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AN EXISTENTIAL-PHENOMENOLOGICAL EXPLICATION OF THE
OLDER PERSON'S PERCEPTION OF ANTICIPATED DEATH.

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Man who is born of woman,

Is short-lived and full of turmoil.

Like a flower he comes forth and withers.

He also flees like a shadow and does not remain.

(Job 14: 1,2).

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ABSTRACT

This study attempts to explore, both theoretically and empirically, death anxiety across the lifespan in Western society. Six elderly women between the ages of 75 and 90 years were interviewed about their current perceptions and attitudes toward their anticipated deaths, and to what extent these perceptions may have altered over the course of the life cycle. It was hypothesized that an acceptance of religion and a belief in an afterlife existence; a sense of having experienced death before, in seeing loved ones die; and a feeling of having lived a meaningful life through the reminiscence of past events would all facilitate an older person's acceptance of anticipated death. An existential-phenomenological explication of the protocols revealed that: religion need not necessarily play a major role in this regard; both the life reminiscence process and having experienced death before in seeing loved ones die facilitated acceptance of death; older persons are prepared for death in the sense of experiencing a feeling that their life cycles have been completed; although death may not be feared, many fears of dying are prevalent. It was thus concluded from this study that, although death is not a major preoccupation of the older person, it does still play a significant role in the lives of the elderly in that being aware of impending death allows the older person to regulate her life according to 'time-left-to-live'.

CONTENTS

	page
ACKNOWLEDGEMENTS	(i)
ABSTRACT	(ii)
INTRODUCTION	1
<u>CHAPTER ONE: THE MEANING OF DEATH AND DYING</u>	
1.1) DEATH CONCEPTIONS	4
1.1.1) Death as an Event	4
1.1.2) Death as a State	5
1.1.3) Death as a Purpose	6
1.1.4) Death as an Ideal, Hope, or Wish	7
1.2) PHILOSOPHICAL AND PSYCHOLOGICAL PERSPECTIVES	
ON DEATH	8
1.2.1) Socrates and Plato	8
1.2.2) Aristotle	11
1.2.3) Heidegger	11
1.2.4) Sartre	13
1.2.5) Kcestenbaum	14
1.2.6) Frankl	14
1.3) RELIGIOUS PERSPECTIVES ON DEATH	17
1.3.1) Christianity	17
1.3.2) Hinduism	18
1.3.3) Buddhism	20
1.4) THE CONCEPT OF THE AFTERLIFE	22
1.5) STAGES OF DYING	27

CHAPTER TWO: WESTERN SOCIETY AND DEATH

2.1) AN HISTORICAL OUTLINE OF THE ROLE OF TECHNOLOGY IN SHAPING DEATH ATTITUDES IN WESTERN SOCIETY	35
2.1.1) The Domestication and Sentimentalization of Death: Mid-eighteenth to Mid-nineteenth Centuries	35
2.1.2) The Denial of Death from the Nineteenth Century Onwards	37
2.2) WESTERN RESPONSES TO DEATH AND DYING	46
2.2.1) Fears of Death	46
2.2.2) The Denial of Death	52

CHAPTER THREE: A DEVELOPMENTAL UNDERSTANDING OF

DEATH AND DYING

3.1) HUMAN DEVELOPMENT	60
3.2) CHILDHOOD AND DEATH	62
3.3) ADOLESCENCE AND DEATH	69
3.4) YOUNG ADULTHOOD AND DEATH	75
3.5) MIDDLE AGE AND DEATH	76
3.6) OLD AGE AND DEATH	81

CHAPTER FOUR: METHODOLOGY

4.1) EXISTENTIAL-PHENOMENOLOGY	91
4.2) COLLECTION OF DATA	93
4.3) METHOD OF EXPLICATION	94

CHAPTER FIVE: ANALYSIS OF DATA

5.1) SUBJECT 1	
5.1.1) Raw Protocol	98
5.1.2) Analysis into Natural Meaning Units and Relevatory Psychological Language	100
5.1.3) Analysis into Essential Themes	105
5.1.4) Situated Structure of Subject 1's Perception of Anticipated Death	106
5.2) SUBJECT 2	
5.2.1) Raw Protocol	108
5.2.2) Analysis into Natural Meaning Units and Relevatory Psychological Language	111
5.2.3) Analysis into Essential themes	119
5.2.4) Situated Structure of Subject 2's Perception of Anticipated Death	121
5.3) SUBJECT 3	
5.3.4) Situated Structure of Subject 3's Perception of Anticipated Death	123
5.4) SUBJECT 4	
5.4.4) Situated Structure of Subject 4's Perception of Anticipated Death	124
5.5) SUBJECT 5	
5.5.4) Situated Structure of Subject 5's Perception of Anticipated Death	126
5.6) SUBJECT 6	
5.6.4) Situated Structure of Subject 6's Perception of Anticipated Death	128

5.7) GENERAL STRUCTURE OF AN OLDER PERSON'S
PERCEPTION OF ANTICIPATED DEATH 130

CHAPTER SIX: DISCUSSION OF RESULTS AND CONCLUSION

6.1) DISCUSSION 133
6.2) SUMMARY 140

APPENDIX

5.3) SUBJECT 3
5.3.1) Raw Protocol 144
5.3.2) Analysis into Natural Meaning Units
and Relevatory Psychological Language 146
5.3.3) Analysis into Essential Themes 151
5.4) SUBJECT 4
5.4.1) Raw Protocol 153
5.4.2) Analysis into Natural Meaning Units
and Relevatory Psychological Language 156
5.4.3) Analysis into Essential Themes 164
5.5) SUBJECT 5
5.5.1) Raw Protocol 166
5.5.2) Analysis into Natural Meaning Units
and Relevatory Psychological Language 168
5.5.3) Analysis into Essential Themes 175
5.6) SUBJECT 6
5.6.1) Raw Protocol 177
5.6.2) Analysis into Natural Meaning Units
and Relevatory Psychological Language 180

5.6.3) Analysis into Essential Themes	188
REFERENCES	(i)

Thanatology (from 'Thanatos', the mythological Greek god of death) is the study of death and dying. Although a relatively new topic of study in Western society, this largely uncharted territory has a rich history and ancient landmarks. Death and its inevitability has always preoccupied man. In earlier times, it was possible to transcend the fear of death through the socially reinforced belief in an afterlife. With the rise of science and rationalism, however, this belief has weakened and death has become to a large extent a taboo subject (Oberg, 1980). Modern man, in an attempt to control death, has developed indirect means of coping with it: death has been postponed via technological means; it has been removed from the home to the institution; it has been veiled by the use of obfuscating language, by rationalizing it away or else denying its very existence. Hence occurs a paradox of an almost universal recourse to irrational methods in the handling of death anxiety, in an age and among people who have an otherwise invincible belief in science and the scientific method (Wahl, 1959). A consequence of man's attempt to control death and to achieve increased longevity through improved control over his body and its functions is that loneliness and anxiety have intensified (Oberg, 1980).

It is in the above context that this study will attempt to look at the meaning of death anxiety in Western society and the manner in which it is dealt with. The first part of this study will involve a broad outline of the meaning of death, beginning with a review of death conceptions as outlined by Charmaz (1980) and Kastenbaum (1977). Various philosophical and psychological perspectives on death will also

be focused on, with specific reference to the existential theme as outlined by Heidegger (1956), Kcestenbaur (1976), and Frankl (1982). Religious perspectives on death - both Western and Eastern - will be stressed, as well as the concept of a possible afterlife. The meaning of dying per se will also be focused on by critically outlining the concept of a stage theory of dying.

The second part of this study will focus specifically on the meaning of death in Western society, examining the underlying social and technological causal factors of this death-denying attitude. Typical Western responses to death and dying - specifically, fears of death and denial - will also be focused on.

Having outlined the literature review on the meaning of death and on the general attitudes and responses to death and dying in Western society, a developmental approach to death and dying throughout the course of the life cycle will be explored, focusing specifically on the developmental stages of childhood, adolescence, young adulthood, middle age, and old age, and highlighting significant differences in each stage of life. A developmental theme is particularly important in attempting to understand death as throughout history death has been a distinct possibility of all age groups and has commonly occurred at any point in the life cycle.

Since it is not enough to just intellectualize about death and dying, a phenomenological research project will be undertaken in order to explore death perceptions and fears, as well as coping mechanisms,

amongst the aged. The aim of this study will thus be to evaluate the levels of death acceptance or denial amongst older persons, and attempt to assess why this is so. The results of this study will be integrated with the results of the quantitative research cited in the literature review in order to give an overall perspective on the meaning of death for the older person.

CHAPTER ONE THE MEANING OF DEATH AND DYING

1.1) DEATH CONCEPTIONS

Charmaz (1980) and Kastenbaum (1977) describe major themes and patterns which may emerge in an attempt to understand the meaning of death in Western society. For them, death may be categorized as an event, or a state, or it may be related to purposes, or hopes and ideals.

1.1.1) Death as an Event:

Views of death as an event encompass divergent meanings about the nature and character of that event and what, if anything, follows it. Although the term 'event' signifies the cessation of biological life, it is commonly held that this event occurs in a specific point in time, and may be viewed as a complete ending of the person. As one person commented, "Death signifies an ending, going away, leaving, departing, not particularly to anything but from a life, friends, family, experiences" (cited in Charmaz, 1980, p.68). Even those who view death as the end have different themes and concerns, for example, a quasi-scientific theme is shown by lay persons who use almost clinical descriptions of death without indicating subjective concerns. Or, while some may view death only in relation to the dying process, as a release, others may view it in largely personal terms as failure (to be able to survive) or loss of self-control (ibid). Kastenbaum (1977) distinguishes between an active and a passive characterization of the death event. "Death strikes!" (p.8) is an example of an active characterization, whereby the event is endowed with a force of its own. By implication, death has attacked its victim in an aggressive manner.

It is not only an event, but an intrusive event, an act of malignant intention aimed at us by outside forces. The death event can also be seen as having an internal source and a more passive quality. Kastenbaum (1977, p.8) gives an example: "He passed away to his final reward". Here, the individual him/herself is in motion. When characterized this way, the death event does not arouse the image of an external act of aggression, but rather, it is regarded as the culmination of a process that somehow belongs to the individual him/herself. A combination of both passive and aggressive features in the death event would involve a person who raises his/her hand against him/herself in a suicidal act, for example, death is made to happen through an internal, that is, self-motivated and aggressive route (ibid). Kastenbaum further mentions circumstances in which the death event is regarded as being an interaction. For example, "He met his death on the lonely, windswept highlands" (p.8). Here, life and death meet each other halfway. It is neither an invasion, nor an internal cessation, but rather, an event in which the person interacts with his/her environment for the last time.

1.1.2) Death as a State:

While death as an event tends to refer to a point in time, death as a state emphasizes infinite time. Those who assume continued existence propose that death is a state of being, that it is essentially the continuation of life as usual, with both individual personality and the hazards of existence persisting (Kastenbaum, 1977). On the other hand, the state may also be regarded as a higher plane of existence or consciousness, in which the human spirit is capable of perpetual

development towards the achievement of self-actualization. Thus, the underlying assumption with death as a state is that something occurs, but that one may still experience it since it is seen as a form of life.

1.1.3) Death as a Purpose:

The next type of death conception may be broadly viewed in terms of purposes, stressing both the effects of dying and what it presumably accomplishes. Depending upon an individual's proclivities and concerns, the effects of death may be seen as peace, reward, unification, loss of others, personal loss, or a loss of persona. Other consequences of death are thought to be an elevation or reduction of status, a return to God, nature, or deceased kin (Charmaz, 1980). Purposes attributed to death may also be likened to something inorganic and unresponsive. Kastenbaum (1977) mentions as an example of such an analogy, the machine. "The motor has died" (p.23) tells us that the machine no longer works. Thus, we age, and we see our machines wear out. We see death, and we see machines abandoned and scrapped. Sleep is used as a natural, more gentle way of speaking about the death state. Altered states of consciousness occurring in sleep or resembling sleep have also been taken as analogies to death. A person may dream that he/she is dead or actually experience while lying in a not quite conscious state the sense of being frozen, immobilized, or powerless to act. Furthermore, drug-and-alcohol-induced states of mind are sometimes likened to death, either as joyful or a terrifying trip (ibid). Death may also take on the shape and characteristics of a living creature, such that death may be viewed as the great destroyer, the grim reaper, the gay deceiver, or the comforter (Charmaz, 1980).

These personifications are external forces who take the dying person, often after an entangled relationship. While the image of the grim reaper suggests a hostile confrontation with death, the image of the gay deceiver implies that the dying are lured through chicanery. The comforter image, on the other hand, connotes a peaceful departure into death (ibid). In this way then, death is regarded as being part of a natural order or cycle that can be perceived in the images that the world presents of it.

1.1.4) Death as an Ideal, Hope or Wish:

The last category of death conceptions is based on ideals, hopes and wishes, that is, what individuals think death should be. Though many of the above views purport to describe what death is, these views often reveal what their possessors hope or wish it to be. According to Charmaz (1980), demarcations between death and dying become blurred when we look into the realm of ideas, hopes, and wishes in everyday conceptions of death. The conception of the 'natural' death typifies this. An idealized conception of a natural death is an easy death without pain, lingering, or undue inconvenience to self or others. Moreover, death is typically assumed to occur at the 'correct' time, old age. But a paradox occurs here, for in order to have such a death, one must preserve oneself until the proper time comes to die 'naturally'. That means that one must seek medical care, at least in the interim before death. And ultimately, people do not die naturally. Rather, they die of something. As long as they have some medical problem, they are likely to remain under the purview of medical specialists, who are apt to be in full control when decisions about

handling death occur. Thus, Illich (cited in Charmaz, 1980) argues that although the dominant image of death is a natural death, in actuality, many people experience a prolonged clinical death construed by the institution of medicine.

To this extent then, it is evident that whatever particular death conception is articulated, 'appropriate' attitudes and actions will follow from it. Furthermore, death concepts shift and change, both historically and over the course of the life cycle, as will be illustrated further on.

1.2) PHILOSOPHICAL AND PSYCHOLOGICAL PERSPECTIVES ON DEATH

Various philosophical and psychological perspectives have also been offered in an attempt to understand the meaning of death.

1.2.1) Socrates and Plato:

From a philosophical perspective, Socrates (470-399 B.C.) stressed the distinction between the soul and the body. He believed that the body could not affect the soul, but that it was possible for the soul to move the body (Carse, 1980). Thus, he referred to death as a freeing and separation of the soul from the body, this release of the soul being the necessary precondition for its journey into another world (Hardt, 1979). He further suggested that no philosopher is afraid of death, and that a true philosopher actually desires death. He followed the logic that, since truth is the main goal of the philosopher and it can be obtained only by the soul, the body is a hinderance in this search for truth. Furthermore, the body is dependent upon all the

senses, which manifest themselves through pain and pleasure and can only interfere with the soul's search. Hence, only in death is the soul free from these senses and capable of finding truth (ibid). The pursuit of truth is, then, an inward pursuit as it is a search for something that is already possessed by man. Philosophical life is thus a long and deliberate exercise of disentangling the soul from the body. The reason that this is a preparation for death is that only the body is capable of death; the soul, properly purified, will be untouched by the body's passing. It (the soul) will now have a direct vision of the truth without any possible contamination of the body. Socrates (cited in Carse, 1980, p.15) thus states that, "we are in fact convinced that if we are ever to have pure knowledge of anything, we must get rid of the body and contemplate things by themselves with the soul by itself".

We are also made aware of Socratic philosophy through the works of one of his disciples, Plato. Plato (427-347 B.C.), as with Socrates, saw death as a release of the soul from the body. The soul is not destroyed, however, but achieves immortality. Thus, the mortal body dies, while the immortal divine soul, in its desire to be free from fears, passions, and other evils of human existence, transcends these physical pleasures after death (ibid). This notion of the immortality of the soul represented a new outlook on Greek philosophy, for prior to this, Greek belief held that the soul was a kind of breath or vapour which animated the body, but in turn was dependent upon the body for efficacy. At death, the body perished and the soul, left as it were homeless, slipped out ("like smoke", as Homer described it) into a pale and shadowy existence without mind or strength, both of which were

given to it as a result of its investiture in bodily organs (cited in Guthrie, 1962, p.94). Plato also had much to say about the reality of an afterlife, mentioning how the soul, which has been separated from its body, may meet and converse with the departed spirits of others, and may be guided through the transition from physical life to the next realm by guardian spirits. He also mentions how some might expect to be met at the time of their deaths by a boat which takes them across a body of water to "the other shore" of their after-death existence (cited in Moody, 1975, p.117).

Thus, both Socrates and Plato asserted that the soul was far more important than the body, and that bodily death, rather than being an evil, is instead a renewal of true life. The body is compared to a prison and a tomb from which the soul longs to be released. Philosophy is, in the words of Platonic Socrates, a "preparation for death", in that its business is to fit the soul to stay permanently in the world of ideas (with which it had converse before its life on earth), instead of being condemned to return once more to the limits of a mortal frame (cited in Guthrie, 1962, p.96). This view of the soul's nature as the ultimate explanation of the possibility of knowledge permeates the whole of the 'Phaedrus' - a dialogue written by Plato in which Socrates is living his last day and discusses death with his friends. In the 'Phaedrus', much detail is also given about the immortality of the soul, and Socrates states that, "Every soul is immortal. For that which is ever moving [that is, the soul] is immortal; but that which moves something else or is moved by something else [that is, the body], when it ceases to move, ceases to live and since it [the soul] is ungenerated, it must be indestructible"

(cited in Flew, 1964, p.67).

1.2.2) Aristotle:

Aristotle (384-322 B.C.) differed from Socrates and Plato in that he saw the soul as being inseparable from the body (Flew, 1964). He did, however, mention the intellect (or reason) which, unlike the rest of the soul, is not involved in the body and exists independently of the body. Thus, for Aristotle, the death of man is the end of everything except his reason, where reason is identified as something that is learnt by every man, is always with him, and hence, does not die (Hardt, 1979).

1.2.3.) Heidegger:

The German existentialist, Martin Heidegger (1889-1976) produced a philosophy of death which was opposed to that of Socrates and Plato in that, rather than viewing death as an escape of the soul from the body, he perceived it instead in existential terms as the problem of finding meaning in one's life. Death then, is not an event which ends life, but rather, it is a part of life since it is always present and does not occur solely at the end of physical existence. Heidegger states that Dasein (man as a being-in-the-world) is defined in terms of possibilities, and death is said to be Dasein's "extreme possibility" and the "limits of Dasein's possibilities" (cited in Soloman, 1972, p.226). It is also a possibility which reveals itself as a necessity. Heidegger (cited in Langan, 1959, p.32) states, "And when I grasp fully the prospect of death, do I not put into prospect my very possibility to be?" Thus, for Heidegger, death is not something that lies in the

future. Death exists in the here-and-now, permeating all of life. For Heidegger then, Dasein as a 'being-ahead-of-itself', is dying as long as he lives. Death is the one certain possibility of all men, with respect to which men have no choice. It is what makes Dasein's temporality finite, for Dasein's possibilities are limited by his death. Dasein, then, may be regarded as a 'being-unto-death'. Heidegger (1956, p68) states that, "the first step taken to envisage, grasp and define ontologically, that is, existentialistically, Dasein as a 'whole' is the analysis not of 'death' as such, but of the 'Being-towards-one's-own-death' (Sein-Zum-Tode)". Thus, it is death which makes authenticity possible, where authenticity means facing and enduring death as one's own possibility. This occurs because death limits Dasein's possibilities by limiting time. If Dasein had infinite possibilities (or pretended he did), he would probably always procrastinate. With the knowledge of death and the finitude of time, however, life becomes more urgent and time more meaningful. He states that, "it is only when I come to realize that my every moment and my every act share the same fate, all destined to the same all-dissolving end, all capable of being swept up and fixed in the complete picture of a terminated existence, that the reality of my finite destiny reveals the meaning of the moment" (cited in Langan, 1959, p.32). Heidegger realises that there are ways of obscuring the certainty of death, for example, due to its indefinable character as to when it will occur. However, "the authentic 'Being-towards-death' will not evade its own innermost and irrelative potentiality nor obscure or conceal it" (Heidegger, 1956, p.74). Rather, "it will 'understand' the Being-towards-death as a Being concerned with a 'potentiality' and in fact an eminent potentiality of Dasein" (ibid). For Heidegger then,

death becomes a goal rather than a threat, making life more urgent. Furthermore, in Heidegger's work, anxiety is seen in a positive light in the sense that it makes people aware of the estrangement with Being (what it means to 'be'). Thus, for Heidegger, the emphasis is on the inevitability and possibility of one's mortality and, then, the possibility of living and dying authentically.

1.2.4) Sartre:

Sartre (1905-1980) deviates from Heidegger's conception of Dasein as a 'being-unto-death'. Although acknowledging the importance of death, he denies its value as a goal in living, stating that "it is not true that death gives to life a definite meaning: it is the end of all meanings for me" (cited in Salvan, 1962, p.120). He further states, "Death haunts me at the very heart of each of my projects as their inevitable reverse side" (cited in Soloman, 1972, p.278). He disagrees with Heidegger's notion of the issue of death as individualizing the human being, and thus, that man's whole life should be oriented towards death. Instead, Sartre states that, rather than being a possibility, death is a negation of man's possibilities. It is a situation that ultimately must be confronted by each individual, and thus, man has no control over his own death. For Sartre then, death is not what gives meaning to life; rather, it is what takes away from life any meaning. For him, the meaning of life is that it has a future; it is a looking forward, a waiting for that which is to come. Life is therefore a kind of waiting, a 'not yet', in contrast to which death is an 'all done' (Carse, 1980). For Sartre then, death is not "my possibility but ... the possibility that there are for me no longer any possibilities"

(cited in Soloman, 1972, p.278).

1.2.5) Koestenbaum:

Themes that are discernable in Sartre's, and especially Heidegger's work, appear in Koestenbaum's analysis of death. Koestenbaum (1976) also stresses that it is this certainty about our eventual death and that of all other human beings that is the key to understanding our human nature. He states that death (our own and others) explains what it means to be human (searching for meaning, immortality, freedom, love, and individuality). Anticipation of death thus reveals to us who we are. It is an intellectual revelation in that death helps us define human nature. But it is also an experiential understanding, in that death puts us in touch with our deepest feelings - anxieties, hopes, needs, and opportunities - as existent human beings. He explains that this can lead to an extraordinary relaxation of anxiety, a major release of living and creative energy, and a surge of freedom. Furthermore, facing one's own death will force one to see one's life in a totality, and that includes one's future, one's present, and that part of one's life which is already past. Many people, however, think of death as unreal, as something they should postpone thinking about. As a result, they are incapable of experiencing their lives as a whole, of formulating any total life plan, and this results in inauthentic living.

1.2.6) Frankl:

Victor Frankl's logotherapy is also a useful and related application of the vitality of death, leading to the integration of the phenomenon of death into the dynamics of human living. Frankl's theory is that human

beings are not driven by sex, aggression, or compensation, but by a search for meaning. He believes that people want to find meaning, and when they do, they find a measure of fulfillment. Confronting one's own death allows one to gain this feeling of meaning, substance, and worth (cited in Koestenbaum, 1976). Thus, for Frankl, death is the source of human fulfillment in living; it is not the cause of any existential vacuum. By focusing on the question of meaning, logotherapy helps one to meet the existential facts of death, thus preventing the neurotic denial of them. Besides dealing with the relationship between death and the meaning of life, logotherapy also focuses on the ontological understanding of temporality. For Frankl, belief in the immortality of human life allows for the attitude of procrastination; it would make whatever the human being does or fails to do into something insignificant since there would be more and additional opportunities all the time. According to Frankl, then, "the meaning of human existence is based upon its irreversible quality" (cited in Kovacs, 1982, p.200). By accepting one's finitude, the human being unfolds his/her life in the process of time and history. Frankl also focuses on the nature of human death, stating that death gives a definite form and structure to all that happens in the life of the person. In death, man not only sees his life in review, but becomes his life; man becomes his history (cited in Kovacs, 1982). According to Frankl, in daily living, man tends to misunderstand the reality and the meaning of death. Thus, death is regarded as an intrusion upon, and as an interference with, the process of living. Humans in daily living worry about death and see it as being entirely hostile to all that life is about. They forget that death is an alarm

that wakes us up to our real existence in the world (ibid).

Thus, the logotherapeutic interpretation of the phenomenon of death integrates the reality of death into the dynamics of human living. To this extent, many aspects of Frankl's philosophy of death may be regarded as being quite similar to the philosophy of Heidegger. Frankl, like Heidegger, speaks of the ontology of human finitude and examines the ontological status (the Being-dimension) of death, of temporality, and of human accomplishments.

