and judgment guide his moves in drawing the patient's awareness to themes with emotional importance. As audience he is privileged to hear a story, watch the protagonist and see the impact of his interventions. In working specifically with a cancer patient, certain key elements are common to the work with all such patients. The special properties of this case and the relationship with Mr. Lazarus represent the rare circumstances that transform the privileged experience of the healer into a spiritual experience of another kind that is even rarer in the therapist's career.
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