In summary then, various existential perspectives have focused on the confrontation with death as the central issue of human existence. They also contend that as individuals, we can face death. The entire thrust of the existentialist position is directed towards the individual, and it is posited that individuals are inextricably linked with their deaths. (Charmaz, 1980). Existentialists also argue that the construction of meaning in life is central to the possession of a fully human experience. In order to experience and subsequently affirm life, individuals must continually remain aware of their mortality. When the possibility of future death is held in the individual's consciousness as he/she constructs daily life, that construction is believed to take on greater meaning, for it is assumed that facing death and handling the subsequent overwhelming anxiety leads to a clarifying of one's priorities. Thus, the type of anxiety experienced in confrontation with death transforms the value of things in the world. It shows up the uselessness of many of Western man's pursuits, and leads one to constructing a life that has personal significance rather than pursuing what is significant to others (ibid). The

strength of the existentialist position then, lies in its emphasis on the anticipation of death and the effects of that anticipation on everyday life when the possibility of death is confronted directly. In this way, we may then come to an understanding of how death and life are linked.

1.3) RELIGIOUS PERSPECTIVES ON DEATH

Religious beliefs play a significant role in shaping our current attitudes and practices regarding the meaning of death and the concept of a possible afterlife. It is possible to explore this meaning of death by focusing on the ways in which both Western and Eastern religions have attempted to deal with the question of what happens after death.

1.3.1) Christianity:

This religious perspective maintains that while the mortal body dies, the soul lives on forever. The soul is thus regarded as being the essence of life, while the body is just a physical entity. This religious perspective differs from that of Socrates and Plato, however, in that in Christianity we do not just possess eternal life as we might possess a deathless soul. Rather, we have eternal life only in so far as we know the only true God and His son. For Plato, the soul's immortality is the result of its own given divinity. For the Christian, however, there is no divinity in the native possession of men and women; they can only be the recipients of grace from the divinity of the only true God, and even then not all will receive grace nor have eternal life (Carse, 1980). For the true Christian then, death

should be neither a concern nor a fear because faith in the Lord conquers the fear of death. Christians believe that death is a positive element in that it is a rest from earthly labour, and it seals union with the Lord (Hardt, 1979). Thus, death, a universal human experience as a result of Adam's fall from grace, is no longer inevitably the enemy. The life, death, and resurrection of Jesus becomes the new model of reality for believers, heralding the possibility of eternal life (DeSpelder and Strickland, 1983). Daniel (12:2) mentions this restoration of our bodies from dust, and resurrection: "Many of those who sleep in the dust of the ground will awake, these to everlasting life, but others to disgrace and everlasting contempt". Isaiah (26:19) states a similar message concerning man's origin and afterlife. Molded by God out of the dust, we shall return to dust, but with this assurance: "Your [God's] dead will live; Their corpses will rise. You who lie in the dust, awake and shout for joy! For your dew is as the dew of the dawn" (cited in Rawlings, 1978, p.39). In both of these passages, there is a strong suggestion that a resurrection of the physical body will occur, and the state of physical death is compared with sleep. According to the Christian perspective then, death need not be fearsome for there is assurance of a life beyond, where Christ has been before, conquering all forms of death and promising man a new life beyond the grave: "because I live, you shall live also" (John 14:19; cited in Rawlings, 1978, p.41).

1.3.2) Hinduism:

This religious perspective stresses a belief in the transmigration of

souls, that is, the passing in death of the soul from one body to another. Individual souls, or 'jivas', thus transmigrate through a succession of bodies, this process being termed 'samsara'. What links these experiences together is 'karma', which is defined as the moral law of cause-and-effect which pertains to the successive rounds of deaths and rebirths (DeSpelder and Strickland, 1983). The Hindu's goal is liberation of the soul through rebirth, that is, reaching a point in time where karma represents nothing but good life action. At this point, the Hindu may be absorbed into 'Brahma', a state of being that is defined as immaterial, limitless, and timeless. Belief in reincarnation or union with Brahma results in a natural acceptance of death. Death is accepted as a release of the soul that allows it to continue its cyclical journey (ibid). In order to loosen the bonds of attachment to the phenomenal world, Hinduism offers various aids in the form of rites, some of which emphasize paying close attention to the processes that surround death. For example, one practice involves attending to the transitory and everchanging nature of one's own body, observing its progress toward decay and dissolution. Another practice involves imagining one's death and the ultimate fate of the body, its return to elemental matter in the grave. Some of these meditation practices occur in the presence of a dead body or at burial or cremation grounds. Death then, becomes a reminder of man's impermanence. By confronting one's own mortality, one becomes oriented towards the transcendent dimensions of reality, as death is perceived only as the letting go of conditioned existence (DeSpelder and Strickland, 1983).

1.3.3) Buddhism:

This religious perspective also focuses on reincarnation, stressing that what we call death is nothing but the nonfunctioning of the physical body, and that will, volition, and desire continue to exist after death in another form known as rebirth. Everyone is born, decays, dies, and is reborn. The difference between death and birth is only a thought-moment, and the last thought-moment in this life conditions the first thought-moment in the so-called next life. Thus, the individual is believed to be virtually everlasting, unless and until he/she attains liberation in the form of 'nirvana', when there will be no more rebirth (Hollingsworth et al, 1977). Nirvana is defined as the "unconditioned state beyond birth and death that is revealed after all ignorance and craving have been extinguished and all karma, which is the cause of rebirth, has been dissolved" (DeSpelder and Strickland, 1983, p.392). Asked how one awakens to nirvana, the Zen master, Dogen, replied, "Simply understand that birth and death are in themselves nirvana, there being no birth-death to be hated nor nirvana to be desired. Then, for the first time you will be freed from birth and death" (cited in DeSpelder and Strickland, 1983, p.393). Both Hinduism and Buddhism then, perceive of death in a positive way, as a means of awakening one to truth.

Thus, various religious belief systems asseverate that death is not really death at all, but rather, a brief transition between one existence and another. In this way, many anxieties and fears about death may be reduced. In Western society, however, death has been secularized, divorced from its mythic and religious connotations. The

underpinnings for the traditional beliefs no longer carry the same weight as they once used to, owing to the fact that our culture values empirical verification above myth and religion. In assessing the relationship between religious belief and attitudes toward death, it is necessary to focus on whether the religious belief actually makes people more or less afraid or anxious about death. This issue is confounded by the complexity of the religion, however, for religion is a polygon of variables. It includes the content of belief; the intensity of belief; the involved degree of participation in a community of religious life; and the personal meaning of the religion in one's life. Pattison (1977) states that, where direct tests of any relationship between religion and death anxiety have been made, three studies report that religion increased death anxiety, five studies report that it reduced death anxiety, and four studies found no religious differences in attitudes and behaviour at all. In separate comprehensive reviews, both Lester; and Spilka et al conclude that religion per se is not a critical factor in the person's response to dying or to death (ibid). People for whom religion has not been significant usually will not turn to religion when they are dying, and people whose lives have been embedded in a religious context will deal with dying within that context. In effect, people will use religion in their dying as they have used religion throughout their lives. They may use it either destructively or constructively. Furthermore, Hinton (1979) states that although many religious people find comfort concerning death through their faith, not all with religious belief are reassured. A convinced belief in a future life thus by no means eradicates anxiety about death. In one respect, this may be because many naturally anxious people seek certainty in religion, yet remain

anxious. Another explanation is that religions do not usually hold out unconditional promises of pleasurable eternity even to those of their faith. Sometimes, the standards of ethical attainment are set so high that the ordinary individual cannot but despair over his/her shortcomings and consequent failure to merit immortal reward.

Exploring beliefs about immortality then, may not result in an easier acceptance of death, but it can provide a more coherent philosophy of life and death, making possible a congruence between hopes and feelings.

1.4) THE CONCEPT OF THE AFTERLIFE

Beliefs about life after death occupy a broad spectrum, from the notion that death spells the end, to the notion that the 'soul' or 'self' lives on after death in some fashion, with each of these different responses all reflecting a particular understanding of human existence. Life after death, or immortality, however, can be discussed not only in terms of religion, but also, in spiritualistic terms. Noyes, for example, is renowned for his work with people who have 'nearly died', but who have then come back to life to relate their experiences.

According to Noyes (cited in Hardt, 1979), the dying process can occur in three general ways:

(i) Sudden death, that is, death that is cognitively unknown to the individual, for example, falling asleep behind the wheel of a car just before it crashes into a brick wall.

(ii) Sudden, but-known death, which would be similar to the preceding

death, but with the victim awakening at some point during the accident, hence having a cognitive awareness of his/her death.

(iii) Preconceived death, which includes those types of deaths in which the victim has a considerable amount of time to confront his/her impending death, for example, having a terminal illness (ibid).

Noyes dealt mainly with sudden, but-known types of near death experiences, which he further divided into three stages:

(a) Resistance is exemplified by a struggle for survival. One such person to have a near-death experience was Albert Heim, a skilled mountaineer who fell 70 feet from a mountain ledge to a snow-covered ledge below. Heim reported that, as he fell, he surveyed his situation and cognitively planned what to do when he landed. It is believed that this stage is marked by enormous physical strength as well as increased mental activity (ibid).

(b) Review refers to the victim's review of his/her personal past. In this case, the victim has accepted the fate that lies ahead (death), and he/she reaches a state of tranquility. Frequently reported here were 'cut-of-body' experiences, which parapsychologists explain by suggesting that the victim's ego splits from his/her body and watches it act out a past. Experiences range from a few scattered scenes to the entire life of the person.

(c) Transcendence is said to be a stage of total awareness, where the victim may feel as though he/she were travelling to a previously unknown realm.

Kubler-Ross (cited in Hardt, 1979) has reported results similar to

Noyes. Her patients often suggested having such sensations as leaving their bodies and floating above them, beautiful lights, buzzing sounds, and voices of people whom they had known in the past and who were now dead. It appeared to these people as though their spirit or soul had left their body. Their spirit then often attempted communication with medical staff, trying to inform them that all was well, that death was not bad. Upon failing to communicate, these clinically dead, later revived, individuals reported that their spirit or soul was greeted by someone very close to them who had already died. Additionally, clinically dead persons have been able, after having been revived, to relate such things as who entered the room and what was said during the time they were showing no heartbeat, pulse, or brainwaves.

Moody (1975), extending on the work of Noyes and Kübler-Ross, identified a number of common elements experienced by people as they pass from 'life' to 'death':

- (i) The person hears him/herself pronounced dead by bystanders or a physician.
- (ii) Feelings of relief, peace, quiet, and lack of pain follow the pronouncement.
- (iii) He/she then begins to hear an uncomfortable noise, a loud ringing or buzzing.
- (iv) Occurring almost at the same time as the sounds, the person feels him/herself moving very rapidly through a long, dark tunnel or void.
- (v) After passing through this tunnel or void, the person is able to see him/herself as he/she is now outside of his/her physical body, but still in the immediate physical environment. The person can see, for example, his/her body lying on the operating table with physicians

working on it. The person has, at this point, no physical feelings. The spirit body of which he/she is now part of can pass through solid objects because it is not solid.

(vi) The person may also report that he/she saw or met with people or acquaintances, who were described as spirits which were sent to help or guide him/her.

(vii) The person can now see a very bright light, descriptions of which vary from 'Christ' to 'an angel' to 'a being of light', the interpretation of which appears to be related to the person's religious background. He/she was able to communicate with the 'being' (which took a human form), but did so without talking. The being would ask the person questions about his/her life accomplishments.

(viii) The person would now see the most important parts of his/her life reviewed before him/her.

(ix) Finally, the person who passes closest to death approaches a border type of experience, representing the limit between earthly life and the next life. The concept is basically that the person believes that he/she will surely be dead if he/she passes over this border.

In almost all cases reported by Moody, the person is turned around and does not pass over this line.

(x) Most persons report that they, in fact, do not wish to return to their bodies as the peace and tranquility they have found is more pleasant than the life they must return to. However, despite his/her attitude, the person somehow reunites with his/her physical body and lives.

Moody (1975) states that this near-death-experience had a profound

effect on the lives of people who experienced it. Many felt that their lives were broadened and deepened by the experience, and because of it, they became more reflective and more concerned with ultimate philosophical issues. Other persons reported a changed attitude or approach towards the physical life to which they had returned. One woman, for example, stated that, "it made life much more precious to me" (cited in Moody, 1975, p.90). Neyes (cited in Ebon, 1977) further suggested that understanding this mystical experience could aid the physician in dealing with terminally ill patients for, utilizing this knowledge, the physician could help take the 'sting' out of death by making it appear less fearsome. Similarly, Kübler-Ross (cited in Ebon, 1977) states that:

"There can be little doubt that hope for an after-death existence can be supportive to a dying patient. Our secular society, having robbed many of a religious belief in immortality, has left us with nothing to fill this vacuum - nothing, that is, but fear, resentment, and a passive surrender to the inevitable" (p.46).

Whether or not there is a life after death then, man's need to believe that his soul lives on after his body decomposes is both primitive and reassuring. To this extent, the 'life-after-death' hypothesis does not disavow any known religion, but it appears instead to support almost all of them. Furthermore, this concern with immortality is linked to questions about the meaning of life and the corollary, 'How, then, should one live?' Responses to these questions reflect a person's values and beliefs about human experience and the nature of reality. Our philosophy of life thus influences our philosophy of death, and conversely, how we perceive death and the meaning we give to it affects the way we live. It has been shown that people who have been declared

clinically dead and who have then been brought back to life, have all returned with a feeling of strength, of a more positive view of life and of death. As Mocdy states, "Our lives are influenced by our image of death. We cannot fully understand this life until we catch a glimpse of what lies beyond" (1975, p.34).

1.5) STAGES OF DYING

In looking at the meaning of what constitutes the dying process, it is necessary to focus on the concept of stages. This is because medical personnel have often observed shifts and changes in a dying patient's perspective and attitude. By accounting for such changes, Kübler-Ross provides the major articulation of an analysis of the dying process. Based on her clinical observations of and interviews with over 200 terminally ill patients, Kübler-Ross' argument rests on a framework of five sequential psychological stages of dying: denial, anger, bargaining, depression, and acceptance.

(i) Denial and isolation: Most of her patients reacted to the news of their terminal illness with the statement, "No, not me, it cannot be true" (Kübler-Ross, 1970, p.34). Denial and isolation are thus used to characterize the patients' disbelief in the seriousness and specific nature of their illnesses. She states that denial is at least partially used by all patients at some time, usually at the initial stages of the disease, but also later on from time to time, for patients may be able to consider the possibility of their own death for a while, but then have to put this consideration aside in order to pursue life. She also regards it as a healthy way of dealing with an

uncomfortable and painful situation with which the patient has to live, for denial functions as a buffer after news of the terminal illness, allowing the patient time to collect him/herself and to mobilize other, less radical defences. Denial is also usually only a temporary defence. Among 200 terminally ill patients interviewed, only three attempted to deny death until the very end (Kübler-Ross, 1970). One less radical defence mechanism used is that of isolation, where the patient is able to discuss his/her health and illness, his/her mortality and immortality, as if they existed side by side, thus facing death and still maintaining hope (Kübler-Ross, 1979).

Charmaz (1980), however, criticizes this use of denial as a defence mechanism in the dying process, stating that it is an elastic category in that it consists as much in what the viewer perceives as in the patient's actual behaviour. For her, since denial is a judgement conferred upon the patient by someone in authority, and because it may be a judgement based upon fleeting interaction and the reported observations of people who are strangers to the patient, it is a judgement that is frequently made without intimate knowledge of the patient's inner world. Thus, while the medical staff may view the patient's behaviour as denial, the situation may have quite different meanings for the patient. It may represent an attempt to deal with the situation by normalizing it for others, if not for oneself. In this view, it constitutes a rather natural response to what patients see as a highly unnatural state of affairs. Charmaz (1980) further states that patients may quickly pick up on the fact that the practitioner is avoiding the issue of dying him/herself. Since patients often grant

the practitioner the right to define the terms of interaction, they may knowingly follow suit and actively continue to avoid it themselves to try to make the practitioner feel at ease. Thus, the response categorized as denial may also be viewed as a social and symbolic reflection of the way practitioners deal with death. What is labelled 'denial' should rather be situated in the larger context of social interaction instead of being viewed solely as a psychological response of the patient.

(ii) Anger: When the news finally dawns upon the patient, denial gives way to anger, rage, and resentment, and the next logical question becomes "Why me?" (Kübler-Ross, 1970, p.44). This stage is believed to be very difficult to cope with from the point of view of family members and hospital staff as the anger is displaced in all directions. Charmaz (1980) goes further and stresses that, more than the patient's anger, the anger of the staff may become apparent during this stage when they (staff members) feel that the patient is controlling them. Kübler-Ross fails to mention this reaction by staff members. Once again, she focuses only on the psychological response of the patient and not on the social interaction between patient and staff.

(iii) Bargaining: This stage is characterized by an attempt to postpone death, often for a specific length of time. Most bargains are made with God. Kübler-Ross (1970, p.72) mentions that, in individual interviews without an audience, many patients promised "a life dedicated to God" or "a life in the service of the church" in exchange for some additional time. Bargains may also be made with the physician and family members either tacitly or explicitly as attempts are made to

control life while dying (ibid). Charmaz (1980), in criticizing this stage, states that Kübler-Ross has missed an important dimension of bargaining, that is, the impersonal nature of our institutions. Thus, because the dying patient becomes an object to be worked upon, staff members may symbolically kill the patient's self in order for the routines of handling dying to be followed. Given this context then, the patient's bargaining may symbolically represent his/her desire to be treated as human while living under dehumanizing conditions. Thus, the bargaining is not made for length of life, but is aimed at the quality of existence one has while dying.

(iv) Depression: This stage coincides with the visible effects of the illness. When the patient begins to have more symptoms or becomes weaker and thinner, his/her anger and rage are believed to be replaced with a great sense of loss. Kübler-Ross (1979) mentions two kinds of depression:

(a) Reactive - for example, a woman with a breast cancer may react to the loss of her figure, or a woman with cancer of the uterus may feel that she is no longer a woman.

(b) Preparatory - Rather than occurring as a result of a past loss, this type of depression involves taking into account impending losses, for the patients must now prepare themselves for their final separation from the world. They must, for example, prepare themselves for the impending loss of all love objects, as well as deal with financial burdens, and the loss of a job due to many absences or the inability to function. Kübler-Ross (1979) argues that only patients who have worked out their anguish in this stage will be able to die with acceptance and

peace.

(v) Acceptance: If a patient has had sufficient time to work through the previously described stages - that is, he/she has been able to express his/her envy of the living and the healthy, and his/her anger towards those who do not have to face the end so soon - he/she will contemplate his/her death with a certain degree of quiet expectation. Kübler-Ross states that this is not a resigned 'giving up', neither should it be mistaken for a happy stage. Rather, it is almost void of feelings. It is as if the pain had gone, the struggle were over, and as if the time had come for "the final rest before the long journey", as one patient phrased it (cited in Kübler-Ross, 1970, p.100). This stage is not reached by all patients, however.

The stages are thus coping mechanisms which enable the dying patient to deal with extremely difficult situations. Although they provide a useful way of understanding the process of dying, they do still impose limits on our understanding of specific patient's experiences, and further, on our understanding of what the process of dying means in this society. The patient's views may become either reinterpreted or concretized to fit neatly into stages. In short, the stages emanate from preconceived psychiatric categories that are imposed upon the experience rather than emerging from the data. Thus, the stages have been viewed as normative rather than descriptive, for patients have often been fitted into the stages rather than the stages being used as a descriptive tool (Backer et al, 1982). It needs to be acknowledged that, while most patients move through the stages in about the same order, others may omit stages, or move back and forth. Thus, the

stages need to be used in a more flexible manner, as a guide to comprehending how the dying person feels and thinks, and not how the dying person should feel and think. Furthermore, although Kübler-Ross provides a perspective on the reality of dying, it is but one view of the reality, and other views might be quite different and have different implications. Questions need to be raised concerning the meaning of the experiences from the point of view of the patient who experiences the terminal illness, and to what extent these five stages become sensible to the patients. Finally, Charmaz (1980) states that it is questionable that there may perhaps be alternative stages that more clearly reflect the experiences of people from different cultural groups. For example, is the bargaining stage a general phenomenon or does it perhaps more closely reflect middle-class ideologies wherein negotiation and exchange form part of the cultural assumptions of everyday life? Also, is bargaining skipped or replaced by another stage by those elderly persons who claim to be ready to die?

Given the problems and restrictions inherent in Kübler-Ross' stage theory, it is necessary to focus on the work of other theorists in order to understand further the meaning of the dying process. Pattison (as cited in Backer et al, 1982) has proposed an alternative view of the dying process, in which he sees dying patients as going through three clinical phases once they are aware that they are dying:

- (i) Acute crisis phase - Here, the patient will use the defence mechanisms outlined by Kübler-Ross - denial, anger and bargaining - owing to feelings of anxiety and inadequacy.
- (ii) The chronic living-dying phase - This phase occurs once patients begin to deal with their fears and anxieties about death.

(iii) The terminal phase - During this phase, patients begin to withdraw into themselves. The patient's type of hope has changed from that of having expectational hope to desirable hope, where expectational hope is the expectation that a miracle will happen (for example, a cure will be discovered or a remission will occur). Desirable hope, on the other hand, is the feeling that it would be good if one could be cured, but a cure is no longer expected.

Pattison, rather than viewing these phases as stages, instead sees them as convenient ways of dividing the living-dying process into three components in order to aid in understanding the dying process.

Kastenbaum and Weisman (cited in Backer et al, 1982) used the technique of the psychological autopsy, and found that the terminally ill patient did not go through either stages or phases. The psychological autopsy - first developed by Schneidman and Farberow (ibid) - attempts to reconstruct the patient's dying by providing insight into why the patient died, how the patient died, and the psychological state of the patient before death. Kastenbaum and Weisman found that everyone died in his/her own manner, and that once patients found out that they were dying, they tended to maintain a pattern of behaviour that continued until death. Two major orientations were the acceptance of death, and the view of death as an interruption. The first orientation generally led to withdrawal, whereas people with the latter orientation kept actively engaged. From their studies then, "the investigators learned to respect individual differences in the face of death and would not conclude that people either do die or should die in one standardized way" (ibid).

Finally, Schneidman (cited in Backer et al, 1982) also concluded from his work with the dying that stages of dying are not necessarily lived in any order:

"What I do see is a complicated clustering of intellectual and affective states, some fleeting, lasting for a moment or a day or a week; set, not unexpectedly against the backdrop of that person's total personality, his 'philosophy of life' (whether an essential optimism and gratitude to [sic] life, or a pervasive pessimism or suspicious orientation to life)" (p.23).

Thus, although stage theories have resulted in a great deal of understanding of the process of dying, they are too often based upon the psychological responses of individual patients (or on how the caregiver interprets these responses) with little or no examination of the social context in which they are situated.

CHAPTER TWO: WESTERN SOCIETY AND DEATH

2.1) AN HISTORICAL OUTLINE OF THE ROLE OF TECHNOLOGY IN SHAPING DEATH ATTITUDES IN WESTERN SOCIETY

Western society has not always been a death-denying society. It is thus necessary to review the history of attitudes and responses to death in order to see how and why we have changed from a death-accepting to a death-denying society.

Jackson (1977) outlines two major occurrences in the history of death attitudes in Western society. Firstly, a domestication and sentimentalization of death took place between the mid-eighteenth and mid-nineteenth centuries. The effect of this movement was to increase significantly the role of death and the dead in the world of the living. The second development occurred near the end of the nineteenth century and is believed to be accelerating with each decade of the twentieth century, though to some extent challenged in recent years by the new literature on death. This period was characterized by a major withdrawal on the part of the living from communion with and commitment to, the dying and the dead. Death became alienated from life and the world of the dead was essentially lost to the living.

2.1.1) The Domestication and Sentimentalization of Death: Mid-eighteenth to Mid-nineteenth Century - During this time in Colonial America, there existed a widely held belief in the existence of God and an afterlife, and this meant that death did not constitute any real challenge to the individual's sense of self. While contemplation of

death did produce fear and anxiety about what was to come, death was in general accepted as a commonplace, if harsh, reality to be followed by entrance, at least for the righteous, into a somewhat ill-defined heavenly state. According to Jackson (1977), death was never denied nor could be as there was too much of it, particularly among the young. In Massachusetts, for example, it was established that one out of every four children born during the period 1640 to 1749 did not survive its first decade of life (ibid). Furthermore, the culturally proper place for death was in the home, with all family members present to witness the final moments. DeSpelder and Strickland (1983) mention how the family washed and prepared the body for burial. The coffin was set up in the home in order that friends and acquaintances from the community and other relatives could view the body of the deceased in an open coffin and share in the ritual of mourning. The children kept the vigil along with adults, sometimes sleeping in the same room as the corpse. Later, the body was carried to the gravesite and the person buried. Thus, each person was able to learn about death firsthand since it remained within the realm of the family. Furthermore, because mutual dependency and primary relationships between individuals were the norm in small communities, the death of even a single individual was experienced as a community loss. Also of importance here is that ideally, the dying person presided over the event of death in full knowledge of his/her condition (ibid).

Jackson (1977) mentions how, by the mid-nineteenth century, at least two highly significant and noticeable changes had occurred in this pattern. One was the greater role given to death in the living world. The other was the more genteel perspective which had developed on dying

and the dead. In outlining the reasons for this change in attitude, Aries (cited in Jackson, 1977), has advanced the thesis that the coming of 'romantic' death, an event not desirable but morbidly beautiful and fascinating, represented a passage into the conscious world and a sublimation of a fantasy-association between death and the erotic, which had been developing since the beginning of the century. A significant change had thus taken place. Death was perceived increasingly within the context of a growing attachment to life and the uncertainty of an existence after death. As death became less and less acceptable, it was domesticated and beautified. In every way possible, the dead would not be allowed to truly die - those alive would draw the dead into the living world. One significant expression of this was the vogue of spiritualism which was under way by the mid-century (ibid). Only in such ways could death be accommodated. This new 'gentility' and 'beautification' of death became apparent in a number of ways, for example, the changes in the content of funeral elegies from an obsession with harsh mortuary detail to a less straightforward, sentimentalized form; changing trends in epitaphs; and the move from the previous robust frankness of sermons of judgement to a new wave of sentimental and genteel expression (ibid).

2.1.2) The Denial of Death from the Nineteenth Century Onwards - This second major shift in attitudes toward death and dying led to the segregation of the dead from the living. This alienation involved a minimizing of the social impact of death on the community, and an abandonment of the earlier efforts to maintain a relationship with the dead and the dying. Death itself became a taboo topic. Three main forces were behind the new departure:

(i) Urbanization - This, together with its corollary of bureaucratic specialization and high mobility, has resulted in the replacement of the extended family by the smaller nuclear family. In the extended family, the likelihood of experiencing death firsthand was considerably greater than is the case with today's typical nuclear family. Robert Fulton (cited in DeSpelder and Strickland, 1983, p.9) reports that the typical American family "may expect statistically to live 20 years without the passing of one of its members". Thus, city life has made it more difficult, as well as less appropriate, to maintain the home as the favoured location for the occurrence of death, or for ritual response to it. DeSpelder and Strickland (1983) state that in every way possible, the appearance of death is diminished in modern funeral practices. For example, the corpse shows only the mortician's skill in cosmetic restoration. Also, at a funeral, the family and friends eulogize the deceased and the casket remains closed, thus tastefully concealing death. After the gravesite service is concluded, the mourners prepare to leave although the casket is yet unburied. Thus, at a twentieth century funeral, family and friends of the deceased appear as observers rather than as participants: the tasks of preparing the dead for burial are handled by others, who are paid to perform these services. Compared to a time when skills for dealing with a dead body were an ordinary part of our common domestic life, our participation in the rituals surrounding the dead is minimal (ibid). Thus, Western society's encouragement of a bureaucratic solution to the problem of death and dying minimized exposure to death and dying for many - one of several ways in which our society has come to lose contact with death. The bureaucratization of death also reduced its

social impact, for, when the dying are segregated among specialists for whom contact with death is routine and impersonal, their sufferings impinge little upon the mainstream of life. Most importantly, the secondary and functional personal relationships characteristic of the urban setting worked to destroy the close-knit community where the loss of one was felt by all. This meant a decline in the old community support for the bereaved. A contributing factor to this loss of community was the urban corollary of geographical mobility which began after the second world war. This mobility separated and subsequently acted to diminish the emotional involvement amongst friends and relatives so that after a period of separation, even death meant less.

(ii) Advances in medical science and health care - These advances have altered the usual causes of death, as well as the setting where dying most often occurs. According to DeSpelder and Strickland (1983), the typical death in the nineteenth century was rapid and sudden, often caused by acute infectious diseases such as tuberculosis, typhoid and pneumonia. In 1900, these microbial diseases accounted for about 40% of all deaths in America; today they account for only 4%. People still contract these diseases, but the outcome has been dramatically altered by improvements in health care. Now, the typical death is a slow, progressive process resulting from diseases such as heart disease and cancer. As a result of these changing causes of death, many people now have the notion of death as something that happens in old age only. Medical science has thus acted to destroy the traditional significance of the moment of death. Advances such as the invention of the kidney machine in 1954 have led to an increase in sophisticated technologies designed to aid in prolonging life (DeSpelder and Strickland, 1983).

These advances make it harder to be certain if illnesses are likely to be terminal. Moreover, it is probable that the actual moment of death will have little meaning for affected individuals anyway. They may well be hospitalized and unconscious, with death occurring as a more technical phenomenon produced by cessation of care, a decision made by attending physicians. These advances also have important implications in that they have made the definition of death hazy. "Cessation of life, the total and permanent cessation of all vital functions" is now superseded by a complex medicolegal definition that deals with situations involving "the apparent extinction of life" (cited in DeSpelder and Strickland, 1983, p.17). There are also ethical issues concerning their use - to what extent should we rely on life-saving technologies for sustaining biological functions? What degree of normal activity is possible for a person whose life has been saved but whose functions are otherwise impaired? Thus, life-extending technologies have changed the way we understand death and dying. Our attitudes about death often seem to reflect the view that, given appropriate medical expertise and the right tools, death is an event that can be indefinitely postponed.

In this century, the hospital has also replaced the home as the usual setting for death, in part as a consequence of medical advances dating back to the mid-nineteenth century discovery of anesthetics and aseptic surgical techniques, factors which acted to draw the ill more and more from the home. However, this institutional shift probably also reflects the growing unwillingness of Western society to involve itself in the occurrences of death and dying. Whatever the reason, Aries

(cited in Jackson, 1977) observes that in the medical setting, where patient and family are subordinated to hospital decision and therapeutic technology, the nineteenth century death-bed ritual - with relatives gathered and presided over by the dying person - has become less possible. Most people in our society die in a hospital, thus making death not only less prevalent than it once was, but also, less visible, as is dying. Regardless of age, three out of four persons die in an institutional setting - hospital, nursing or convalescent facility, or retirement home providing care for the aged - perhaps surrounded by an array of machinery that is dedicated to sustaining life (DeSpelder and Strickland, 1983). From a sociological point of view, however, the hospital is a depersonalizing institution which is not, by definition, set up to meet the human needs of people whose physiological condition is beyond the hospital's capacity for successful intervention. Hospitals are institutions committed to the healing process, and dying patients are a threat to that defined role. Hans Mauksch (cited in Kübler-Ross, 1975) provides three reasons for this:

(a) In the midst of the current technological emphasis on healing, the patient whose disease cannot be cured is inexorably perceived to be a failure by the health professionals, thus revealing the limits of medical knowledge and capabilities.

(b) A different focus is required by the needs of dying patients compared to the needs of the patient whose illness is about to be cured. In the case of the dying patient, the current culture of the hospital - which emphasizes the disease process and diseased organ - is counterproductive to the needs of the dying patient. Dying is a total experience, and at the point of dying, the diseased organ ceases to be

the primary issue (ibid).

(c) Physicians and nurses, in their behaviour, demonstrate a sense of discomfort and guilt when faced with a dying human being. This is because they are committed to healing and recovery, and feel that they have failed when one of their patients dies. Furthermore, the hospital and its culture considers death one of its taboos. Hospital personnel tend to reward patients for maintaining the denial phase because it protects them (the personnel) from becoming involved and from facing their own feelings (ibid).

Goffman (cited in Kübler-Ross, 1975) speaks of the 'stripping process', by which he describes the incorporation of persons into those institutions which embrace the individual totally and which provide procedures and rituals which strip the person of his/her autonomy, identity, and status. This, to a significant degree, applies to the patient in the general hospital. For the hospital has reduced, for the sake of human efficiency, the conditions of dignity and of individuality which are a part of the human requirements of all persons. Cassell (cited in Bugen, 1979) describes this process by stating that the care of the terminally ill has changed as the business of dying has shifted from a moral to a technical order, where a moral order is used to describe those bonds between individuals based on sentiment, morality, or conscience that describe what is right, and a technical order rests on the usefulness of things, based in necessity or expediency, and not founded in conceptions of the right. He believes that the widespread acceptance of technical success itself has changed mankind's death expectancy, that is, people do not expect to

die. We may use fantasies of early death or fears of death for personal or psychological reasons, but the reality belief is that death need not occur in the foreseeable future, that death is a reversible event. Thus, the belief in the reversibility of death, rooted in the common Western experience of modern medicine, begins to move death out of the moral order. Death is now a technical matter, a failure of technology in rescuing the body from a threat to its functioning and integrity (ibid). There are personal or value problems created for the individual when death moves from a moral to a technical order. Characteristically, however, our society seeks solutions to these problems not by reasserting the moral, but by attempting technical solutions for moral imperatives. To this extent then, there is a need to reassert the rights of the dying, a need to solve essentially moral problems - problems of sentiment, conscience, or knowledge of what is right. Thus, in matters such as when respirators should be turned off and by whom - essentially moral questions - mechanical events loom so large that attention is diverted away from the moral, back to the technical order.

(iii) The growing secular outlook - Fulton and Grover (cited in Jackson, 1977) have identified the more fundamental factor of this final major force of the twentieth century outlook towards death and dying: in a secular society where the culture no longer supports the certainty of an afterlife existence, natural death and physical decomposition become too horrible to contemplate or discuss. The ultimate meaning of bureaucratization then, results in the reduced visibility and social impact of death, and the view of death as a taboo topic. As a result of this, we feel uncomfortable when confronted by

death or even its mention. This prevailing cultural attitude towards death can be seen in the language used to describe death, as well as in the portrayal of death by the media and in literature. Language, for example, is rarely direct when used to discuss the process of dying and subsequent death. Euphemisms such as 'passed away', 'expired', 'bit the dust', 'went to a new life', and 'found everlasting peace' are used to describe death. The dead person is then 'laid to rest'. Similarly, a literature review can reveal how death is denied, for example, in verses like James Whitcomb Riley's, "He is not dead, he is just away" (cited in DeSpelder and Strickland, 1983, p.19). In this way, language is used to allow us to distance ourselves from death, to deny its reality, and to make it somehow more acceptable and more manageable. The concept of death has also been appearing with greater frequency in the media and the theatre, and on film, where it has been viewed as an image, a metaphor and a theme. Gerbner (cited in Fox, 1981) emphasizes how continually death is depicted on television and how often it occurs:

"in a tightly scripted scenario of violence and terror. Murders, accidents, body counts and catastrophes scatter a surfeit of impersonal corpses ... across the pages of our family newspapers and television screens Violent death ... befalls 5% of all prime time characters every week, with about twice as many killers (most of whom also get killed) stalking the world of prime time" (p.54).

According to Hardt (1979), in reality, we have become removed from, or desensitized towards death because it seems to occur in papers or on television. Thus, when a loved one dies, we do not know what to say, how to act, or even how to feel. We have not had the time, experience, or education (direct or indirect) that it takes to formulate an

attitude towards death.

There is thus much in our culture that removes death and dying from the midst of everyday life. But, that which is taboo and repressed re-emerges in perverse forms to create neurosis. As a result, we see preoccupations with death in its perverse forms in movies, for example, where the lurid desecration of death actually dehumanizes the entire incident (Pattison, 1977). In this way, we do not escape death, but it returns to us as a preoccupation of our culture, which both denies death and is obsessed by its preoccupation. To this extent then, death, like sex before it, is neurotogenic in our time.

A further reason for Western society's denial of death is the crisis of meaning which many are experiencing at the moment. The challenge to traditional values and their religious supports has left many facing an existential dilemma. Sartre, for example, has labelled life absurd (cited in Pattison, 1977). Without an ultimate justification for life, the only value is in living itself. Thus, we see an almost panicky tenacity in holding onto life. This maintenance of life per se as an ultimate value is then reflected in modern medicine and practices such as cryogenesis, an attempt to preserve life through freezing (ibid).

In concluding, we may state that our current Western attitudes toward death and dying are representative of fear and denial. This has not always been the case, though. Attitudes toward death have undergone radical changes in the last few generations. Thus, death was an integral part of life, and heaven, defined in earthly domestic terms, was the future. The secular culture of modern Western society, however,

will no longer support the concept of the afterlife, and to this extent, the dead have been truly lost. Thus, in the second major occurrence of death's history in Western society, death, dying, and the world of the dead have come to be dissociated from life. Aries and others, however, see in the new discussion of death in Western society, the opening of a new era (cited in Jackson, 1977). We may well be witnessing the first stage of yet another major shift of view on this subject, one in which death will be re-integrated into Western life. We thus need to recover from an earlier age the vision that death, even that of a single individual, has significance and should also have dignity.

2.2) WESTERN RESPONSES TO DEATH AND DYING

Becker (1973, p.ix) states that, "of all things that move man, one of the principle ones is his terror of death". He further argues that, "the idea of death, the fear of it, haunts the human animal like nothing else; it is a mainspring of human activity - activity designed largely to avoid the fatality of death, to overcome it by denying in some way that it is the final destiny for man" (ibid). According to this view, facing death elicits a natural fear, and denial of death is believed to be a result of this fear. Fear and denial are thus often viewed as the typical Western responses to death.

2.2.1) FEARS OF DEATH

In defining what is implied by the term 'fear of death', Charmaz (1980, p.84) states that fear consists of painful feelings

characterized by "alarm, consternation, dread, and expectation of danger". As Choron (ibid) elucidates, the phrase is used in a broad sense to indicate "aversion, strong dislike, uneasiness" when thinking generally about anticipation of death. Hence, it is necessary to distinguish between those kinds of situations in which the fear of death refers to general thoughts about finitude and those in which it refers to immediate threat. A general fear of death may also stem from a more specific fear, for example, the fear of what comes after death, fear of the process of dying, and fear of ceasing to be.

Writers from various schools of thought have differed as to what the sources of a fear of death and dying are. According to Backer et al (1982, p.33), many people state that they fear dying more than they fear death, for dying connotes pain, dependency, loss of control, change in body image, and loss of contact with others. Hinton (1979) also emphasizes this fear of dying, stating that if dying is thought of as suffering, then it undoubtedly arouses fear. When people have been asked how they wish to die, the almost universal hope has been for a swift, peaceful exit from life. For instance, 90% of a group of people studied stated that they wished to die quickly so as to avoid suffering. The common desire was to pass away peacefully during one's sleep, although some wished for a time of farewells (ibid).

A further fear of death is one that is related specifically to Western society. This is the fear that, in death, we can no longer achieve. Part of this fear may lie within our goal-oriented culture and in the fact that our self-esteem is related to what we produce, what projects we complete, and how much money we make. Research by Diggory and

Rothman (cited in Backer et al, 1982) showed that those who have attained most of their goals fear death the least. Booth (ibid) hypothesized that when individuals feel that they have completed their life's work, they are then ready to die. Schulz (1979) refers to this fear as being the fear of interruption of one's goals, stating that in our society, length of life is often measured in terms of accomplishments rather than in time. Thus, an individual might become fearful or anxious if he/she feels that death might deny him/her the opportunity to achieve certain goals or experience particular events.

Our society's emphasis on independence and control of our own destinies may also contribute to our fear of death and dying. We might fear losing consciousness as this symbolizes loss of self-mastery. Along with this, we fear disrespect and humiliation, as we may no longer even be in control of our own bodily functions and may have to rely on others here (Backer et al, 1982).

Fear of death may be related to our dread of isolation or separation. Sullivan (cited in Backer et al, 1982) states that one of our basic human needs is for intimacy, or relating to other human beings. Death, of course, is the ultimate separation and may be seen as total isolation and awareness, states of being which are intolerable to us in life.

Fear of physical suffering may also exist, especially if one is dying from a slow, degenerative disease such as cancer, a consequence of which may be the deterioration of the body, for example, breasts or limbs removed. The psychological and economic impact of one's death on

emotionally involved survivors may be a further source of fear. Also, religious persons who have a strong belief in the afterlife in which one atones for deeds committed while living, may fear the prospect of being punished for misdeeds (Schulz, 1979). The fear of the unknown may be a further cause for anxiety. This is because death evokes in us a feeling of ultimate powerlessness since, for most, the time and cause of death are unpredictable. Furthermore, we may be unsure as to exactly what happens after death (Backer et al, 1982).

The fear of no longer existing may also be prevalent. Coleman (cited in Schulz, 1979, p.69) states that, "man is the only creature who must live with the constant awareness of the possibility and inevitability of nonbeing". We thus have to live with the knowledge that death will come at some unknown time and place. This threat cannot be processed within the self, however, as we cannot for long look at our own nonbeing. The central theme of Becker (cited in Pattison, 1977) is that in order to survive in our unpredictable world, the human organism must repress his/her sense of frailty, must submerge his/her awareness of mortality, and must construct a mythology of existence - which we call our mature sense of reality. Reality is thus the construction we make to exist, a reality which is constructed by man to enable him to function effectively in a society in which he is unable to look directly at his own nonbeing (ibid). According to existential thinkers, however, it is this awareness of inevitable death that leads man to experiencing existential anxiety - a deep concern about the meaning of life. This concern manifests itself through questions about whether one is leading a fulfilling and authentic life. Viewed from the existential perspective then, the idea of nothingness can arouse

anxiety so general that it influences our entire lives.

Finally, Choron (cited in Backer et al, 1982) has delineated three components to the fear of death: the fear of dying, the fear of what happens after death, and the fear of ceasing to be. The fear of dying and ceasing to be involve myriad factors extending from a fear of pain, suffering, helplessness, dependency, and loss of control over one's physical and mental abilities at one end of a continuum, to fear of abandonment and of being separated from loved ones, and loss of one's own love for others at the other end. Fear of the unknown, including the fear of punishment, serves as an additional source of anxiety if one believes in an afterlife.

Thus, there are ample reasons for fearing the process of dying because it is often marked by pain, powerlessness, isolation, and abandonment. The fear of death includes the fear of ceasing to be, as well as the fear of what comes after death. Walton (cited in Charmaz, 1980) contends that a certain amount of anxiety in the face of death is rational for those who view death as a cessation of all being, as long as that anxiety does not disrupt one's life.

In contrast, one might expect those who hold a religious orientation to be less fearful of death, since death would be viewed as a transition from one form of existence to another. Kübler-Ross (cited in Charmaz, 1980) found that those who possess an 'intrinsic faith' show less fear than others. Similarly, Templar (ibid) found that those who are extremely involved in their religion show less death anxiety. Kalish

and Reynolds proposed that those without a coherent belief system to provide meaning to life and death are likely to fear death the most. In their view, sincere atheists as well as sincerely devout persons may evince little fear of death when their views are sincerely believed (ibid).

With regard to the causes of this fear of death in Western society, Slater (cited in Charmaz, 1980) mentions the rise of individuality which, together with the illusion of self-sufficiency, heightens consciousness of self while fostering an emergence of the fear of death. What Slater is implying is that in societies where individuality has a high cultural priority, the fear of death logically follows. From his perspective, people in industrial society lose the connectedness based on community provided in other societies. Dying then becomes an ultimate form of loneliness, and the perception of the depth of that loneliness may become merged with the fear of death (ibid). Thus, for Slater, the fear of death would logically be related to social, cultural, and historical conditions. Some evidence for this position is available. For example, Rzhevsky (cited in Charmaz, 1980, p.87), states that, "the Chinese look upon death not with fear, but with pleasure". He also comments that the Indian whose outlook toward life is pessimistic, sees death as "deliverance" (ibid). Finally, Rzhevsky observes that Russian fatalism towards death is marked by a seemingly contradictory attitude of indifference towards and contempt for life. He analyzes the Russian stance toward death as emanating from its pagan cultural history, which gave rise to an attitude fostering fraternity, conformity, dependency, and despair (ibid). Possibly, however, the fear of death is most noticeable in Western

cultures characterized by industrialism and individualism.

Thus, although there may indeed be a component of our fear of death that is genetically determined and instinctive, studies (as related above) have shown that a good deal of the fearfulness of death is still learned, as the extent to which a people may hold a fear of death varies with social and cultural conditions.

2.2.2) THE DENIAL OF DEATH:

In Western society, death, like sex before it, is regarded as a taboo and is denied. This climate of denial prevents us from experiencing death, thus estranging us from an integral aspect of human life. Denial, then, represents part of our current lifestyle in dealing with death. Freud (cited in Backer et al, 1982, p.20) stated that, "it is indeed impossible to imagine our own death, and whenever we attempt to do so we can perceive that we are in fact still present as spectators". Thus, the psychoanalytic school asserts that no one really believes in his/her own death, that is, in his/her unconscious, every one of us is convinced of his/her immortality.

In order to examine exactly what the denial of death is, we need to look at the kinds of contexts in which it is used. Firstly, denial of death is used to indicate disbelief in the possibility of death of the self. Secondly, it is used to describe a negation of death as a part of human existence. Thirdly, it is used to depict a cultural stance toward death. In all contexts, it is typically compared unfavourably with 'acceptance of death', a term with equally elusive meanings

(Charmaz, 1980)

Dumont and Foss (cited in Charmaz, 1980) have attempted to construct a thorough inventory of the existence in support of the denial or acceptance question regarding the Western stance towards death. They cite violent death and its magical reversibility in children's stories and games as one indication of denial. Death language, characterized by euphemisms that circle the touchy issue of death, is also often taken as evidence of denial. Other indications of denial might include seeking high-risk occupations, driving carelessly, or tacitly accepting escalation of the nuclear arms race (ibid). The treatment of death, dying, and bereavement by representatives of the funeral industry and medical practice is often defined in terms of denial as well. Western responses toward the aging process and the aged are also often believed to be part of a stance of denial. Since our society is action- and youth-oriented, we do not like to have visible reminders of inaction and death. Blauner and Fulton (cited in Charmaz, 1980) emphasize the importance of age-segregated communities for reducing the impact of death on the wider society. Fulton (ibid) explicitly sees such efforts as ultimately designed to avoid direct confrontation with death. Finally, if the aged are segregated and ignored, then the dying are even greater outcasts. Dumont and Foss (ibid) emphasize the relative infrequency of deaths in our society. The fact that death is typically an extraordinary event contributes to the Western attitude of denial of death. Hinton (1979) states that, in everyday life, adults often avoid mention of death when it has a personal connotation. It is very rare to talk of another's death in his/her presence, and if someone speaks

of his/her own death, he/she is hastily reassured that this will not yet be awhile, thus bringing a temporary, although not entirely successful, ease from the painful subject.

The denial of death is thus socially constructed. Becker (1973) goes further and stresses a psychoanalytic perspective of the denial of death. His analysis begins with a discussion of the fear of death, because it is taken as the underlying determinant of the denial of death. For Becker, the fear of death is a universal phenomenon that makes intelligible human motivations that otherwise remain hidden. In addition, he assumes that the fear of death has a biological basis because he links it to self-preservation. Charmaz (1980) states that Becker takes the following traditional psychoanalytic notions for granted: (i) human beings cannot face their own deaths; (ii) this fear of death and the inability to face it cause the individual to avoid it or attempt to overcome it by denying that it will occur; and (iii) the fear of death itself becomes repressed. Becker (1973) links the denial of death to the quest for heroism, and states that one of the key concepts for understanding man's urge to heroism is the idea of narcissism or self-absorption. This concept is based on Freud's discovery that each of us repeats the tragedy of the mythical Greek Narcissus: we are hopelessly absorbed in ourselves (ibid). Thus, narcissism causes one to assume that everyone is expendable except ourselves, which leads to an inability to confront one's own finitude. Becker states that this urge to heroism is natural, and he stresses Shaler's belief that heroism is first and foremost a reflex of the terror of death (ibid). In this way, the fear of death can be carefully ignored or actually absorbed into the life-expanding

processes. Becker (1973) also explains fascination with someone who holds or symbolizes power, which Olden referred to as the 'narcissistic personality', and Jung called the 'mana-personality'. The mana-personality involves a person, practically indistinguishable from others, except that one is especially interested in him/her. Freud termed this phenomenon transference, whereby the mature person is seen as a child, "as one who distorts the world to relieve his helplessness and fears, who sees things as he wishes them to be for his own safety, who acts automatically and uncritically, just as he did in the pre-Oedipal stage" (Becker, 1973, p.129). Thus, the individual both identifies with and is dependent upon that leader, who is then given an heroic parental role. In following this leader, the individual gives up personal autonomy. Becker finds then that the essence of transference is the taming of terror of one's individuality and of one's finitude. According to him, transference is a necessary means of infusing life with value. Through 'transference heroics', one takes on the immortal qualities of the other (cited in Charmaz, 1980). Becker thus contends that we need to overcome our creature anxiety since this brings us face-to-face with the awareness of our mortality. Glorification of the hero thus becomes a way of denying one's creatureliness. However, when this hero dies, the device that one has used to deny one's mortality breaks down, and the individual now experiences the panic that has always threatened in the background (Becker, 1973). Although Becker sees this construction as necessary, he sees the sense of meaning and personal power gained as falsifications as they hide the despair of the human condition (that is, man's finitude).

According to Charmaz (1980), Becker's analysis is significant in that it is testimony to the amount of alienation experienced by human beings in industrialized societies. Individuals may be separated from their bodies and unaware of their repressed conflicts and death-denying feelings. But, for Charmaz, these indications of alienation may stem from sources other than innate human proclivities - they may arise out of the fabric of societies in which they were observed. Charmaz thus feels that what Becker is describing may be a direct reflection of social-historical conditions that are concrete and specific, not diffuse and universal (ibid). Becker's analysis of the denial of death is also profoundly pessimistic in that he concludes that it is essentially impossible to alter what he takes to be basic biological conditions. If this is so, then it would be unrealistic to attempt to change denial of death to that of acceptance. For Charmaz (1980) then, Becker fails to realize that the quest for heroism itself is a reflection of a society based on individualism and competition. Similarly, he fails to acknowledge that the social structuring of death and dying has profound implications for our conceptions of it (ibid).

Keleman (1974) also focuses on various forms of denial as a means of alienating the dying person from social reality. It is important to be aware of how we interpret the use of denial, however, for the label 'denial' implies that the person is not coping. However, this may be the only defence mechanism available to the person at the time. The use of denial and other defence mechanisms used to avoid fears of death can be found in a research project of condemned prisoners awaiting the death sentence. Bluestone and McGahee (cited in McCarthy, 1980)

conducted psychiatric interviews with 19 prisoners on Sing Sing's death row and found denial to be the most frequently used defence by their prisoners. It proved successful when prisoners minimized their situation, refused to think of their fate, or isolated or detached themselves from any intense feelings. A further defence mechanism used by these prisoners was that of obsessive rumination, that is, putting oneself under constant pressure to think about any topics that will evade depression and anxiety. Working on their appeals, hope for the repeal of the death sentence, and preoccupation with the legal issues of their case served this function. On the whole then, these prisoners did not become overwhelmed with depression or anxiety whilst on death row owing to the effectiveness of their defence mechanisms and the apparent intactness of their personality structures (ibid). It is only a small jump to see how similar these prisoners' reactions are to those of ordinary people striving to avoid fear and suffering in the contemplation of death, that is, denial and rumination.

Another widely used defence mechanism to avoid fear of death is that of the manic defence, a concept derived from the early work of Melanie Klein and illuminated by Donald Winnicotte (cited in McCarthy, 1980). Manic activity, constant involvement in physical activity, or even fantasy can mark an attempt to deny inner reality and depression. Ideas about death are thus included in the fantasy context of Klein's phase of the depressive position in infancy. Following this point one step further, Winnicotte states that a great variety of activities can provide reassurance against death. When pursued to an extreme, most ordinary, healthy daily activities and interests can involve a manic

defence against depression and concerns about death. The need to be constantly occupied; the inability to tolerate aloneness with oneself; the rush to fill leisure time with social life or some activity at the expense of any opportunity for introspection are all illustrative of the manic defence against depression and fear of death (ibid).

The use of denial and other defence mechanisms to avoid thoughts of death may thus be regarded as social in origin. However, the actual prevalence of certain defence mechanisms - for example, denial - may also be questionable. Strong arguments are made that those in Western society avoid death, even when it impinges upon their immediate worlds. However, Dumont and Foss (cited in Charmaz, 1980) remark that the concentration of death among the elderly encourages the majority of Westerners to view death as something that will occur in the distant future. If they are correct, the term 'denial' may not fully describe the stance taken towards death, for death may seem irrelevant in the present, but may still be anticipated in the future. Furthermore, Dumont and Foss (ibid) conclude that it is untenable to assume that there is a single attitude towards death. Thus, they argue that individuals in this society both accept and deny their deaths. Specifically, they propose that persons will accept their deaths on a rational, conscious level, but deny it on an emotional, unconscious level.

However much denial and other defence mechanisms are used in order to avoid thoughts of death and dying, these still do not remove us from the touch of death. Such mechanisms only limit our choices for dealing effectively with the experience of death. Any attempt to deny death

thus only serves to distance us from the actual experience. A further implication of the denial of death is that it serves to obfuscate crucial issues of human existence such as the quality of life. If individuals deny their deaths, they are apt to see themselves as immortal; by assuming they will die in the distant future, these individuals do not question their everyday lives. In the final analysis then, sufficient motive for opening ourselves to the experience of death is framed by Octavio Paz, who states that, "a civilization that denies death ends by denying life" (cited in Despelder and Strickland, 1983, p.28).

CHAPTER 3: A DEVELOPMENTAL UNDERSTANDING OF DEATH

3.1) HUMAN DEVELOPMENT

Having examined the literature on the meaning of death and on the general attitudes and responses toward death and dying in Western society, it is now necessary to turn towards a developmental view of death throughout the course of the life cycle. A developmental understanding is important since neither people nor their behaviour remain constant. Throughout our entire lifespan, we change both physically and psychologically. According to Pikunas (1976):

"Development is a broad term that refers to all the processes of change by which an individual's potentialities unfold and appear as new qualities, abilities, traits, and related characteristics. It includes the long-term and relatively irreversible gains from growth, maturation, learning, and achievement. Allied to development is the concept of aging, which starts at conception, increases with chronological age, and ends with death.... Aging implies involution or retrograde change and deterioration - various impairments of cells, organs, or systems, as well as functional decline to the point of incapacity" (p.23).

Developmental psychology is the subfield of psychology that attempts to explore these lifelong changes. It has three major concerns:

- (i) to understand how individuals grow and change over the course of the life cycle, and the influence of this on development;
- (ii) distinguishing characteristics of different periods in the life cycle, that is, predictable tasks, events, and developments that differentiate one period from the next; and
- (iii) themes and issues that recur throughout the entire lifespan, that

is, developmental issues that may change form over the life cycle, but never lose significance (Steinberg, 1981).

Perhaps the first study concerned with death attitudes across the life cycle was undertaken by Hall in 1897 (cited in Hardt, 1979). While admitting a lack of uniformity in collection methods, he recorded over 20000 reports of death fears, predominantly from adolescents. The total accumulation was nearly 40000 pages long. After breaking the report down by age and sex, he concluded that young children appear to have no instinctive feelings about death. As age increases, however, so did the number of subjects reporting a fear of death (ibid). Similarly, Pattison (1977) states that a child's concept of death is intimately tied up with his/her concept of identity, such that as the child grasps the meaning of identity, so does he/she grasp the concept of death. In this way, there occurs a maturation of death as the child matures into adulthood. The matter does not end here, however, for with each phase of adulthood, our view of personal identity shifts - and along with it, our perception of death.

From the work of Hall and others, then, it is evident that children's attitudes and perceptions of death are likely to be different from those of adults. Furthermore, adults tend to begin learning their attitudes toward death during childhood or adolescence. There thus does occur a development or maturation of death attitudes throughout the course of the life span, and it is necessary to look further into this maturation in order to understand the meaning of death for mankind in Western society.

This chapter will review the literature on the development of death perceptions throughout the course of the life cycle by focusing on the developmental stages of childhood, adolescence, young adulthood, middle age, and old age. This division into stages is a convenient reference point in order that generalizations about development can be made. It is important to remember, however, that the stages are not discrete and separate entities. Rather, according to Hughes and Noppe (1985), they are, in reality, not separate at all, but evolve from one another continuously. These life stages are also not static, as all include continuous development within them. For example, people do not simply remain suspended in the stage of adolescence until they are ready to spring forward into young adulthood. Rather, there is constant development within adolescence, as well as within all life stages. Young adulthood not only follows adolescence, but gradually evolves from it, and much of who we are during any life stage is an outgrowth of who we were during preceding stages. In this way then, it is only by viewing the entire developmental process that we can be fully aware of emerging developmental patterns (ibid).

3.2) CHILDHOOD AND DEATH

Pikunas (1976) divides the childhood years into three stages: early childhood (2-5 years), middle childhood (6-10 years), and late childhood (10 years onwards). Whether or not children of these ages possess a view of death at all has been a source of debate among psychologists. Those who adhere to Piaget's structural analysis of conceptual development propose that children should not be expected to have a concept of death until they have attained a level of mental

development that allows for abstract reasoning. Here, these theorists assume that: (i) mental development is primarily biological; (ii) abstract reasoning is dependent upon levels of development; and (iii) death is an abstract concept unable to be fully understood until the level of development necessary for abstract reasoning is reached (Charmaz, 1980).

Piaget thus believed that intellectual development passes through a series of qualitatively different stages, each building upon and evolving from those that preceded it. Because of this, it is assumed that the higher the level of cognitive development, the fewer the immature, concrete, or egocentric responses given to questions regarding death and dying. Consequently, the preoperational child (0-6 years), whose thought is characterized by egocentricity and an inability to reverse mental activities, would have difficulty comprehending the universal, inevitable, and irreversible nature of death. A concrete operational thinker (6-12 years) may be more concerned with the concrete manifestations of death, such as graves, funerals, and skeletons, as thinking now no longer consists of disjointed representational acts, but becomes ordered, consistent, and concrete. However, it is only when the stage of formal operations (12 years to adulthood) is reached that abstract concepts such as death can be considered. During this stage, adolescents may ponder the meaning of death, as well as project into a future as to what it would be like to be dead (Hughes and Noppe, 1985). Thus, there is some evidence to support the hypothesis that death concepts undergo developmental changes similar to those of other concepts. From this perspective,

adults do not simply know more than children, but are instead distinguished by the quality of their reasoning.

Menig-Peterson and McCabe (cited in Charmaz, 1980), support Piaget's theory. In their analysis of narratives provided by children, they discovered that children under 6 years of age virtually do not discuss death. Yet, lack of discussion does not necessarily indicate that the children have no knowledge or conception of death. In contrast to younger children, Menig-Peterson and McCabe found children under 6 years to be extremely curious about death, but it was only after 9 years of age that these children showed some emotional response.

The development of an increasingly more intricate view of death was also found by Nagy in her post World War 2 study of children's concepts of death (cited in Hughes and Noppe, 1985). Nagy asked over 400 children from Budapest and Hungary, aged 3 to 10 years, to write, draw, and talk about death. Her analysis of children's responses resulted in her finding that children go through three stages in understanding death that correspond roughly to the age of the child. Stage 1 (3-5 years): During this stage, the child has a global and unformulated notion of death. Death is considered to be a temporary state akin to sleep, a separation, a departure, or a disappearance. As one 5-year old child stated, "At funerals you're not allowed to sing, just talk, because otherwise the dead person couldn't sleep peacefully. A dead person feels it if you put something on his grave" (cited in Hughes and Noppe, 1985, p.526).

Stage 2 (5-9 years): Death is now understood as final. However, still present is the notion that one might be able to elude death; the

inevitability (all die) and personal reference (I die) components are not yet established. There thus still exists the belief that one might be able to outwit death. Death is also personified during this stage. It may be thought of as a skeleton, a ghost, a bad man, or the traditional reaper who more often than not works at night. A 7-year old child thus claimed, "Once I talked about it and at night the real death came. It has a key to everywhere, so it can open the doors It came over to the bed and begun to pull away the covers. I covered myself up well. It couldn't take them off. Afterwards it went away" (ibid). This statement clearly expresses the child's lack of personal reference to death.

Stage 3 (over 9 years): Children now recognize that death is universal, irreversible, and represents a cessation of bodily functions. A 9-year old child said the following of death, "Death is the termination of life. Death is destiny. Then we finish our earthly life. Death is the end of life on earth" (ibid).

Nagy's analysis of children's responses is one of the first systematic studies of the child's concept of death. It clearly shows how a child's perception of death is dependent upon his/her stage of development or age. Anthony (cited in DeSpelder and Strickland, 1985) followed Nagy in assuming a developmental stance towards children's perceptions of death. Her results revealed that, before the age of 2, the child has no understanding of death. After age 2, however, most children often think of death. The idea of death seems to take much of its emotional component from its links with birth anxiety and aggressive impulses. Magical thinking also pervades much of the

child's thoughts about death (that is, the belief that events happen in a certain way because he/she thinks about them happening in a certain way). For example, angry thoughts directed toward someone who subsequently dies make the child feel him/herself to be a murderer. As a result, guilt is one of the child's reactions to death (ibid).

Schilder and Wechsler (cited in Hardt, 1979) concluded from their studies that, while children can believe in the deaths of others, their own death does not seem probable. In fact, for the majority of children, death consists of deprivation since the dead are deprived of movement. In addition, the deaths of others are usually linked to some form of violence, or are the result of hostility by other people; children do not conceive of old age or disease as leading to death.

Rayner (1971) emphasizes the 'small deaths' that are continually taking place physically inside the body. These occur acutely in illnesses of every kind which every child experiences. They also occur in the general wastage of the body cells. Thus, every child has some awareness of breaks in responsiveness, if not from repressed feelings about broken relationships, then from illnesses of his/her own body. It is Rayner's suggestion that anxieties about all of these focus themselves into dread when a dead thing is perceived.

There are important indications from research, however, that reveal that children are capable of abstract thought in general, and abstract conceptions of death in particular, at any age. For example, Bluebond-Langner's findings from the study of terminally ill children have questioned the age-graded patterns of death concepts as described

by Nagy and others (cited in Hughes and Noppe, 1985). Instead, she found that the terminal illnesses of children she studied (between the ages of 3 and 9 years) forced them to view death as adults do - as an irreversible, final process. Such understanding was a result of the child's acquisition of information about the illness, which led the child to a redefinition of his/her self-concept from one who is healthy, to one who is ill, and finally, to one who is dying. Thus, according to Bluebond-Langner (ibid), this difference may be attributed to the child's relative placement in stages of information acquisition. That terminally ill children do acquire information even when their parents expressly shield them from it was discovered by Waechter (cited in Charmaz, 1980). She found that these children perceive nonverbal cues of their conditions despite parental evasiveness. She proposes that the false cheeriness of adults may lead the child to conclude that disclosure of impending death may result in further loss of already diminished contact.

Thus, the ability to synthesize information may correspond to experience and not to age or intellectual ability. For instance, it has been shown that significant experiences, such as the death of someone close, are likely to influence a child's attitude as well as understanding of death (DeSpelder and Strickland, 1983). The attitude of a child who is allowed to ask questions about such an experience is also likely to be different from that of the child who is given to understand that death is not an appropriate topic for children's questions. The experience of a 5-year old, for example, who observes the dramatic changes that occur among family members as a result of

death, but who is not permitted to participate in any of the funeral rituals or to ask questions, may long afterwards carry the notion that death is mysterious and unmentionable. On the other hand, a child who experiences the death of a close family member may arrive at an understanding of death that generally would be associated with a later stage of development. A study in 1979 showed that when children younger than 6 years had experienced a concrete encounter with death, they gained an understanding of it that was precocious for their stage of development (ibid). For example, a 5-year old who witnessed the accidental death of her sibling expressed what seemed to be a very clear understanding that death is final, that all people die, and that she herself could die. Along with her understanding of the reality of death, she possessed an attitude toward death that reflected the particulars of her experience.

Finally, cultural factors may also influence children's attitudes toward death. For example, television programmes, children's cartoons, movies and jokes that make reference to death. Even when not directed specifically toward children, these cultural influences are pervasive and transmit messages about death and dying that are seen and heard by children and adults alike.

In concluding then, it seems evident that children do have death conceptions which may be age-graded. Koocher (cited in Bernard, 1978), in studying children from 6 to 15 years of age, found that their conceptions of death were related to their levels of cognitive development, and that the higher the levels were, the more realistic their death perceptions. On the other hand, previous experience with

death, as well as cultural factors, may also influence death perceptions.

3.3) ADOLESCENCE AND DEATH

Konopka (cited in Pikunas, 1976) distinguishes between early adolescence (12-15 years), middle adolescence (15-18 years), and late adolescence (19-22 years). The period of adolescence is one during which one becomes more aware of oneself as a person. Physical changes that are rapidly taking place in bodily dimensions, in physiognomy, and in genital organs all contribute to feelings of strangeness, thus leading to what is known as the identity crisis. Erikson (1977) views the identity crisis as a time in which the child struggles for a stable sense of self. This identity formation arises from the selective repudiation and mutual assimilation of childhood identifications, and their absorption in a new configuration, which in turn is dependent upon the process by which a society identifies the young individual (ibid). The changes in bodily dimension and in adultlike mutual capacities thus allow the adolescent to sense what the expectations of society with respect to him/her will be. A serious examination and reevaluation of oneself, one's present feelings, desires, and competencies in relation to those close to one and to society in general now occurs. That is, the primary 'developmental task' of adolescence is begun. According to Friedenberg (cited in Stott, 1974):

"This task is self-definition. Adolescence is the period during which a young person learns who he is, and what he really feels. It is the time during which he differentiates himself from his culture, though on the culture's terms. It is the age at which, by becoming a person in his own

right, he becomes capable of deeply felt relationships to other individuals perceived clearly as such" (p.377).

Along with this identity crisis, cognitive development is also taking place. Piaget (cited in Stott, 1974) traces this development of the intellect during adolescence by stating that, at about 11 or 12 years of age, the young child begins "freeing himself from the concrete and orienting himself toward the nonpresent and the future" (p.372). He now begins to reason correctly "about propositions he does not believe, or at least not yet; that is, propositions that he considers pure hypotheses".

According to Piaget (ibid), this continuous yet sequential development of the cognitive functions parallels the equally important emotional growth and increased capacity for social functioning. Along with the repeated process of decentering from earlier modes of behaviour toward more mature levels of cognitive functioning, this increase in capacity for higher level emotional and social functioning can also be seen. For example, there is a gradual growth from complete egocentricity through varying degrees of capacity for sensitivity and empathy with respect to the feelings and welfare of others. Hughes and Noppe (1985) thus stress that by adolescence, death is understood to be a universal, irreversible fact. Formal operational thinking, with its emphasis on possibility, makes thinking about the future (of which death is a part) a more significant activity. They see identity development as entailing the integration of the concept of self within the context of personal time. Such concerns with time and

understanding of the self must have a significant impact on the adolescent's thoughts about death. Because of this, adolescents think about death more often than they ever have before.

Blor (cited in Pattison, 1977) also mentions that adolescents do have death fears. He has described the ego changes and psychological growth as being at the centre of the adolescent's emotional turmoil. The fear of death and its associated links with depression and separation anxiety complicate these growth processes. The adolescent's ability to conceptualize time and to foresee him/herself as a continuous personality engaged in future experiences also influences the variability in death fears, and one's awareness of finitude now becomes prevalent.

Pattison (1977) on the other hand, argues against the importance of the concept of death in the life of the adolescent. According to him, adolescence is a time of intense intellectual and emotional preoccupation with oneself, and so the concept of death acquires an intellectual importance that meets the emotional experience of oneself. The adolescent now has a sense of being, a sense of 'me', but he/she still does not have a sense of longevity. Length of life is not an issue, but quality is. Thus, for Pattison, there exist many romantic notions of death in the thoughts of adolescents. There is not much concern over how long one lives, as long as one lives and dies as the 'real me'. The image of oneself is important here, the life of oneself much less so. In coping with dying in adolescence then, Pattison (ibid) believes that we are faced with the youth who may fear his/her newly gained sense of true being. The affirmation, confirmation, and

clarification of the adolescent as a unique and real human being may thus be the most important task in coping with dying at this age.

Similarly, Kastenbaum (cited in Charmaz, 1980) suggests that adolescents are deeply affected by the social-cultural matrix in which they live. He emphasizes that adolescents are not passively determined by external forces, but exist in a dynamic relationship with them. These adolescents live in an intense present; the past and the future remain vague by contrast. Kastenbaum (ibid) reports that the adolescents he studied viewed death as empty, not active; it represented the end to them.

There thus appears to be some inconsistency in the literature review. Blor (cited in Pattison, 1977) states that this might arise from the inability of some adolescent subjects to structure time, and from the interplay of death anxiety with the adolescent's ego reorganizations. Other studies also reveal this inconsistency. Hogen (cited in Hardt, 1979) in measuring death anxiety among adolescents, found that most subjects preferred to perceive death in terms of metaphors such as 'the unknown', 'a lost adventure', or 'the end of life'. Hogen also investigated death-related fantasy experiences, in which subjects were told to close their eyes and imagine they were dying of cancer. Cues were presented in order to increase anxiety. They were then told to picture themselves falling asleep, dreaming, and letting the dream drift through their minds. It was found that 39% of subjects responded in a manner symbolic of painful experiences such as a fear of the unknown, or psychological pains like sadness, helplessness, or

loneliness. Thus, the subcategory most frequently stressed related death to a fear of the unknown. Hogen further found that, when asked to write directly about their perceptions and concepts of death, 38% of subjects related death to a religious experience, and 30% related death to a biological end. The perception of death most often chosen was, again, the fear of the unknown. Hogen's studies are thus significant in that they appear to give some basis to the belief that adolescents do hold realistic attitudes toward death.

Middleton (cited in Hardt, 1979), on the other hand, analyzed the results of a 14-item questionnaire, including items relevant to death and life-after-death, given to adolescents. His results revealed that about 93% of subjects thought of their own deaths rarely. Only 12% reported having a strong fear of death, while 25% reported being absolutely unafraid, and 62% reported having an indifferent attitude toward death. It was thus Middleton's conclusion that most adolescents show little concern with death.

Alexander, Colby and Adlerstein (cited in Hardt, 1979) attempted to measure physiologically, psychologically and quantitatively, the affective reactions of adolescents to death words. They employed a word-association task and a psychogalvanic device for recording response time. Results showed that the subjects responded to death-related words with greater emotional intensity than to equivalent words drawn from the general language sample. This result indicated that consciously communicated attitudes (spoken) differ from the less conscious processes (subconscious) regarding death. That is, we tend to subconsciously inhibit our verbal attitudes toward death. This

indicates a deeper fear of death than was previously expected.

Experience of death in one's own life also plays a significant role in deeming whether or not one is able to accept death. Balk (cited in Mcos, 1986) interviewed 33 teenagers between the ages of 14 and 19 years of age who had experienced the death of a sibling during their adolescent years. He found that the siblings' death had made these adolescents "grow up fast" (p.77). The crisis of sibling death had been used as a means of growth, an opportunity to successfully integrate death into their own lives. These adolescents perceived themselves as "more mature" than most of their peers, and they valued each day and its potential more than they had prior to their sibling's death (ibid). They further saw this change within themselves as occurring since the elapsed time of death, rather than due to the age of the subject.

Thus, studies that relate adolescent attitudes toward death appear to be inconsistent. Hogen has shown that adolescents do fear death, specifically the unknownness of death. Middleton, on the other hand, suggests that adolescents show little concern with death, and Alexander et al suggest that adolescents are concerned with death, but subconsciously inhibit their real attitudes toward it. Finally, Balk has stressed the importance of experience with death in one's life as a contributing factor in shaping one's perceptions of death.

3.4) YOUNG ADULTHOOD AND DEATH

When the developmental tasks of adolescence have been mastered, a person becomes an adult capable of mature behaviour. Turner and Helms (1979) define this period as occurring between the ages of 20 and 30 years of age. There is still, however, a need for constant adjustment during the early years of adulthood. During this stage then, the major and normative developmental events of marriage, parenthood, and career development signify a life-expanding time. The young adult is believed to be on the threshold of life: the beginning of a career, home, or marriage, or of children. Because of these factors, Backer et al (1982) stress that facing death at this stage of one's life cycle is frustrating and disappointing. The young adult may have to reconcile what might have been with what is. Consequently, he/she may experience a sense of being cheated, of unfairness, of not getting one's fair share of life. During this stage of life, the individual will often cope with death by expressing rage, frustration and anger at the world, or by turning these feelings inward and becoming depressed (ibid). It is believed then, that, perhaps more than at any other age, one attempts to hold onto one's existence.

Thus, it appears that young adults have less reason to think much of death since they have so much life ahead. While they are discovering and using their increased abilities, thoughts of death seem irrelevant. This impression has been confirmed by various studies of attitudes toward death. In one such investigation of young adults mentioned by Hinton (1979), more than 90% stated that they rarely thought about death in a personal way, whereas in two studies of the elderly, only

30-40% kept it from their thoughts.

Hughes and Noppe (1985), however, take a different perspective on the young adults' attitudes toward death. They state that, by the 20's and 30's, the idea of personal death has usually taken firm root in the conception of oneself. This is an intrinsic component of a realistic sense of one's identity, for the individual now recognizes that he/she is finite. They mention that such developmental milestones as marriage, parenthood and career development may actually lead individuals to take stock of their personal time and lives, of which death is a certain endpoint. Rayner (1971) goes further and states that, with this sense of mortality included in one's awareness, an individual is often spurred to clarify the things he/she would like to do in his/her life, and also, to divest him/herself of dreams that mean little for him/her and are impossible.

3.5) MIDDLE AGE AND DEATH

Chronologically, middle age occurs roughly between the years from age 40 to age 60 or 65 (Craig, 1983). It may be regarded as an in-between period, a bridge between two generations. This is because people in mid-life are aware of being separate not only from adolescents and young adults, but also, from the elderly.

Thus, by the age of 40, the awareness of mortality is believed to develop into the sense that life is half over and there is not much time left. Rayner (1971) sees this as being a depressive experience with much attendant anxiety. This is because it is concerned with

loss, not necessarily real losses, but lost hopes. In middle age, the future no longer holds unlimited possibilities. People tend to clock middle age according to the family cycle - when their children have left home, for example. Cues also come from their careers - their advancement at work has stopped. They have reached positions of seniority or status, or they may realize that they have reached a plateau well below their original goals (ibid). One's future is restricted both by these and by the physical reality of an aging body, for example, wrinkles, less firm flesh, greying hair, and minor (and major) ailments which may cause discomfort (Papalia et al, 1978). For Rayner (1971) then, the old methods of looking to the future to assuage anxiety no longer suffice; a new equilibrium has to be found. This internal situation is referred to as the mid-life crisis.

Jung (cited in Craig, 1983) was one of the first to identify the mid-life transition. He believed that the crisis is essentially caused by a shift in control. The first half of life, during which people exercise control over their lives and their environment, is dominated by the activities of the conscious mind. In the second half of life, however, individuals must confront the unconscious; they must become more reflective and inner directed. Most come to terms with personal limitations and accept the fact that they have no control over death (ibid).

For Jacques (cited in Charmaz, 1980), the midlife crisis begins roughly with the onset of menopause in women and the reduction of sexual intensity in men. He contends that the crucial dimension of middle age

is the subjective awareness of one's eventual death. Such recognition may be defended against and denied, but signals of age weaken such defences as time progresses. A 36-year old patient of Jacques' compared his earlier view of life to an 'endless slope' with his new realization of death. He said, "Now suddenly I seem to have reached the crest of the hill, and stretching ahead is the downward slope with the end of the road in sight - far enough away its true - but there is death observably present at the end" (cited in Charmaz, 1980, p.75). This subjective awareness of death may also lead to the realization that the future is circumscribed and many of one's hopes, dreams, and plans will not materialize. That realization alone might be enough to warrant the kind of psychological depression that Jacques maintains characterizes the mid-life crisis.

Much criticism has formed around the issue of whether the mid-life crisis does actually exist, however. This is because Jacques' developmental argument is very vague. Whether or not there is a discernable reduction of sexual intensity in males at around 35 years of age is questionable. In addition, the crisis conventionally associated with menopause in women has been shown to correspond with the role loss of the 'empty-nest' mothers. Thus, according to Charmaz (1980), what Jacques may have mistaken for a developmental crisis may more accurately reflect age-graded and age-related events elicited by social processes.

In addition, certain events are more likely to happen to someone at particular age levels. For example, the loss of one's parents is one critical event apt to happen in midlife. Another is the loss of

friends owing to terminal illnesses. Such losses would cause any adult to think about death more subjectively, at least for a while. The loss of one's parents in midlife also has another significant dimension - the effect of knowing that there is no generation beyond one. As one woman stated, "It is such a hollow feeling knowing that there is no generation before you; you are it now, the eldest generation in your family. That is a scary, empty feeling" (cited in Charmaz, 1980, p.75).

Whether or not the mid-life crisis actually exists, a re-evaluation of one's self-concept does still occur in middle age. According to Pattison (1977), adulthood involves a growing sense of surety and familiarity with oneself, one's marriage, and one's spouse, which leads toward a possible appreciation of the more subtle and muted rewards of life. There is also usually more security, more time for reflection, increased self-awareness, introspection, and heightened self-understanding. Compared with the adolescent then, the middle-aged person is much more cognizant of his/her changing sense of self, thus laying the foundations for the integration of the concept of mortality into one's adult sense of identity.

Neugarten and Datan (1971, p.273) undertook a study in which 100 men and women were interviewed at length concerning the salient characteristics of middle age. These subjects were selected randomly from various directories of business leaders, professionals, and scientists. Results showed that middle age is regarded as a period of heightened sensitivity to one's position within a complex social

environment, and the reassessment of self is a prevailing theme. As anticipated, most of the group were highly introspective: they had evidenced considerable insight into the changes that had occurred in their careers, their families, their status, and in the ways in which they dealt with both their inner and outer worlds. It was also evidenced that middle age is perceived of as a distinctive period, one that is qualitatively different from other age periods.

One characteristic of middle age is that of the changing time perspective. Both sexes, although men more than women, spoke of the difference in the way in which time is perceived. Life is restructured in terms of 'time-left-to-live' rather than 'time-since-birth'. According to Hughes and Noppe (1985), this orientation seems to occur during mid-life because of the convergence of several factors: one's parents die, there is increased concern with one's own death, which eliminates "one psychological barrier protecting us from death" (p.531).

Not only the reversal in directionality, but the awareness that time is finite, is a particularly conspicuous feature of middle age. Thus, one subject states, "You hear so much about deaths that seem premature. That's one of the changes that comes to you over the years. Young fellows never give it a thought" (cited in Neugarten and Datan, 1971, P.273). This recognition that there is 'only so much time left' was a frequent theme in the interviews. In reference to the death of a contemporary, one man said, "There is now the realization that death is very real. Those things don't quite penetrate when you're in your 20's and you think that life is all ahead of you. Now you know that death

will come to you, too" (ibid). This last-named phenomenon is termed the personalization of death: the awareness that one's death is inevitable and that one must begin to come to terms with that actuality.

There thus appears to be two almost diametrically opposed interpretations of the nature of middle age. To some it is a crisis, a period of self-evaluation (frequently with negative conclusions), unhappiness, and even depression at the thought of impending death. On the other hand, middle age may be regarded as a developmental period when people become more accepting of themselves, more appreciative of the rewards of life, and develop meaningful ongoing relationships with those around them.

3.6) OLD AGE AND DEATH

The rise of medical science and technology, with its emphasis on changing the contours and incidence of disease, has resulted in a decline in mortality rates, thus enhancing both the proportion and number of persons who are living longer in Western society. Fox (1981) states that, whereas in 1900, approximately 3 million persons, or 4% of the American population were 65 years or older, today over 23 million persons, or nearly 12% of the population belong to this age category. In the Western world then, the majority of deaths occur amongst elderly people, that is, those who have retired from work, who have completed their parental responsibilities, and who are beyond the age of 60. Because of this, the problems relating to death are those related to aging.

During the senescent years of life, ideas of death are believed to enter consciousness more often. Pikunas (1976) mentions that, when terminal decline begins, the process of aging accelerates, resulting in the marked deterioration of some organic systems. Practically all bodily systems deteriorate in both structural and functional aspects. Cognitive functions also decline, being most apparent in losses of memory, and often compensated for by imagination. Furthermore, faulty performance in many activities might elicit powerful emotional reactions, and rumination over past performance often leads to increased restlessness and moments of helplessness and despair (ibid). The idea of being near death then, produces anxiety and might stimulate preparation for it. He stresses that, to many people, the depressing idea of bodily extermination gives way to a resigned or anticipated outlook towards death and the hereafter.

Studies by Kastenbaum and Aisenberg (cited in Charmaz, 1980) support this point. They propose that elders (and women and minorities) are more apt to have what they call a 'participating' response to death. In this conception, death is viewed as being within the individual. Persons who hold this conception view death as a form of honour, fulfillment, or reunion. Themes of reunion may be with nature or, in the case of elderly widows particularly, with their dead husbands. Kastenbaum and Aisenberg further remark that they have known geriatric patients who speak of death as a familiar presence or companion. This response is consistent with Swenson's finding that the institutionalized elderly look forward to death more than those who are not institutionalized (ibid). These authors also observe that the

aging process itself causes elderly people to have fewer illusions about the locus of death within them. They show two kinds of active participatory responses to death by the elderly. In the first, a merging occurs between the person and death. This merging is due to partnership or union, rather than dread or sorrow. According to Kastenbaum and Aisenberg (ibid), if this stance is taken, older persons may reject nourishment, medication, or surgical intervention that might extend their lives. In the second participatory response, the individual treasures death. It becomes a personal possession, perhaps the only remaining one on which the person's self-image can be based. Kastenbaum and Aisenberg tell of a 95-year old woman who made this statement about death; "It's mine. Don't belong to nobody else" (cited in Charmaz, 1980, p.76). In this instance, death may then symbolically represent to the aged a last claim to uniqueness.

It appears from the research, then, that death does not appear so frightening to the aged as might be expected. Bengston et al (cited in Harris and Cole, 1980) report that middle-aged respondents (45-54 years) have the greatest fear of death, while the older age groups (65-74 years) express the least amount of fear. There also appears to be no increase in fear of death among older persons even as the time of death approaches (ibid). Furthermore, Riley (cited in Kimmel, 1974) found that for old people (over 60 years), the attitude is more one of acceptance ('death is sometimes a blessing' or 'death is not tragic for the person who dies, only for the survivors') than of fear ('death always comes too soon' or 'to die is to suffer'). Over 60% of the respondents described death as 'a long sleep' and only about one-third indicated a spiritual orientation towards death. Swenson, however,

found that acceptance of death was higher among the religious, and highest among those who lived with others (family, friends, or in an institution) than among those who lived alone (ibid).

Kalish (cited in Charmaz, 1980) posits two important concepts - death as an organizer of time, and death as a loss - as possibly of special significance to the elderly. For him, those elderly who make plans and rely heavily on a future orientation are apt to be highly aware of the possibility of impending death. Death as a loss may not differ so much in kind from conceptions held by persons in other age groups. But, older persons may have already sustained many losses such as spouse, social identity, home, and income. These losses may shade the extent to which death is perceived of as a loss. If the losses deprived individuals of major sources of valued experience, such as the loss of spouse or of health, then they may become apathetic about death. According to Kalish (ibid), elders are less reluctant to give up life because less potential exists for satisfying future experiences. He mentions a special type of loss significant to the elderly as being the loss of control. For aged persons, this loss of control meant a fate worse than death, because of the consequent diminishing of their personal identity.

In summary then, Kalish (cited in Harris and Cole, 1980) proposes three reasons as to why older persons are less afraid of death:

(i) Older persons place less value on their lives and recognize that their future is limited.

(ii) After having lived to old age, most elderly people feel that they have received their fair share of years and that any additional years

are a bonus.

(iii) As people grow older, they frequently have to deal with the deaths of others, which helps to socialize them to accept the appropriateness of their own deaths.

Acceptance of death can also be defined in terms of preparations made for one's death, where people who actually make some form of preparations may be regarded as more accepting of death. In a study by Hinton (1979), most elderly people thought that plans should be made in preparation for death: 70% had life insurance, 25% had made a will, 25% already had some funeral or cemetery arrangements, and 50% had spoken about death to their nearest relations. Hinton found that these trends were not only more apparent in older people, but also, in the better educated. That death itself cannot be definitely planned for is also mentioned often by older persons in a variety of ways. One old woman summed up her thoughts on death in a statement that is representative of older persons generally, "Why should I worry about it? It's something everybody has to accept, but I'm not looking forward to it" (cited in Matthews, 1976, p.107).

Death may be taken as inevitable and not worth worrying about, but the process of dying is another matter entirely. Fear of the dying process centres on 'suffering' and 'being a burden', both of which fall under the category of losing control over self-identity. The fear of dying is clearly expressed in the words of one old woman, "I'm not afraid of death itself, but I'm afraid of pain. I have a fear of lingering. That I don't want to do. I don't want to be taken care of" (ibid).

Comparison studies across age groups would also seem to be essential for a clear understanding of the relationship between death fears and age. However, when personality tests were used with projective test responses in a comparison between 16-21 and 55-65 year old subjects, more avoidance of death was seen in the older people. It is Pattison's premise that death anxiety involves a threat to self-esteem, and the ability to care for dependents is a significant factor in the self-esteem of adults (1977). Consequently, concern for dependents as a function of death fears reaches a peak in people from 40 to 54 years of age. The fear of death clearly then becomes identified with concerns about surviving family members and loved ones, which complicates the dimensions of the issue at stake in research designs. Thus, Pattison stresses that no general relationship between fear of death and age can be demonstrated, but that there are specific relationships at various times in life that reflect deeper psychological processes (ibid).

These somewhat contradictory findings raise the question of whether the views of the elderly reflect their age status. Swenson (cited in Charmaz, 1980) concludes that age level per se has no predictive value in the individual's concept of death. Different social circumstances proved to be more definitive variables for him. For example, McCarthy (1980) mentions that a stronger fear of death has been found amongst institutionalized females than among independent females who live in apartments. As activity increased among the aged in institutions, however, less fear of death was reported. Independence and the active pursuit of interests and hobbies thus decreased death fears in the elderly. Furthermore, Borup and Gallego (ibid), in analyzing the

effects of geriatric relocation on mortality rates, reported that in most instances of the relocation of nursing home patients to home care or other nonnursing home facilities, no adverse mortality consequences could be documented. These investigators reported from their own investigation that the relocated group actually experienced decreased mortality. Riley (1983), however, stated that the relocation of frail elderly people has been postulated as a cause of excess deaths. The issue remains unsettled here.

A further social stressor which Riley (1983) mentions as determining one's attitude towards death is that of retirement. He mentions that various studies report retirement as being inherently a stressful life event that translates into higher death rates for retirees, in contrast to those who continue to work. Other studies show the opposite, however, that is, that lifelong work is the stressor and retirement serves as a moderator that enhances longevity (ibid).

Marshall (cited in Riley, 1983) also attempts to integrate the social process of dying and of aging. He sees the meaning of death as taking shape within a dialectical perspective - the individual and the society are both at work in the social negotiation of identity. Marshall thus believes that older persons, in making sense of the process of dying, engage in 'the legitimation of their biography', and their 'awareness of finitude' (the final realization that they will die) mediates between where they are in the life course and their self concepts. On the basis of empirical tests, Marshall states as propositions of his theory that death is regarded as preferable to

inactivity; to the loss of the inability to be useful; to becoming a burden; to loss of mental faculties; and to living with progressively deteriorating physical health and concomitant physical discomfort. He states that while "death poses problems for individuals, ... the response to death is never fully individual, for never is the individual completely divorced from society" (ibid).

Thus, with a prolonged expectation of life and a highly developed economy, a large proportion of the population is aged and unproductive. Because their contributions are indeterminate, many of them have the appearance of being useless and unwanted. The aging person is perhaps presented with threats to his/her well-being from two directions: firstly, from the deterioration of his/her bodily functions, and secondly, from social expectations that he/she will become useless on account of his/her age, irrespective of his/her real capacities. Kalish (cited in Hughes and Noppe, 1985) thus proposes that the elderly become socialized to their deaths, and that such 'anticipatory socialization' leads to the sort of acceptance of death during old age that could not be attained at an earlier age. This hypothesis parallels the disengagement theory of aging by Cumming and Henry (ibid), a theory that proposes a mutual withdrawal between society and the aging individual. The elderly's increasing preoccupation with self, loss of outside interests, and anticipation of death are considered to be major characteristics of such disengagement. Deaths of family and friends may also promote such anticipation of death. In general then, there is some evidence that death rates are higher for the elderly who experience losses typical of their age - that is, death of a spouse, relocation of residence, and retirement from work role.

To this extent, the degree of awareness of mortality does seem to be essentially a social comparison process.

Pattison (1977), however, states that retirement and old age do not mean that one has made peace with life and is now ready to accept death. Instead, she stresses the issue of identity, stating that old age brings one to a reflection upon the entirety of one's life. Butler (cited in Papalia et al, 1978) has pointed out that many old people engage in a type of perseverative reminiscence of their lives. They go over and over their lives, asking themselves if it all made sense and if it was really worthwhile. He states that such reminiscence is part of a normal life review process, which helps people to deal with unresolved conflicts, and gives new meaning and significance to their lives, thus preparing them for death. He points out that some of the positive results of reviewing one's life can be a righting of old wrongs, a sense of serenity, pride in accomplishment, an acceptance of one's mortality, and a feeling of having done one's best in life. It further gives people an opportunity to decide what to do with the time left to them and to work out emotional and material legacies (ibid). Pattison (1977), on the other hand, found that many old people, after reminiscing over their past lives, are not yet ready to die as they have not made peace with themselves. They still question and doubt their existence. Death will thus be an intrusion, unless and until they can affirm that their life was an existence unique to them. So again, for Pattison, coping with dying is believed to turn one to an affirmation of the real personhood of the aged person.

Similar to Butler's notion of the life review is Erikson's concept of integrity versus despair. For Erikson (cited in Kimmel, 1974), the crucial task during the final stage of life is the evaluation of one's life and accomplishments in order to affirm if one's life has been meaningful. A central aspect of this integrity issue might involve looking back over one's life, so the accomplishments during earlier stages of life do play an important role in the resolution of this crisis, because a sense of integrity is the final fulfillment of the previous seven stages. Erikson (1965, p.32) thus defines ego integrity as being "the acceptance of one's one and only life cycle as something that had to be Before this final solution, death loses its sting". The negative of this turning point is a sense of despair. Erikson (ibid) states that lack or loss of ego integrity is signified by the fear of death as one's one and only life cycle is not accepted as the ultimate of life. Despair, for Erikson, thus involves an existential sense of total meaninglessness, a feeling that one's entire life was wasted or should have been different than it was. This view of man's final struggle to resolve the meaning of his life (in terms of integrity versus despair) thus appears to be similar to the existential argument that mankind strives to find meaning in life, and that the absence of a sense of meaning leads to despair.

Thus, whether or not death is accepted in old age is dependent upon a combination of biological, psychological and social factors, interacting in such a way as to make death more acceptable or else more unacceptable, for the elderly.

CHAPTER FOUR: METHODOLOGY

The existential-phenomenological approach was used for this research project as it maintains a systematic and reliable method while at the same time - because it is ultimately based upon intuitive understanding and subjectivity - is able to assess the meaning of human experience in a manner that is not amenable to the natural scientific method. This chapter will give a brief outline of this method as well as its importance for psychological research.

4.1) EXISTENTIAL-PHENOMENOLOGY

According to Valle and King (1978, p.7), existential-phenomenological psychology is "that psychological discipline which seeks to explicate the essence, structure, or form of both human experience and human behaviour as revealed through essentially descriptive techniques including disciplined reflection". Existential-phenomenological psychology thus has a different basis to that of the natural scientific method. The major issue stressed is that people are not viewed as objects. Rather, the individual is contextualized, and emphasis is placed upon the indissoluble unity or interrelationship between the individual and his/her world. The objectified nature of consciousness is also rejected in favour of the uninterpreted world of everyday experience, that is, the world as given in direct and immediate experience independent of and prior to any scientific interpretations. This realm of naive experience is termed the Lebenswelt or life-world, and it is the starting point for existential-phenomenology (ibid). Since it is the foundation for all scientific thinking, it is also

prereflective in nature. Thus, existential-phenomenology assumes what Husserl (cited in Valle and King, 1978) refers to as the 'transcendental attitude'. Here, one attempts to bracket one's preconceptions and presuppositions in order that the world becomes phenomenal in nature or a world-for-consciousness. In this way, consciousness is not seen as an objectified 'thing' in itself. Rather, it is regarded as a making present of the phenomena as they show themselves in our everyday world.

The goal of existential-phenomenological psychology is thus to reveal the structure or commonality of an experience through descriptive techniques. It attempts to understand phenomena in their perceived immediacy and is not concerned with explaining, predicting, or controlling them. Description through disciplined reflection replaces the experiment as method while structure replaces cause-effect relationships as the content of existential-phenomenological psychology. In this way, priority is given to the phenomenon under investigation so that the following 3-fold programme is accomplished: the phenomenological return to the things themselves; investigation of phenomena in a meaningful way; and relinquishing of the grip maintained by the technological (scientific) attitude (Colaizzi, 1978).

If one wishes to know what a particular psychological phenomenon is then, one must begin by contacting that phenomenon as people experience it. This is done by gathering from subjects their descriptions of what their experience of the situation/phenomenon is like. According to Kruger (1979), certain conditions have to be met when choosing subjects, that is, subjects need to be willing to discuss the matter

freely and openly. They should also be naive with respect to psychological theory, as their being untrained increases the probability of their verbalizing the data of their awareness without undue interference from implicit philosophies of various schools of psychological thought. Thus, Kullman et al (cited in Kruger, 1979, p.125) states that, "in describing our 'original' experience of the world, we must not let ourselves be influenced by any empirical or philosophical theory of perception, any hypotheses concerning its nature, causes, or physiological or other underlying processes involved".

4.2) COLLECTION OF DATA

In this research project, the six subjects involved were elderly White women between the ages of 75 and 90 years of age, who were all residents of Grahamstown. The first three subjects did not live in an institution, but the latter three were institutionalized in that they were residing in a home for the aged. The subjects were all approached by the researcher and asked if they were willing to be interviewed about their current perceptions and attitudes toward their impending deaths, and to what extent these perceptions might have altered over the course of their life cycle. An appropriate set of questions was posed in order to tap the subjects' experiences of the phenomena. For purposes of this research, it was decided to focus on the roles played by religion and the concept of the afterlife; the experience of having faced death before in seeing loved ones die; and Butler's concept of the life reminiscence process in determining how older persons perceived their own deaths. It was hypothesized that

these three factors would enable older persons to accept their own deaths, that is, an acceptance of religion and a belief in an afterlife; a sense of having experienced and faced death before in seeing loved ones die; and a feeling of having led a meaningful life through reminiscing of past events might make older persons more accepting of their deaths. The questions were thus posed in a manner that would elicit this data, and each interview session was taped, with the subject's agreement and the researcher's assurance of confidentiality.

4.3) METHOD OF COLLECTION

The data was then explicated phenomenologically, based on an understanding of phenomenological research as represented by the work of Giorgi (1971) and Colaizzi (1978) conducted at Duquesne University. In this study, Giorgi's method was also modified by including an extra step as outlined by de Koning (1979). The procedural steps are as follows:

(i) The subjects' descriptions - in the form of protocols - are read in order to acquire a feeling for them, what Giorgi (1975, p.87) describes as obtaining "a sense of the whole". Since phenomenological research is engaged research, involving the researcher in an interpersonal situation, the researcher's mode of involvement in the explication is crucial. Thus, in the initial reading of the protocols, the researcher needs to bracket his/her preconceptions and judgements as much as possible in order to remain faithful to the data.

(ii) Once having obtained an intuitive and holistic grasp of the data, the protocols are broken down into naturally occurring units, each conveying a particular meaning, which emerge spontaneously from the protocols. Cloonan (cited in Stones, 1985, p.69) defines the natural meaning unit as "a statement made by [the subject] which is self-definable and self-delimiting in the expression of a single, recognizable aspect of [the subject's] experience". Wherever possible, the subject's own phraseology was adhered to in order that the data may 'speak for itself'. However, since the shared nature of our lived world suggests that we are able to understand others' meanings, it was permissible for the researcher to articulate the reduction to natural meaning units in words other than those used by subjects in order to convey the intended meaning more clearly (Kruger, 1979). It is also important to remember that even though the meaning units might be conceptually differentiated from each other, there is nevertheless an inseparable relatedness of all these meaning units in their lived sense (ibid). These natural meaning units (N.M.U's) are expressed in the third person (even though the original description is in the first person), such that whenever 'I' occurs, it is transformed into 'S' (for 'subject'). This is done in order to remind the reader that he/she needs to understand the description from the subject's perspective rather than from his/her own.

(iii) The researcher then proceeds to reflect on the natural meaning units, which are still expressed in the concrete everyday language of the subject, and transforms the intention of each unit into language which expresses a psychological perspective of the phenomenon.

(iv) These formulated meanings are then organized into clusters in order to allow for the emergence of themes which are common to all of the subjects' protocols. This organization into clusters of themes is the extra step as outlined by de Koning (1979), and each theme's more general expression of the essence of a number of transformed meaning units is arrived at with a view to formulating the general description of the protocols.

(v) A situated structure of the experience for each subject is then generated. This is done by synthesizing the insights attained by taking into account all the expressed intentions derived from the natural meaning units.

(vi) A general structure of the experience is then generated on the basis of the situated structure of each subject's individual experiences. Thus, the main difference between the situated and general descriptions is that while the situated description remains faithful to the concrete lived situation of the individual subject's experience, the general description involves more than one subject (and hence, situation/experience as well).

From an outline of the explication process of phenomenological psychology, various characteristics of this method become obvious. Firstly, one can see the strong emphasis on a descriptive approach which emphasizes the primacy of the lived-world, that is, the everyday world as it is lived prior to explanations and theoretical interpretations of any kind. Also, fidelity to the phenomenon as it is

lived is stressed, that is, anything that the subject feels is worthy of mentioning is registered as data, as well as making explicit the perspective of the researcher. Thus, because interpretation of the protocols is based on "intuition, reflection and description" (Kruger, 1979, p.119), the researcher plays a very active role in the constitution of the actual data of the research, making it important for him/her to be able to bracket personal preconceptions, biases, and judgements, and to remain faithful to the data as much as possible. Van Kaam (ibid) defines this mode of existence of the phenomenological researcher as one in which he/she seeks a comprehensive understanding of the phenomenon " as it manifests itself, with the least possible imposition of psychological theory or method, personal and cultural prejudice or need, and language habit".

According to Giorgi (1975) then, the value of the phenomenological method is that in putting together all of these characteristics, a certain Gestalt emerges which makes more visible a different vision of research.

CHAPTER FIVE: ANALYSIS OF RESULTS5.1) SUBJECT 1: 79 YEARS OLD5.1.1) RAW PROTOCOL:

(Do you think about your own death a lot?) No, I wouldn't say a lot, but I do think about it. I just feel that I've had my life - I've had nearly 80 years of it, and I feel that I'm ready to go whenever it comes. I have no fears of death, though, as I believe in the Lord and I'm prepared to go when He says that my time is up. I also have no fears of dying. I feel that if the Lord could've suffered the way He did, then why can't I do what is put to me? (Your religion seems to have played quite a large role in shaping your attitude and feelings toward death.) Yes, it has. I also believe in an afterlife. I find it impossible to imagine what an afterlife will be like, but I know that there is something to look forward to. This has helped me in coming to terms with my death. (Have you been this accepting of death throughout the course of your life?) Yes, my mother was a very religious person, and so we've been brought up to always know that whatever happened is the will of the Lord. So when there've been any troubles or hardships in life, I've just accepted these as something that had to be. The same with death. I've never feared death as it is something that has to happen to everybody some day. (How did you feel when experiencing the deaths of people close to you?) I found it difficult to think why it happened, as it just happened so suddenly - this was when my husband died. But I thought that the Lord knows what He's doing. And it saddened me to think that if he hadn't gone so

quickly, then he might've been paralyzed - he had a stroke, you see. I'd rather that he died than ever been an invalid as he was a very active person. So this did help me in accepting his death. I did think about death more often during this time. I thought about how sudden it could be; we just don't know when its going to come. This didn't make me fear death, though. Even at this age, I don't fear death. For me, it is something to look forward to. I've had my time, I've lived my life and I've really enjoyed it. I've had many blows and sorrows, but I've accepted these as well. (Do you spend time reminiscing about past events in your life?) I try not to as I don't want to live in the past. But I can't help thinking at times about the past, about what I did and didn't do. I really don't want to dwell in the past too much, though. I try to look to the future instead. (Have you made preparations for your own death?) I have a will and I've made preparations for my burial, yes. (So you seem to be very accepting of your own death.) I've accepted death, yes. When loved ones have died, I have never felt that they might be in any danger. I have always felt that they might be happier off where they are.

5.1.2) NATURAL MEANING UNITS

(Do you think about your own death a lot?)

1) No, I wouldn't say a lot, but I do think about it.

2) I just feel that I've had my life - I've had nearly 80 years of it, and I feel that I'm ready to go whenever it comes.

3) I have no fears of death, though, as I believe in the Lord and I'm prepared to go when He says that my time is up.

4) I also have no fears of dying. I feel that if the Lord could've suffered the way He did, then why can't I do what is put to me?

RELEVATORY PSYCHOLOGICALLANGUAGE

1) S does think about her own death, although not often.

2) S feels prepared for death as she has completed her life cycle.

3) S perceives death as being understandable in terms of her religious conviction. Death is also an inevitability over which she has no control.

4) Within her religious thinking, S is willing to face the challenge of the pain that she anticipates will be associated with the process of dying.

(Your religion seems to have played quite a large role in shaping your attitude and feelings toward death)

5) Yes, it has.

6) I also believe in an afterlife. I find it impossible to try to imagine what an afterlife will be like, but I know that there is something to look forward to. This has helped me in coming to terms with my death.

(Have you been this accepting of death throughout the course of your life?)

7) Yes, my mother was a very religious person, and so we've been brought up to always know that whatever happened is the will of the Lord. So when there've been any troubles or hardships in life, I've just accepted these as something

5) S's religion has played a large role in shaping her current perceptions of death.

6) Although S is unable to imagine what an afterlife will be like, her belief in its existence has enabled her to accept her death.

7) Due to her religious upbringing, S perceives death as well as the life that she has lived, as being inevitable and beyond her control.

that had to be.

8) The same with death. I've never feared death as it is something that has to happen to everybody some day.

(How did you feel when experiencing the deaths of people close to you?)

9) I found it difficult to think why it happened, as it just happened so suddenly - this was when my husband died. But I thought that the Lord knows what He's doing.

10) And it saddened me to think that if he hadn't gone so quickly, then he might've been paralyzed - he had a stroke, you see. I'd rather that he died than ever been an invalid as he was a very active person. So this did help me in accepting his death.

11) I did think about death more often during this time [that is,

8) S has never feared death as she realises that it is inevitable.

9) Within her religious thinking, S was able to understand and face her husband's sudden death by believing that it was inevitable.

10) S was further able to come to terms with her husband's death by seeing it as being preferable to him having become paralyzed.

11) The death of S's husband led to her thinking more

after the death of S's husband].
I thought about how sudden it
could be; we just don't know
when its going to come.

12) This [realization of the
suddenness of death] didn't make
me fear death, though.

13) Even at this age, I don't
fear death.

14) For me, it [death] is
something to look forward to.
I've had my time, ...

15) ... I've lived my life and
I've really enjoyed it. I've
had many blows and sorrows, but
I've accepted these as well.

(Do you spend time reminiscing
about past events in your life?)

16) I try not to as I don't want

about how sudden death could
be, as well as about the
uncertainty as to when death
will come.

12) S still did not fear
death even after experiencing
her husband's sudden and
unexpected death.

13) S does not fear death now
that she is older and closer
to it.

14) S looks forward to death
as she has completed her life
cycle.

15) S is able to accept her
death as she feels that she
she has lived a fulfilling
existence.

16) Although S tries not to

to live in the past. But I can't help thinking at times about the past, about what I did and didn't do. I really don't want to dwell in the past too much, though. I try to look to the future instead.

(Have you made preparations for your own death?)

17) I have a will and I've made preparations for my burial, yes.

(So you seem to be very accepting of your own death?)

18) I've accepted death, yes.

19) When loved ones have died, I have never felt that they might be in any danger. I have always felt that they might be happier off where they are.

dwell in the past, she still cannot help reminiscing about her past life events.

17) S has made preparations for her death in the form of a will and burial arrangements.

18) S has accepted death.

19) Since S believes that there might exist the possibility of a more pleasant afterlife existence, she perceives the deaths of loved ones as not being a particularly traumatic experience for them.

5.1.3) PSYCHOLOGICAL FORMULATION OF THEMES EMERGING FROM NATURAL
MEANING UNITS

- 1) S seldom thinks about death.
- 2,14) S is prepared for death as she has completed her life cycle.
- 3a,5) S perceives death as being understandable in terms of her religious conviction.
- 3b,7,8) Owing to her religious upbringing, S perceives death as being inevitable and beyond her control.
- 4) Within her religious thinking, S is willing to face the challenge of the pain that she anticipates will be associated with the process of dying.
- 6,19) S's belief in the existence of a more pleasant afterlife has enabled her to accept her own death, as well as to perceive the deaths of loved ones as not being a particularly traumatic experience for them.
- 9,10) S was able to understand and come to terms with her husband's death by believing that it was inevitable, and by seeing his death as being a preferable alternative to him having become paralyzed.
- 11,12) After experiencing the death of her husband, S thought more about how sudden and unexpected death could be. She still did not fear death, however.
- 13) S does not fear death now that she is older and closer to it.
- 15) S is able to accept her death as she has lived a fulfilling existence.
- 16) S reminisces about her past life events.
- 17) S has made preparations for her death in the form of a will and

burial arrangements.

18) S has accepted death.

5.1.4) SITUATED STRUCTURE OF SUBJECT 1's EXPERIENCE OF ANTICIPATED DEATH

S seldom thinks about death. However, she has accepted death and is prepared for it in the sense of realising that her life cycle has been completed. Her preparations for death may be seen in her having made a will and burial arrangements. S's religious upbringing has also played a major role in her acceptance of death, and she thus perceives death as being understandable in terms of this religious conviction. This can be seen in her belief that her husband's death was the will of the Lord. S was able then, to understand and face her husband's death by believing that it was inevitable. She was also able to come to terms with his death by justifying it to herself, that is, by seeing his death as being a preferable alternative to him having become paralyzed. Although S initially admitted to seldom thinking about death, she did think about it more often after experiencing the death of a loved one, and specifically, about how sudden and unexpected death could be. This realization did not result in her fearing death, however, and S still does not fear death now that she is older. S's belief in the existence of a more pleasant afterlife has also facilitated her acceptance of her own death, as well as enabling her to perceive the deaths of loved ones as not being a particularly traumatic experience for them. Now that she is older, S also reminisces about past events in her life, and she is able to accept her death as she feels that she has lived a meaningful existence. S thus does not fear death and,

in her religious thinking, she is also willing to face the challenge of the pain that she anticipates will be associated with the process of dying.

5.2) SUBJECT 2: 75 YEARS OLD5.2.1) RAW PROTOCOL:

(Do you often think about your own death?) Yes, I do. I have thought about it a lot since my husband died. (What sort of feelings and thoughts do you have about it?) I'm not a religious person, but I have got my own faith. I think as far as death is concerned that its not so much dying as the manner of dying that frightens me. I feel afraid when I go to places like Brookshaw and Westwing and see these old people of 85 and 90 - its pathetic and I'd hate to get like that. (It seems as if you fear dying more than death itself?) Yes, I'd hate to linger on. If I've got to go, then I'd like to go quickly. I do fear dying. But as far as death goes, I must state that I do not think of a life hereafter. I feel that after death, I, as me, will be finished. (Does this thought make you feel anxious?) No. As far as I'm concerned, death is the end. What I would like is just a blackout to finish it all. (You mentioned earlier on that you only started thinking about death once your husband had died.) I was very bitter about it at first - it was silly of me, I know - but I had to eventually accept it. He went very quickly, he died within a week. It was a shock as I wasn't expecting it, he wasn't sick or anything. But of course, I did realise afterwards that it was nice for him to have gone that way. It was better for him. I have a sister who is a Christian Scientist, and she firmly believes in the afterlife and that she will see loved ones again after death. This I cannot believe. As far as I am concerned, my husband is finished - I won't ever see him again. (You mentioned that you felt bitter about your husband's

death?) At first I did as I was left alone and I had never really managed on my own. He'd been a good husband and he'd done everything for me, but I've had to accept it. I still miss him a lot, though. We were married for a long time and his death was like losing a part of me. We used to talk about death, my husband and I. We had more or less the same ideas, but in those days somehow even his death seemed far away. He was 70 when he died, which I think is young. (Have you thought about death at any other time in your life?) I can't think back to a time when I actually feared death. I lost my mother and father, but that seemed to be the natural theme in life - that they must go. They were very old. When I was about nine, we had a governess who left us, but she always kept in touch with me. She died very suddenly when I was about 18, and somehow that gave me such a jolt, at that age. That was the first time that I actually came into contact with someone that I really knew who had died. That sort of 'woke me up' to death. I couldn't talk about it. It frightened me. After I heard about her death, I kept it to myself for quite a few days. I just couldn't tell anybody. It was, as I say, the first time that I actually thought about death. It did affect me in that sense, but it didn't actually make me think about my own death. I have been nervous about death at other times, for example, when in a car that almost had an accident, but also not really my own death as such. (Have you noticed any changes in your feelings toward death as you've grown older?) Yes, I have. I think you're more ready to accept death when you're older. You don't feel things so keenly. Material things also don't matter so much. (Do you often reminisce about past events in your life?) Oh I do, yes. As you get older, you do. You find

yourself going far back over things you've never thought about for years and years. They're just memories, though, mostly pleasant ones too. I think of all the people I've known years and years ago, and of my schooldays - mostly pleasant memories. (Do you think that these memories have helped you in accepting death?) I suppose they have. They make me realise I've been lucky. I haven't had a lot of tragedy or ill health or bad occurrences in my life. I've had a few setbacks in life, but mainly only happy memories. I do still have some regrets, but they've got to be accepted. I also think about my life with my husband. He was away for five years during the war. I had two children then, but I managed alright. I was very lucky that he came back to me after the war as he was in the thick of it. The funny thing is, that in all of the five years that he was away, I never once thought of him not coming back. I just seemed to have a feeling that he'd come back. Maybe this was just faith, I'm not really sure. (So you seem to be very accepting of your own death then?) If I were to walk down the street and be knocked down and died, I could accept that as I wouldn't know anything about it. It's the manner one's going out that is important. Something sudden, like a coronary, would be just fine. One old man died in his sleep the other night - that must be lovely. I think the pain worries most of us. Also, becoming a bit of a burden to others. It worries me a lot.

5.2.2) NATURAL MEANING UNITS

(Do you think about your own death often?)

1) Yes, I do. I have thought about it a lot since my husband died.

(What sort of feelings and thoughts do you have about it?)

2) I'm not a religious person, but I have got my own faith.

3) I think as far as death is concerned that its not so much dying as the manner of dying that frightens me.

4) I feel afraid when I go to places like Brookshaw and Westwing [old age homes] and see these old people of 85 and 90 - its pathetic, and I'd hate to get like that.

RELEVATORY PSYCHOLOGICALLANGUAGE

1) S has thought about death often since experiencing the death of her husband.

2) Although S does not see herself as being religious, she does have her own meaningful way of viewing the world.

3) S fears the process of dying more than death itself.

4) S is unable to face certain issues of dying being lived out in others - such as merely existing in an unproductive life, and becoming helpless and

dependent upon others - as these serve to remind her of what she herself does not want to face.

(It seems as if you fear dying more than death itself?)

5) Yes, I'd hate to linger on. If I've got to go, then I'd like to go quickly.

5) S fears the thought of experiencing a prolonged dying, and she expresses a desire to die a sudden death.

6) I do fear dying.

6) S fears the process of dying.

7) But as far as death goes, I must state that I do not think of a life hereafter. I feel that after death, I as me, will be finished.

7) S does not believe in an afterlife existence. For her, death represents the end.

(Does this thought make you feel anxious?)

8) No. As far as I'm concerned, death is the end.

8) S does not feel anxious as a result of her belief of death as representing the

9) What I would like is just a blackout to finish it all.

(You mentioned earlier on that you only started thinking about death once your husband had died?)

10) I was very bitter about it at first - it was silly of me, but I had to eventually accept it.

11) He [S's husband] went very quickly, he died within a week. It was a shock as I wasn't expecting it, he wasn't sick or anything.

12) But of course, I did realise afterwards that it was nice for him [S's husband] to have gone that way. It was better for him.

13) I have a sister who is a

end.

9) S expresses a desire to die a sudden death, without undue pain and suffering.

10) S initially felt bitter about her husband's death, but she eventually accepted it.

11) S was shocked by her husband's sudden and unexpected death.

12) S was able to come to terms with her husband's death by believing that it was preferable for him to have died a sudden death as opposed to a prolonged dying.

13) S mentions her disbelief

Christian Scientist, and she firmly believes in the afterlife and that she will see loved ones again after death. This I cannot believe. As far as I'm concerned, my husband is finished - I won't ever see him again.

(You mentioned that you felt bitter about your husband's death?)

14) At first I did as I was left alone and I had never really managed on my own. He'd been a good husband and he'd done everything for me, but I've had to accept it.

15) I still miss him a lot, though. We were married for a long time and his death was like losing a part of me.

16) We used to talk about death, my husband and I. We had more or less the same ideas ...

in an afterlife. She regards her parting from her husband as being final.

14) S initially felt bitter about her husband's death as she was left on her own, but she eventually accepted it.

15) S experienced the death of her husband as being a loss that she still mourns.

16) S and her husband discussed death together, and they shared similar ideas.

17) ... but in those days somehow even his death seemed far away. He was 70 when he died, which I think is young.

(Have you thought about death at any other time in your life?)

18) I can't think back to a time when I actually feared death.

19) I lost my mother and father, but that seemed to be the natural theme in life - that they must go. They were very old.

20) When I was about nine, we had a governess who left us, but she always kept in touch with me. She died very suddenly when I was about 18, and somehow that gave me such a jolt, at that age. That was the first time that I actually came into contact with someone that I really knew who had died. That sort of 'woke me up' to death.

17) S did not think that her husband would die so soon as he was still young.

18) S cannot remember ever fearing death.

19) S felt it natural for her parents to die as they had completed their life cycles.

20) S first became aware of the reality of death when she was 18 years old and an ex-governess of hers died suddenly.

21) I couldn't talk about it. It frightened me. After I heard about her death, I kept it to myself for quite a few days. I just couldn't tell anybody.

22) It was, as I say, the first time that I actually thought about death.

23) It [the death of a significant other] did affect me in that sense, but it didn't actually make me think about my own death.

24) I have been nervous about death at other times, for example in a car that almost had an accident, but also not really my own death as such.

21) S was frightened and was unable to discuss the incident with anybody.

22) This was the first time that S actually thought about death.

23) S had thought about death in relatively abstract terms, particularly with reference to others, but she has not really owned it in the sense of facing her very own dying.

24) S has been able to think about death, having come so close to it herself in a near car accident, but she has not been able to specifically face up to her own process of dying in old age.

(Have you noticed any changes in your feelings toward death as you've grown older?)

25) Yes, I have. I think you're more ready to accept death when you're older. You don't feel things so keenly. Material things also don't matter so much.

(Do you reminisce about past events in your life?)

26) Oh I do, yes. As you get older, you do. You find yourself going far back over things you've never thought about before for years and years. They're just memories, though, mostly pleasant ones too. I think of all the people I've known years and years ago, and of my schooldays - mostly pleasant memories.

(Do you think that these memories have helped you in accepting death?)

27) I suppose they have. They make me realise I've been lucky. I haven't had a lot of tragedy or

25) S is prepared for death now that she is older, and because material objects are no longer so important.

26) Now that she is older, S reminisces about past events in her life, but these are mostly pleasant memories.

27) S feels that her reminiscence of past events has enabled her to accept

ill health or bad occurrences in my life. I've had a few setbacks in life, but mainly only happy memories. I do still have some regrets, but they've got to be accepted.

28) I also think about my life with my husband. He was away for five years during the war. I had two children then, but I managed alright. I was very lucky that he came back to me as he was in the thick of it. The funny thing is, that in all of the five years that he was away, I never once thought of him not coming back. I just seemed to have a feeling that he'd come back. Maybe this was just faith, I'm not really sure.

(So you seem to be very accepting of your own death then?)

29) If I were to walk down the street and be knocked down and died, I could accept that as I wouldn't know anything about it.

both her death as well as the life that she has lived.

28) S reminisces about her past life with her husband. She speaks of her long separation from him during the war, and her belief that he would return to her, attributing this feeling to her faith.

29) S is able to accept a sudden death that she does not have to come to terms with and work through as a

Its the manner one's going out that is important. Something sudden, like a coronary, would be just fine.

'dying'.

30) One old man died in his sleep the other night - that must be lovely.

30) S regards a sudden, painless death - such as dying in one's sleep - as being the ideal death.

31) I think the pain worries most of us.

31) S fears the pain that might be associated with dying.

32) Also, becoming a bit of a burden to others. It worries me a lot.

32) S fears becoming a burden to others.

5.2.3) PSYCHOLOGICAL FORMULATION OF THEMES EMERGING FROM NATURAL MEANING UNITS

1) S has thought about death often since experiencing the death of her husband.

2) Although S does not see herself as being religious, she does have her own meaningful way of viewing the world.

3,6) S fears the process of dying more than death itself.

4,5a,32) S is unable to face certain issues associated with the process

of dying, such as experiencing a prolonged dying, merely existing in an unproductive life and becoming a burden to others. S also cannot face these issues being lived out in other older persons as they remind her of what she herself is unable to face.

7,13) S does not believe in an afterlife existence. For her, death represents the end.

8) S does not feel anxious as a result of her belief of death as representing the end.

5b,9,29,30) S regards as ideal a sudden death, without undue pain, and one that she does not have to come to terms with and work through as a 'dying'.

10,14) S initially felt bitter about her husband's death, but she eventually accepted it.

11,17) S was shocked by her husband's sudden and unexpected death, as he was still fairly young.

12) S was able to come to terms with her husband's death by believing that it was preferable for him to have died a sudden death as opposed to a prolonged dying.

15) S experienced the death of her husband as being a loss that she still mourns.

16) S and her husband discussed death together, and they shared similar ideas.

18) S cannot remember ever fearing death.

19) S felt it natural for her parents to die as they had completed their life cycles.

20,22) S first became aware of the reality of death when she was 18 years old and an ex-governess of hers died suddenly.

21) S was frightened and was unable to discuss the incident with

anybody.

23,24) Although S has thought about death in relatively abstract terms, as the 'death-of-another', she is unable to specifically face up to her own process of dying in old age.

25) S feels more prepared to accept death now that she is older and material objects matter less.

26,28) Now that she is older, S reminisces about past events in her life, but these are mostly pleasant memories.

27) S's reminiscence of past events has enabled her to accept both her death and the life that she has lived.

31) S fears the pain that might be associated with dying.

5.2.4) SITUATED STRUCTURE OF SUBJECT 2's PERCEPTION OF ANTICIPATED DEATH

Although S experienced initial reactions such as fright and bitterness after the deaths of younger significant others, she perceived the deaths of her parents to be a natural event as they were both old. Similarly, S feels more ready to accept her own death now that she is older. S is not a religious person, but she does have her own meaningful way of viewing the world, which has aided her acceptance of death. Her belief of death as representing the end, the cessation of all being, has not resulted in S feeling anxious about death. Rather, events such as her reminiscence of her past life, which occurs now that S is older, has aided her acceptance of death, as well as allowing her to accept the life that she has lived. Even though S has thought about death often since experiencing the deaths of significant others in her

life, as well as during other incidents in her life when she came close to death, she has always seen death in relatively abstract terms, as the 'death-of-another', and she has never actually been able to face up to her own process of dying in old age. S's inability to face up to dying manifested itself particularly after the death of her husband. Although S initially felt bitter and shocked by her husband's sudden and unexpected death and she still mourns the loss, she was, however, able to come to terms with his death by justifying it, that is, by believing within herself that it was preferable for him to have died suddenly as opposed to experiencing a prolonged dying. S thus fears the process of dying more than death itself. She is unable to face up to her own process of dying in old age as she fears issues such as dying a prolonged death, merely existing in an unproductive life, experiencing pain, and becoming a burden to others. S is also unable to face these issues being lived out in other older persons, as they remind her of what she herself cannot face. Because of these fears, S regards as ideal a sudden death, without pain and one that she does not have to come to terms with and work through as a 'dying'.

5.3) SUBJECT 3: 80 YEARS OLD5.3.4) SITUATED STRUCTURE OF SUBJECT 3's PERCEPTION OF ANTICIPATED
DEATH

S did not think about death during her younger years as she was a healthy and active person, but more thoughts of death arise now that S is older. S is able to accept death, however, as she feels that she has lived a meaningful existence. Her feeling of having completed her life cycle also makes her more accepting of death. This acceptance of death is evident in the preparations which S has made for her own death in the form of a will and burial arrangements. Experiencing the deaths of significant others has facilitated S's acceptance of death. Although initially shocked by her husband's death, experiencing this event did lead S to thinking more about how close one always is to death. S also then perceived death as being a possibility in her own experience rather than an incident which happens only to others. These thoughts did not lead to her fearing death, however. Rather, S accepts death as a finality of life. Now that S is older, thoughts of a possible afterlife existence are prevalent. S's belief in the existence of a more pleasant afterlife existence has also facilitated her acceptance of death. However, although S is accepting of death, she fears the actual process of dying. Fears of dying include the pain associated with dying, a fear so great that S cannot even face this issue being lived out by others. S thus expresses a desire for a sudden, painless death.

5.4) SUBJECT 4: 90 YEARS OLD5.4.4) SITUATED STRUCTURE OF SUBJECT 4'S PERCEPTION OF ANTICIPATED DEATH

S is not concerned with death as she regards it as being inevitable and beyond her control. She is instead looking forward to death as she is feeling weary from life. S has experienced death in the sense of having lived through the first world war and the subsequent reading out of the roll of honour in church, as well as more directly, in the sense of having experienced the deaths of significant others. Although S claims that her experience with death in seeing significant others die has not been a factor contributing to her acceptance of her own death, she was, however, able to come to terms with the deaths of loved ones by her realization that it was better for them to die than to merely exist in an unproductive life, or to be experiencing pain and suffering. S thus accepted the deaths of loved ones by justifying them to herself. Although S also does not regard herself as being a religious person, she does still follow Christ's teachings. S also does not regard religion as playing a major role in her acceptance of death: she accepted death when she was younger owing to her religious indoctrination at school, and she still accepts death now that she is older and no longer regards herself as being religious. S further does not believe in the existence of a possible afterlife, but rather, death is seen as representing the end, a belief that does not create any anxieties within S. S mentions the life reminiscence process as a factor that has aided her acceptance of death. She regards her reminiscence of past events in her life as being a very pleasant

experience since she feels that she has lived a meaningful existence, and she still continues to lead a meaningful existence in her current institutional context. Although S appears not to fear death, however, many fears of dying are prevalent. S's understanding of the process of dying stems from past experiences such as the painful and prolonged dying that her daughter experienced. Consequently, S sees the meaningless existence that is possible during the process of dying as something that she would intensely and aggressively try to avoid. Because she fears the thought of merely existing in an unproductive life, as well as fear of experiencing an illness or becoming paralyzed, S hopes for a sudden death. S regards the sudden deaths of both her husband and her eldest son as being the ideal way to die. S also fears becoming a burden to others while she is dying, as well as after her death.

5.5) SUBJECT 5: 83 YEARS OLD5.5.4) SITUATED STRUCTURE OF SUBJECT 5's PERCEPTION OF ANTICIPATED
DEATH

S has not really concerned herself with death as she has had too many other immediate concerns in life. However, now that she is older, S feels that she has completed her life cycle and, in terms of her religious understanding, she has come to a sense of 'being-prepared-for-death'. This sense of preparedness is evident in her having made preparations for her death in the form of a will and burial arrangements. S has thus been able to accept death in that she has had experience with death, both with experiencing the deaths of loved ones, as well as during the 1918 flu epidemic, where death was prevalent during a time when there were no medical facilities available in isolated rural areas. Although still fairly young, S was able to understand what death was during this time through observing the deaths and burials of entire families, and her experience of this event made her realise how helpless our human race is in the face of the inevitability of death. S has herself experienced a closeness to death (in the form of cancer) which was delayed by medical intervention, but she understands that this was a mere delay and that death is inevitable and ultimately beyond one's control. S has also accepted death throughout the course of her life owing to her strict religious upbringing. S's religious conviction enables her to fear neither death nor dying, and she believes in practising her religion in order to take away the fear of death. S's religious conviction, together with her assurance of having led an upright existence, are such that she also

shows no concern about the existence of a possible afterlife. In terms of this religious understanding, S stresses the need to live towards death in a way that will enable one to have an afterlife. S's reminiscing about her past life has also led to her feeling that she has lived a meaningful existence, although she feels that she did work hard. S, however, regards living in the institution as being the beginning of her rest which will culminate in her submitting to death in the light of her understanding of it. S thus professes to have no fears of either death or dying, although she does still express uncertainty as to when death will come.

5.6) SUBJECT 6: 85 YEARS OLD5.6.4) SITUATED STRUCTURE OF SUBJECT 6's PERCEPTION OF ANTICIPATED
DEATH

S is not afraid of death. Instead, she regards it as being a happy and pleasurable experience, and one that will be an unburdening from the process of dying. S is also looking forward to death as she feels that she has completed her life cycle, and she is feeling weary from life now that she is older. Preparations for her death have been made in the form of a will and burial arrangements. S's religious upbringing is a factor that has enabled her to be more accepting of death throughout the course of her life. S does not believe in the existence of an afterlife, however, and thus, the importance of living a meaningful existence is stressed. S reminisces about past events in her life, and her feeling of having led a meaningful existence has aided her acceptance of death. She is also content with living in an institution as she is still fairly active, she is treated well, and all her needs are seen to. S has further experienced the deaths of significant others in her life. Although she regarded her father's death as being an unburdening for him as he was old, S was shocked by her husband's death. She knew that she had to continue with her own life, however, and expressed her grief for him in the acceptable manner. S also expressed shock on hearing of her sister's death. However, her understanding of the inevitability of her sister's death allowed her to not feel bitter about it. S has thus been able to accept death through experiencing the deaths of significant others. Although she does not fear death, however, S does fear certain issues

associated with the process of dying. These include the fear of dying a prolonged death, as well as the fear that one might become a burden to others. As a result of these fears, S expresses a preference for a sudden death.

5.7) GENERAL STRUCTURE OF AN OLDER PERSON'S PERCEPTION OF ANTICIPATED DEATH

For an older person, one's anticipated death need not be a major concern, and hence, little time may actually be spent on contemplating death. A sense of feeling prepared for death is experienced by the older person, who feels that she is ready to die as she has completed her life cycle, and she may also be feeling weary from life. Death is thus seen in a positive way, as a "relief" or a "happy and pleasurable experience" (cf Subject 6, N.M.U's 1,20,33).

Although an older person may find solace in religion and use religion to facilitate acceptance of her anticipated death, religion as such need not necessarily play a major role in this regard. Thus, the older person does not dwell on religion, and neither is religion used in a frenzied manner. Rather, this belief in spirituality involves a natural acceptance, an opening for the person to express her attitudes toward her anticipated death. Similarly, belief in the existence of an afterlife may play a role in facilitating the older person's acceptance of her anticipated death, especially if the afterlife existence is regarded as being preferable to her earthly existence. However, this factor in itself need not play such an important role in the older person's acceptance of death, and instead, emphasis may be placed on the need to create meaning in one's earthly existence rather than waiting for a supposedly better afterlife existence.

Although the older person may not fear death as such, certain issues

associated with the process of dying may be feared, specifically, the fear of losing one's independence, of becoming helpless and a burden to others; fear of the pain associated with dying; and the fear of dying a prolonged death, or of merely existing in an unproductive and meaningless life. The person may also be unable to face these issues being lived out in other older persons, as they serve to remind her of what she herself is unable to face. In order to avoid experiencing these fears then, the older person may express a preference for a sudden death.

Experiencing the deaths of loved ones may also allow some older persons to face the issues of death many times over, thus facilitating acceptance of death. Although initial reactions to these deaths may not always be accepting ones - such as fright, bitterness, and shock - these deaths may eventually be accepted, thus enabling older persons to come to terms with their own deaths. Religion may be used to understand the death of a loved one in order to facilitate acceptance of that death. Similarly, the loved one's death may also be justified by believing within oneself that it is far better for that person to be dead than to be experiencing pain or dying a prolonged death. Furthermore, whereas the reactions of anger and bitterness are initially experienced by the person whose younger significant others have died, the deaths of one's own parents - as well as one's own death - are more likely to be accepted immediately as death is regarded as being "the natural theme in life" for older persons (cf Subject 2, N.M.U. 19). This easier acceptance of the deaths of older loved ones is thus related to the older person's acceptance of her own death owing to her feeling of having completed her life cycle.

Other factors that may play a role in facilitating the older person's acceptance of anticipated death may be ill health and the older person's own close experiences with death, as well as indirect life events such as war and flu epidemics, events in which deaths usually occur on a large scale. Although these factors may facilitate acceptance of death, however, the older person may still only be able to perceive death in relatively abstract terms, as the 'death-of-another', as opposed to facing up to her own process of dying in old age (that is, the 'death-of-myself').

The life reminiscence process is a further factor that may facilitate acceptance of death by an older person, especially if these thoughts involve mostly pleasant memories, and they allow the person to reflect upon the meaningful way in which she has lived out her existence. The life reminiscence process thus facilitates acceptance of death if the older person feels that she has fulfilled her life's possibilities in a meaningful way, and is able to accept her one and only earthly existence as something that is unique to her.

Thus, although death is not a major preoccupation of the older person, it does still play a significant role in her life in that being aware of her impending death allows the older person to regulate her life according to 'time-left-to-live', as can be seen by preparations such as the drawing up of a will and the making of burial arrangements.

CHAPTER SIX: DISCUSSION OF RESULTS AND CONCLUSION6.1) DISCUSSION

The results of this study appear to be consistent with the literature survey, for example, they support Riley's contention that the attitude of older persons toward death is more one of acceptance than of fear (cited in Harris and Cole, 1980). Furthermore, this study also reflects Pikunas' notion that the idea of being near death produces anxiety that might stimulate preparation for it (1979). In this study, the older persons' belief that they had completed their life cycles led to an anticipated outlook towards death. Kalish (cited in Charmaz, 1980) states that older people are less reluctant to give up life because less potential exists for satisfying future experiences. Hinton (1979) states that this acceptance of death can be defined in terms of preparations made for one's death, where people who actually make some form of preparations may be regarded as more accepting of death. In this study, all of the older persons who were asked this question stated that they had made preparations for death in the form of a will and burial arrangements. This clearly shows that they had actually thought about their deaths, and were thus motivated to prepare themselves for it. Preparing for death, however, is not necessarily synonymous with acceptance of death. Todres (1978) states that when studying attitudes toward death, it is difficult to assess whether these attitudes are authentically encountered ('death-of-myself') or vicariously encountered ('death-of-myself-as-death-of-another'). Thus, death as a 'generalised event in the collective lives of men' is very different from death as relevant to one's personal life in terms of the

'annihilation of self' (ibid). The meaning of death in the former case occurs within a social context, as a general event that is unrelated to one's own personal death. Thus, in the 'death-of-another', the person is merely an observer contemplating the scene. He/she does not face the impact of annihilation or possible nothingness, but rather, the stance of an external observer watching one's own death in the world, is taken. Todres (1978) states that Western technological society may encourage individual death-denial by emphasizing death-as-an-event in collective life, and by de-emphasizing death as personal destiny. Thus, by means of the 'death-of-another', we protect ourselves from the tremendous amount of anxiety that is released when we are confronted with the recognition of our own death. In 'death-of-myself', on the other hand, one is the actor rather than the audience. Todres (1978) states that only the unique person may experience the 'death-of-myself'; no-one else can do it for one. This is similar to Heidegger's notion of man as a 'being-toward-death', which asserts that man must actively acknowledge his finitude (that is, the 'death-of-myself') if an authentic existence is to be achieved. In studying these older persons' attitudes toward their anticipated death, then, it is difficult, if not impossible, to elicit whether they are responding in terms of an authentic meaning of personal death ('death-of-myself'), or an inauthentic one ('death-of-myself-as-another'). This is because a person not experiencing death anxiety may not necessarily have accepted death, but rather, the person may be confronting a death which is 'not really there' for her. In this study, only subject 2 acknowledged that she had difficulty in confronting her very own personal death, and that she usually perceived death in terms of the 'death-of-another'. Kcenig (cited in Todres, 1978), however, has found

that terminally ill people most often encounter the loss of their life as a function of the progression of their disease. They cannot be said to be actively confronting death, but rather, receding from life. This, to a significant extent, may also be true for the older person, who may also be just 'receding from life' in the sense that they feel they have completed their life cycles, as opposed to actively confronting their very own deaths.

This study also revealed that death is regarded by older persons as inevitable and not worth worrying about, but that the actual process of dying may generate much anxiety. Backer et al (1982) have stated that many people fear dying more than death itself, for dying connotes weakness, pain, dependency, and loss of control. Typical fears of dying, such as a fear of pain or of becoming a burden to others - which were current themes throughout the protocols - have also been mentioned by other authors, such as Matthews (1979), who links these fears under the category of losing control over self-identity. Similarly, Kalish (cited in Charmaz, 1980) states that older people regard becoming a burden as a fate worse than death itself because of the consequent diminishing of their personal identity. All the subjects in this study also expressed a desire to die a sudden death in order to avoid experiencing these fears. Hinton (1979) found that most people expressed the desire to die a swift, peaceful death. For example, 90% of a group of people which he studied stated that they wished to die quickly. Hinton also found that many people desired to pass away peacefully during their sleep, something which was mentioned in this study by subject 2 (N.M.U.30).

A further fear is that in death one will no longer be able to achieve as one's journey towards one's goals will have been interrupted. Research by Diggory and Rothman (cited in Backer et al, 1982) reveals that those who have attained most of their goals fear death the least, and Booth (ibid) hypothesized that when individuals feel that they have completed their life's work, they may then be ready to die. This fear was not prevalent amongst the subjects in this particular study as most felt that they had completed their life cycles and also, that they had led meaningful existences. This fear is thus not specific to old age, but rather, it may be prevalent during other stages of the life cycle. However, even though subjects in this study felt that they had completed their life cycles in a meaningful way, they still feared the thought of merely existing in an unproductive and meaningless life. It is concluded that this fear probably existed amongst these elderly as, despite their ages, they were all still fairly active persons and feared losing this sense of productiveness. Schulz (cited in Fry, 1980) thus states that death is an important point to consider when studying the aged, not because they are prepared and waiting to die, but rather, "because they are preparing to live the completion of a natural cycle - their lifespan - in a way which will give dignity and continued meaning to their lives" (p.240).

This study also shows how the many losses which older persons sustain throughout their lives - such as the loss of one's spouse - can make them more accepting of their own deaths. This result is consistent with Kalish's finding that, as people grow older, they frequently have to deal with the deaths of others, which helps to socialize them to

accept the appropriateness of their own deaths (cited in Harris and Cole, 1979). On the other hand, these deaths may not have any impact on the rest of society owing to the fact that the aged are usually segregated from the wider society. In this way, death becomes an extraordinary event for the rest of society, and hence denial occurs. Thus, the enduring of many deaths is characteristic of old age, not only because these people have lived longer, but also, because the aged are segregated from the rest of society by being placed in various institutions, thus diminishing the impact of their deaths on the wider society.

Also of significance in this study is the notion of Butler's life reminiscence process in shaping the older person's perceptions of death. According to Butler (cited in Papalia, 1978), the life reminiscence process may give new meaning and significance to the lives of older people if they feel that they have lived their lives meaningfully, thus preparing them for death. On the other hand, older persons may not be ready to die if they feel that they have wasted their lives and have not yet made peace with themselves. All subjects in this study had reminisced about past events in their lives, which involved mostly pleasant memories, and they felt that this reminiscing had actually helped them to accept both their deaths as well as the lives which they had lived.

Swenson (cited in Harris and Cole, 1980) found acceptance of death to be higher among religious subjects. One might thus expect those who hold a religious belief to be less fearful of death, since death would be viewed as a transition from one form of existence to another. This

study, however, has found that religious belief and its guarantees of the existence of an immortal state in the form of an afterlife, is not necessarily a factor which may reduce death anxiety. Whether religious or not, and whether accepting of an afterlife or not, most subjects in this study stated that they did not fear death as such, but rather, that the process of dying was feared. Furthermore, the so-called religious subjects - who professed to having no fears of death - spoke of the uncertainty of death and the belief that death is beyond one's control. It was reasoned that religion need not necessarily play a role in an older person's acceptance of death owing to the fact that these older persons actually all felt that they were ready to die as they had completed their life cycles, and thus, felt weary from life. Furthermore, factors such as having experienced the losses of loved ones, and the life review process - which are both characteristic of old age - play a significant role in determining an older person's perception of death. That religion need not necessarily play a significant role in one's perception of death was also stressed by Lester (cited in Charmaz, 1980), who found no relationship to exist between religion and the fear of death. Furthermore, Lester, and Spilka et al (cited in Pattison, 1977) have found that religion per se is not a critical factor in a person's response to dying or to death. Thus, people for whom religion has not been significant usually will not turn to religion when they are dying, and people whose lives have been embedded in a religious context - as was the case with most of the subjects in this study - will deal with dying within that context.

With regards to different perceptions of death amongst

institutionalized and non-institutionalized elderly, Swenson (cited in Charmaz, 1980) found that the institutionalized elderly look forward to death more than those who are not institutionalized. McCarthy (1980) also stresses that a stronger fear of death has been found among institutionalized females than among independent females who live in apartments. However, as activity increased among the aged in institutions, less fear of death was reported. McCarthy thus feels that independence and the active pursuit of interests or hobbies may decrease death fears in the elderly. This study showed no specific differences in death perceptions to exist between institutionalized and non-institutionalized subjects. However, this may be due to the fact that the institutionalized subjects were all content with living in the institution, which they perceived of as being their home, and also, that most of these subjects still continued to lead very active lives in the institution.

The results of this study are thus consistent with those that have found that death need not be a frightening concept for the aged, although the actual process of dying may be feared. Furthermore, factors such as the life reminiscence process and the experience of the deaths of loved ones may play a role in determining the death perceptions of the elderly. Religion may also play a significant role if the person's life is already embedded in a religious context. Finally, there appears to be no difference in the death perceptions of institutionalized and non-institutionalized elderly.

6.2) SUMMARY

This study represents an attempt to take death 'out of the closet' and to explore its meaning from various perspectives - philosophical, psychological, religious, and cultural. In this manner, it was shown how our perceptions of death are founded on the basis of these various perspectives. For example, Socrates, Plato, Aristotle, and Heidegger, among others, gave meaning to life through their separate interpretations of death. Christians, Hindus, and Moslems are among the various religious groups that have attempted to add meaning to life through the discovery and examination of death. The meaning of death also changes over time, and for this reason an historical outline of the changes in death perceptions in Western society was focused on, looking specifically at the role played by technology in shaping these perceptions. It is concluded here that the constant fear of death and the continuing need to deny its reality is strongly related to the materialistic norms of our society where, according to Simpson (1979), modern man has become too involved in earning and accumulating, in getting and spending, that little time is spent on trying to construct a meaningful existence for himself. Because he sees himself as being infinite, modern man is able to continually postpone matters, or to always set excessively high standards which are then shifted so as to keep them well ahead of whatever he achieves. In this way, the actual enjoyment of his possessions, his relationships with significant others, and his links with an indefinite future automatically take second preference in his life (ibid). According to Hardt (1979), it is this concern of ours with life that distorts our perspective of death. Because death, as a conception of being, involves aspects of reality

that are inadmissible to our omnipotent and narcissistic selves, we have also developed strong defences in order to successfully displace most thoughts of death. Thus, Keleman (1974) states that we have become victims of shallow, distorted attitudes of death and dying.

According to Feifel (1959), the significance of death as a complex symbol varies not only from person to person, and within a culture over time, but also, it is profoundly dependent upon the nature and vicissitudes of the developmental process. Death may be regarded as a developmental phenomenon as it is significant throughout the life cycle, even as attitudes and feelings toward death change during each major developmental period. Thus, for Payner (1971), the childhood years reflect a time in which a realistic conception of death is in the process of being constructed. Adolescence and early adulthood may be characterized as times in which death becomes embedded into the crystallizing life plan that evolves out of the construction of an identity. Throughout these years, the person may frequently look back, but he/she is predominantly looking forward to the future. Midlife, however, represents a time when the future as 'time-left-to-live' forces a reordering of priorities and self-evaluation. There is the awareness of a younger generation who are thrusting forward and will be alive when one is dead. There is also the recognition of physical aging in one's bodily organs. Rayner (ibid) regards this deterioration as being the basis of mid-life. This physical deterioration takes us to death, thus setting the endpoint of our existence. Hence, ideas about death set a boundary to the conception of oneself, and are central to the individual's sense of identity (ibid). Finally, old age

may be viewed as a time of preparation for death and a coming to terms with the concrete reality of personal death (with or without acceptance). It was also found that, throughout each developmental stage, individual experiences (for example, terminal illness, death of significant others) as well as cultural factors (for example, media deaths) influence one's perceptions of death.

It was decided for purposes of this research to focus on the death perceptions of elderly people, and specifically, the roles played by religion, previous experiences of loss, and the life reminiscence process in shaping these perceptions. An existential-phenomenological explication of the older person's perceptions of anticipated death showed that both the loss of loved ones in one's life, as well as the life reminiscence process, led to a greater acceptance of death among these elderly people. Religion was not regarded as an important factor during this stage of the life cycle, as death was still accepted whether or not subjects professed to holding a religious belief. It was also found in this study that death perceptions did not differ amongst institutionalized and non-institutionalized elderly.

Thus, elderly people in Western society are able to accept their deaths if they feel that they have lived meaningful lives and if they have experienced and worked through the deaths of significant others in their own lives. Although these may be infrequent thoughts and occurrences amongst other age groups in Western society, they do still point to the fact that death can be made meaningful in Western society. Simpson (1979) proposes an alternative attitude to death in Western society, which he terms 'living mortal'. For him, living mortal does

not mean the same as living with a constant fear of death, neither does it mean anxiously waiting to lose everything one has. Rather, it means acknowledging that man is a temporary phenomenon, but one with the opportunity for meaningful existence, so that man will thus be able to live in and to value the present moment, fully enjoying everything that he has (ibid).

The need to make death a significant and valuable portion of the life cycle is thus stressed. Todres (1978) states that a personal confrontation with death is just as important at other stages of the life cycle as it is in old age. Thus, for Todres, "Death is not only for the imminent dying; death is for us all" (p.167). Bromley (cited in Papalia and Olds, 1978) also sums up this need by stating that:

"To be educated for dying as well as for living does not mean that we need become morbidly preoccupied with death. The realisation that each of us will die gives us a common interest; it helps to focus our attention and energies on the present and the near future, and on the absurdities of some of our present values and social practices" (p.447).

APPENDIX5.3) SUBJECT 3: 80 YEARS OLD5.3.1) RAW PROTOCOL:

(Do you think about your own death a lot?) No, not my death. But I do think about the way that I'm going to die. I fear dying as I don't want to be an invalid and a burden to others. I'm an independent person. I've been independent all my life, and I don't ever want to have to rely on others. I also fear that death might be painful. That's why I want to die quickly one day. There is a history of heart trouble in my family, and so we've always gone quickly, without really suffering. I can't bear to think of those old people who are suffering in frailty wards such as Westwing. I'm sure that they really want to die themselves, to get it all over with, the suffering and all. Now that I'm older, I also think about the hereafter a lot. I do believe in an existence after death, and this, I feel, has also made me more accepting of death. A relative of mine once had a near-death-experience which she described as a peaceful, floating experience, and one that she did not really want to leave. So I am sure that there is something better for one after death. (Do you feel that experiencing the deaths of people close to you has also changed your attitude towards death?) Yes, I have become more accepting of death through experiencing the deaths of people close to me. I lost two brothers. I also lost my husband when I was very young - I was 30 years old at the time. That really changed my attitude towards death. It made me less

frightened. I've found that people who have never experienced the deaths of people close to them are usually more frightened. But I've seen death, and I believe in the hereafter, and so I can accept death more. I feel that age also plays a role in one's acceptance of death, because now that I'm older, I feel that I'm ready to go. I feel that I've had my life. (How have these feelings changed throughout the course of your life?) When I was younger, I never even thought of dying. My husband didn't think about it either. In fact, I just assumed that he would be with me right up until old age. I even thought that I would die before him. I also never thought about death during my younger years as I was a very active and healthy person. My first thoughts of death came after the death of my husband. I then felt how close one always is to death. It was also quite a shock to me, because I realised then that if it could happen to him, then it could happen to me as well. I still never actually feared death then. I just accepted it. I think then that I never thought about death when I was younger as I was such an active person. I took life in my stride. I took all sorts of risks, which makes me cringe now to even think about them. When one gets older, more thoughts of death do arise as one is less active, and there is also the feeling that one's time has finished. As I've already said, however, my only real fears are of dying, whereas I've accepted my death as I have lived my life fully. (Have you made any preparations for your death?) Yes, I have. I've made a will and stated where I want to be buried. My son has these instructions, and I know he will see to it that they are carried out.

5.3.2) NATURAL MEANING UNITS

(Do you think about your own death a lot?)

1) No, not my death. But I do think about the way that I'm going to die.

2) I fear dying as I don't want to be an invalid and a burden to others. I'm an independent person. I've been independent all my life, and I don't ever want to have to rely on others.

3) I also feel that death might be painful. That's why I want to die quickly one day.

4) There is a history of heart trouble in my family, and so we've always gone quickly, without really suffering.

RELEVATORY PSYCHOLOGICALLANGUAGE

1) S is more concerned with the process of dying than with death itself.

2) S fears dying as she does not want to lose her independence and become a burden to others.

3) S fears the pain that might be associated with dying, and she expresses a desire to die a quick, painless death.

4) S expects to die the same way as family members who, owing to a history of heart trouble, have always died sudden deaths.

5) I can't bear to think of those old people who are suffering in frailty wards such as Westwing [an old age home]. I'm sure that they really want to die themselves, to get it all over with, the suffering and all.

6) Now that I'm older, I also think of the hereafter a lot.

7) I do believe in an existence after death, and this, I feel has also made me more accepting of death.

8) A relative of mine once had a near-death-experience which she described as a peaceful, floating experience, and one that she did not really want to leave. So I am sure that there is something better for one after death.

(Do you feel that experiencing the deaths of people close to you has

5) S fears the pain associated with dying. She cannot face this issue being lived out by other older persons, as it reminds her of what she herself is unable to face.

6) Now that she is older, S thinks about the afterlife.

7) S's belief in an afterlife existence has made her more accepting of death.

8) A relative's pleasant near-death-experience has led S to believe that an afterlife does exist.

also changed your attitude towards death?)

9) Yes, I have become more accepting of death through experiencing the deaths of people close to me. I lost two brothers. I also lost my husband when I was very young - I was 30 years old at the time.

10) That [the death of S's husband] really changed my attitude towards death. It made me less frightened.

11) I've found that other people who have never experienced the deaths of people close to them are usually more frightened.

12) But I've seen death, and I believe in the hereafter, and so I can accept death more.

13) I feel that age also plays

9) S is able to accept death as she has experienced the deaths of loved ones.

10) S feared death less after her husband died.

11) S's experience suggests that those people who have never experienced the deaths of loved ones fear death more.

12) S is able to accept death as she has experienced the deaths of loved ones, and she is also convinced of the reality of an afterlife existence.

13) S is also able to accept

a role in one's acceptance of death because now that I'm older, I feel that I'm ready to go. I feel that I've had my life.

(How have these feelings changed throughout the course of your life?)

14) When I was younger, I never even thought of dying. My husband didn't think about it either. In fact, I just assumed that he would be with me right up until old age. I even thought that I would die before him.

15) I also never thought about death during my younger years as I was a very active and healthy person.

16) My first thoughts of death came after the death of my husband. I then felt how close one always is to death.

17) It [the death of S's husband]

her death as she has completed her life cycle.

14) Neither S nor her husband had thought about death when they were younger. S just assured that they would be together until old age.

15) S also did not think about death when she was younger as she was a healthy and an active person.

16) S first thought about death - specifically, one's closeness to death - after her husband died.

17) The death of S's husband

was also quite a shock to me, because I realised then that if it could happen to him, then it could happen to me as well.

18) I still never actually feared death then. I just accepted it.

19) I think then that I never thought about death when I was younger as I was such an active person. I took life in my stride. I took all sorts of risks, which makes me cringe now to even think about them.

20) When one gets older, more thoughts of death do arise as one is less active ...

21) ... and there is also the feeling that one's time is finished.

22) As I've already said, however, my only real fears are of dying ...

came as a shock to her as she then perceived death as being a possibility in her own experience.

18) S did not fear death, however; she just accepted it.

19) S did not think about death during her younger years as she was an active person, living life to the full and taking many risks.

20) S thinks about death more often now that she is older and less active.

21) S feels that 'she has completed her life cycle.

22) S fears the process of dying.

23) ... whereas I've accepted my death as I have lived my life fully.

23) S has accepted her death as she has lived a meaningful existence.

(Have you made preparations for your death?)

24) Yes, I have. I've made a will and stated where I want to be buried. My son has these instructions, and I know he will see to it that they are carried out.

24) S has made preparations for her death in the form of a will and burial arrangements.

5.3.3) PSYCHOLOGICAL FORMULATION OF THEMES EMERGING FROM NATURAL MEANING UNITS

1,22) S fears the process of dying more than death itself.

2) S fears dying as she does not want to lose her independence and become a burden to others.

3) S fears the pain associated with dying and expresses a desire for a sudden death.

4) S expects to die in the same way as family members who, owing to a history of heart trouble, have always died suddenly, with little suffering.

5) S fears the pain associated with dying. She cannot face this issue being lived out by other older persons, as it reminds her of what she herself is unable to face.

- 6) Now that she is older, S thinks about the afterlife.
- 7,12b) S's belief in an afterlife existence has made her more accepting of death.
- 8) A relative's pleasant near-death-experience has led S to believe that an afterlife does exist.
- 9,10,12a) S is able to accept death as she has experienced the deaths of loved ones, such as her husband.
- 11) S's experience suggests that those people who have never experienced the deaths of loved ones fear death more.
- 13,21) S is able to accept her death as she has completed her life cycle.
- 14) Neither S nor her husband had thought about death when they were younger.
- 15,19) S did not think about death when she was younger as she was a healthy and active person who lived life to the full.
- 16) S thought about death - specifically, one's closeness to death - after her husband died.
- 17) The death of S's husband came as a shock to her as she then perceived death as being a possibility in her own experience.
- 18) S did not fear death, however; she just accepted it.
- 20) S thinks about death more often now that she is older and less active.
- 23) S can accept her death as she has lived a meaningful existence,
- 24) S has made preparations for her death in the form of a will and burial arrangements.

5.4) SUBJECT 4: 90 YEARS OLD5.4.1) RAW PROTOCOL:

(Do you think about your own death often?) Not very much. It comes when it comes. That's how I look at it. And I'm getting tired now - I wouldn't mind if it came quite soon. (Has your religion played a role in shaping this attitude?) No, I'm not a religious person at all. I don't like to be told how I must worship. I'm not very keen on a minister. I love church, but its the beauty of the church, and I feel that that now has been spoilt. A church is a quiet place for worship, but I don't think you can any more, unless you go to a church by yourself. (If you don't hold a specific religious viewpoint, then what do you believe will happen to you after death?) I've got my own thoughts. I don't like anybody else to worry about them. I lead a happy life. And I mean, Jesus Christ came here to earth as a good man. I follow Him a lot. (Do you believe in the resurrection of the soul?) No, nothing like that. I don't think that anything happens after death. I mean, God is to me such a myth, and I don't like myths. If we had a real something to worship - I can worship Jesus Christ, but I mean if that is God, and if thats God, I believe. He was a good man. I follow His teachings as much as I can. But for me, when someone dies, its the end. (Does this thought create any fears and anxieties within you?) No, not at all. I don't ever worry about what's going to happen to me when I'm finished. (Do you ever reminisce about past events in your life?) Oh yes, this morning I was looking at old photographs, remembering this one and what we did, and all that. It was really lovely. (Do you feel that you've led a meaningful life?) A

useful life, although I suppose I could've done better. It depends on what is a useful life. (Do you feel that the way you have actually lived your life has helped you to be able to accept death?) Yes, I suppose so. I've been happy and I know I'm very happy here. (Do you still lead quite an active life here?) Yes, I knit and I visit a lot. I often visit a paralyzed friend of mine whos' got more or less the same ideas as I have. (Do you have any other thoughts or feelings about your own death?) I'm not interested in death. It comes when it comes. What I can't stand and upsets me so is to see these old people linger on and on and on. The cruellest experience of mine was to see my daughter die. She knew that she was going to die. She did have pain. I think it was terrible just to see her like that, going on and on and on, when she wanted to die. I've never forgotten that. Now my husband died suddenly. In front of me, he just slipped out of the chair. That is a lovely way to die. My eldest son also died that way, just with a heart attack. It's hard for those who are left behind, but it's certainly worse if you've got to see them linger like that. I see it here. I don't know if I would fear my own lingering on. I haven't got to that stage yet - I can't tell you, but I do just hope that I go out quickly. It's so much easier for everybody. We've got an old Mrs D.... here - I think she's just a cabbage. She's been a cabbage for about three years now, and she just goes on, day after day. Her people come and see her, she doesn't really know them. That to me is cruel. I wouldn't be surprised if those kind of people commit suicide, but they don't seem to. (You mentioned earlier the deaths of your daughter, son, and husband. Do you think that these deaths of people close to you have actually helped you to come to terms with your own

death?) I don't think so, no. I mean its cruel and you feel that the world has come to an end for a few months, and its something you can't forget. But if you think of what they might be going through, then its for the better that they go. (Have you held this particular attitude throughout the course of your life?) When I was at school, I was very religious. But that was because of the Evangelists. They work you up to such a pitch you don't know whether you're going or you're coming. I still accepted death then. We had to go to church and the Evangelists would make us take the vows which we would know we couldn't keep. That's one thing in religion I am against. They prey on your feelings. That's why I don't want to be told how I must worship. I accepted death then, and my feelings never changed. My husband went to the first world war, and he said he saw far too much there. I was also here for the end of the 1914 war. That was terrible. We used to go to church and hear this roll of honour read out. It was awful. I'm not an atheist - I do believe in Jesus Christ, but not in an afterlife. (So you've never feared death?) I've got no say in when I go, but I still don't fear death. I do think about leaving things behind for my family to pick up and put straight. I'm also scared of living - I'm scared of going through a sickness like some of these poor people who are paralyzed. I'm not actually afraid of death, but I'm afraid of that. That I might be a nuisance to people. (How do you feel about living here?) I'm very happy here. Its a real home for us, not an institution.

5.4.2) NATURAL MEANING UNITS

(Do you think about your own death often?)

1) Not very much. It comes when it comes. That's how I look at it.

2) And I'm getting tired now - I wouldn't mind if it came quite soon.

(Has your religion played a role in shaping this attitude?)

3) No, I'm not a religious person at all. I don't like to be told how I must worship. I'm not very keen on a minister. I love church, but its the beauty of the church, and I feel that that now has been spoilt. A church is a quiet place for worship, but I don't think you can anymore, unless you go to a church by yourself.

RELEVATORY PSYCHOLOGICALLANGUAGE

1) S does not spend much time thinking about death as she regards it as being inevitable.

2) S is looking forward to death as she feels weary from life.

3) S does not consider herself to be a religious person. Although she loves the beauty of the church, she feels that this has been spoilt in that the church is no longer a place for worship.

(If you don't hold a specific religious viewpoint, then what do you believe will happen to you after death?)

4) I've got my own thoughts. I don't like anybody else to worry about them.

5) I lead a happy life. And I mean, Jesus Christ came here to earth as a good man. I follow Him a lot.

(Do you believe in the resurrection of the soul?)

6) No, nothing like that. I don't think that anything happens after death.

7) I mean, God is to me such a myth, and I don't like myths. If we had a real something to worship - I can worship Jesus Christ, but I mean if that is God, and if that's God, I believe. He was a good man, I follow His teachings as much as I can.

4) S has her own thoughts regarding an afterlife existence.

5) S sees her life as being meaningful and happy in the light of her religious belief.

6) S sees death as representing the end.

7) S does not believe in God, but she worships Christ and follows His teachings.

8) But for me, when someone dies, its the end.

(Does this thought create any fears and anxieties within you?)

9) No, not at all. I dcn't ever worry about what's going to happen to me when I'm finished.

(Do you ever reminisce about past events in your life?)

10) Oh yes, this mcrning I was looking at old photographs, remembering this one and what we did, and all that. It was really lovely.

(Do you feel that you've led a meaningful life?)

11) A useful life, although I could've done better. It depends on what is a useful life.

(Do you feel that the way you have actually lived your life has helped you to be able to accept death?)

12) Yes, I suppose so. I've been

8) S sees death as representing the end.

9) S does not feel anxious at the thought of what will happen to her after death.

10) S reminisces about past events in her life, and she regards this as being a pleasant experience.

11) S is not entirely satisfied that she has led as useful a life as she could perhaps have done.

12) S is able to accept her

happy, and I know I'm very happy here.

(Do you still lead quite an active life here?)

13) Yes, I knit and I visit a lot. I often visit a paralyzed friend of mine whos' got more or less the same ideas as I have.

(Do you have any other thoughts and feelings about your own death?)

14) I'm not interested in death, it comes when it comes.

15) What I can't stand and upsets me so is to see these old people linger on and on and on.

16) The cruellest experience of mine was to see my daughter die. She knew that she was going to die. She did have pain. I think it was terrible just to see her like that, going

death as she has lived a meaningful and happy life, both within and without the institution.

13) S is still active in the institution where she lives.

14) S is not concerned about death as it is inevitable.

15) S fears the thought of merely existing in an unproductive life.

16) S's understanding of death stems from past experiences, such as the painful and prolonged dying that her daughter experienced.

on and on and on, when she wanted to die. I've never forgotten that.

17) Now my husband died suddenly. In front of me, he just slipped out of the chair. That is a lovely way to die. My eldest son also died that way, just with a heart attack.

18) It's hard for those who are left behind, but it's certainly worse if you've got to see them [loved ones] linger like that. I see it here.

19) I don't know if I would fear my own lingering on. I haven't got to that stage yet - I can't tell you, but I do just hope that I go out quickly. It's so much easier for everybody.

20) We've got an old Mrs D....

17) S regards the sudden deaths of both her husband and her eldest son as being the ideal way to die.

18) S feels that even though the death of a loved one is hard for those left behind, it's worse to see them dying a prolonged death. S also sees this drawnout form of death at the institution.

19) S expresses uncertainty as to how she would react to her own prolonged dying, but she hopes for a sudden death by believing that this would allow her to not become a burden to others.

20) S sees the meaningless

here - I think she's just a cabbage. She's been a cabbage for about three years now, and she she just goes on, day after day. Her people come and see her, she doesn't really know them. That to me is cruel. I wouldn't be surprised if those kind of people commit suicide, but they don't seem to.

(You mentioned earlier the deaths of your daughter, son, and husband. Do you think that these deaths of people close to you have actually helped you to come to terms with your own death?)

21) I don't think so, no.

22) I mean it's cruel and you feel that the world has come to an end for a few months, and it's something you can't forget. But if you think of what they [loved ones] might be going through, then

existence that is possible during the process of dying as something that she would intensely and aggressively try to avoid.

21) S does not feel that the deaths of loved ones has enabled her to come to terms with her own death.

22) S is able to come to terms with the deaths of loved ones by her realization that it is better for them to die than to be experiencing pain.

its far better that they go.

(Have you held this particular attitude throughout the course of your life?)

23) When I was at school, I was very religious. But that was because of the Evangelists. They work you up to such a pitch you don't know whether you're going or you're coming. I still accepted death then. We had to go to church and the Evangelists would make us take the vows which we would know we couldn't keep. That's one thing in religion I am against. They prey on your feelings. That's why I don't want to be told how I must worship.

24) I accepted death then, and my feelings never changed.

25) My husband went to the first world war, and he said he saw far too much there. I was also

23) S accepted death when she was younger owing to her religious indoctrination. However, she turned against religion as she felt that her feelings were being preyed upon, and consequently, she does not want to be told how she must worship.

24) S accepted death when she was younger, and she still accepts death now.

25) S lived through the first world war and felt that it was a frightening experience

here for the end of the 1914 war.
 We used to go to church and hear
 this roll of honour read out.
 It was awful.

26) I'm not an atheist - I believe
 in Jesus Christ, but not in an
 afterlife.

(So you've never feared death?)

27) I've got no say in when I go,
 but I still don't fear death.

28) I do think about leaving
 things behind for my family to
 pick up and put straight.

29) I'm also scared of living -
 I'm scared of going through a
 sickness like some of these poor
 people who are paralyzed.

30) I'm actually not afraid of
 death, but I'm afraid of that.
 That I might be a nuisance to

to hear the roll of honour
 read out in church.

26) S is not an atheist as
 she believes in Christ. She
 does not, however, believe in
 the existence of an afterlife.

27) S does not fear death,
 even though it is beyond her
 control.

28) S thinks about becoming
 a burden to others after her
 death.

29) S fears going through an
 illness or becoming
 paralyzed.

30) Although S does not fear
 death as such, she does fear
 becoming a burden to others.

people.

(How do you feel about living here?)

31) I'm very happy here. Its a real home for us, not an institution.

31) S is happy living in the institution, which she regards as being her home.

5.4.3) PSYCHOLOGICAL FORMULATION OF THEMES EMERGING FROM NATURAL MEANING UNITS

1,14,27) S is not concerned with death as she regards it as being inevitable and beynd her control.

2) S is looking forward to death as she feels weary from life.

3,7,26a) S does not consider herself to be a religious person. She does not believe in Gcd, but wrships Christ and follows His teachings.

4,26b) S does not believe in an afterlife existence.

5,12) S has lived a meaningful existence, and this has enabled her to accept her death.

6,8) S sees death as representing the end.

9) S is not anxious at the thought of what will happen to her after death.

10) S reminisces about past events in her life, an experience which she regards as being very pleasant.

11) S is not entirely satisfied that she has led as useful a life as she could perhaps have done.

13) S is still an active person.

15,) S fears the thought of merely existing in an unproductive life.

16) S's understanding of death stems from past experiences, such as the

painful and prolonged dying that her daughter experienced.

17) S regards the sudden deaths of both her husband and her eldest son as being the ideal way to die.

18,22) S is able to come to terms with the deaths of loved ones by her realization that it is better for them to die than to be experiencing pain and suffering through their prolonged deaths.

19) S expresses uncertainty as to how she would react to her own prolonged dying, but she hopes for a sudden death by believing that this would allow her to not become a burden to others.

20) S, being reflectively aware of the process of dying, sees the meaningless existence that is possible during the process of dying as something that she would intensely and aggressively try to avoid.

21) S does not feel that the deaths of loved ones have helped her to come to terms with her own death.

23,24) S accepted death when she was younger owing to her religious indoctrination at school, and she still accepts death now.

25) S lived through the first world war and felt that it was a frightening experience to hear the roll of honour being read out in church.

28,30) S fears becoming a burden to others, both before her death as well as after her death.

29) S fears the thought of going through an illness or becoming paralyzed.

31) S is happy in the institution, which she regards as being her home.

5.5) SUBJECT 5: 83 YEARS OLD5.5.1) RAW PROTOCOL:

(Do you spend much time thinking about your own death?) Death is something that has never really concerned me. I have always had too many other worries. I have lived through some really hard times, such as the depression years. I have not worried about death, but I have concerned myself more with my child and finding the money to put him through university. I have also never been a very healthy person. I have had many operations, but I have overcome these. I feel happy. God has saved me. He has spared me. (Do you fear dying?) I am not afraid of dying. God is there. He protects you. If I have troubles, I go to God and ask Him to forgive me for my sins. (What about an afterlife?) I have no worries of an afterlife. I am in God's hands. I have also lived an honest life. (Have you experienced any deaths of people close to you?) I nursed my dying father-in-law for one year and two weeks. It was hard on me as he was a sick man, but I did it with pleasure. He was always kind to me. This did make me accept death more. I also left school in matric to help my sick mother who had a weak heart. I am the youngest of a family of 10 children. I was 14 years old during the 1918 flu epidemic. There, people were dying like flies. If I went through all of that then I must know that God is there to trust upon. There were no doctors, no medicines, we were out on the farm alone. Two of my brothers died within six days during the epidemic. My mom, dad and sister never got it. They nursed the family. Whole families were laid down at one time. I understood what was happening. People today don't know what we went through, what we

had and what we had to do. So, my husband was sick and died. My mom just dropped dead. Of the 10 children, the other nine died young. My one brother had a heart attack, another drowned, one died of an illness, two died in the flu epidemic, and the other four also died. It shows that we really are all nothing. I also came close to dying myself. I had a breast removed two years ago. I still have to see the doctor every three months. I just accept it. There is nothing else one can do. It was a shock to my system, but I expected it. I could see the nipple was drawing in. My doctor was also very straightforward and honest with me. I liked that. (Have you always been so accepting of death?) I come from a religious family. We had the Bible first thing in the morning and last at night. If God must take me now, he must take me. No-one knows when the day will come. If we are afraid, we must pray to God and ask Him to take that away. When the day of resurrection comes, we must be prepared. We must pray to God to forgive us for all our sins. It is every person's duty to do it. (Do you often reminisce about your past life?) Yes, I have enjoyed my life. I have had some hard times, especially the depression years. If I could live my life over, I wouldn't work so hard. (Have you prepared for your own death?) Yes, I have made a will. I have also stated that I must be buried at Seven Fountains next to my husband. A certain minister is going to bury me - I won't mention his name. He is willing to do it. Yes, I am ready and prepared at this age. I have no regrets. I am enjoying my last days under care and attention, which I've never experienced before. I have had to work hard throughout my life. I have never had it so good before, and when my time comes, may the Lord receive me. (How do you feel about those loved ones who you

will leave behind?) I don't think about those left behind. I will miss them, but they are prepared as well and are capable of looking after themselves. I have done my stint in this world. That's all. One shouldn't be scared of dying if you live with your God. I am not as long as I pray.

5.5.2) NATURAL MEANING UNITS

RELEVATORY PSYCHOLOGICAL
LANGUAGE

(Do you spend much time thinking about your own death?)

1) Death is something that has never really concerned me. I have always had too many other worries. I have lived through some really hard times, such as the depression years. I have not worried about death, but I have concerned myself more with my child and finding the money to put him through university.

1) S has never really concerned herself with death as she has had too many other worries in life, that is, living through the depression years, and financial worries.

2) I have also never been a very healthy person. I have had many operations, but I have overcome these. I feel happy. God has saved me. He has spared me.

2) S has never been very healthy, but the fact that she has recuperated from her many operations makes her feel very grateful and

thankful in terms of her religious experience.

(Do you fear dying?)

3) I am not afraid of dying. God is there. He protects you. If I have troubles, I go to God and ask Him to forgive me for my sins.

3) Owing to her religious conviction, S does not fear dying. Rather, she believes that God will protect her and forgive her sins.

(What about an afterlife?)

4) I have no worries of an afterlife. I am in God's hands. I have also lived an honest life.

4) S's religious conviction, together with her feeling of having led an upright existence, allows her to show no concern about the existence of a possible afterlife.

(Have you experienced any deaths of people close to you?)

5) I nursed my dying father-in-law for one year and two weeks. It was hard on me as he was a sick man, but I did it with pleasure. He was always kind to me. This did make me accept death more.

5) Although it was difficult for her, S nursed her dying father-in-law, a meaningful experience which she feels has aided her acceptance of death.

6) I also left school in matric to help my sick mother who had a weak heart.

7) I am the youngest of a family of 10 children. I was 14 years old during the 1918 flu epidemic. There, people were dying like flies. If I went through all of that then I must know that God is there to trust upon. There were no doctors, no medicines, we were out on the farm alone.

8) Two of my brothers died within six days during the epidemic. My mom, dad, and sister never got it. They nursed the family.

9) Whole families were laid down at one time. I understood what was happening.

10) People today don't know what we went through, what we had and what we had to do.

6) At some sacrifice, S also nursed her sick mother when she [S] was younger.

7) S was 14 years old during the 1918 flu epidemic, where she witnessed many deaths during a time when there were no medical facilities available in isolated rural areas. S's experiencing of this event made her realise that God must exist.

8) S lost two of her brothers during the epidemic, and the family members nursed each other.

9) S understood what death was through observing the deaths and burials of entire families.

10) S feels that people today do not understand the kind of hardships that were

11) So, my husband was sick and died. My mom just dropped dead. Of the 10 children, the other nine died young. My one brother had a heart attack, another drowned, one died of an illness, two died in the flu epidemic, and the other four also died.

12) It shows that we really are all nothing.

13) I also came close to dying myself. I had a breast removed two years ago. I still have to see the doctor every three months. I just accept it. There is nothing else one can do.

14) It was a shock to my system,

experienced in those times.

11) S has experienced the deaths of many loved ones, that is, her husband, her mother, and her nine brothers.

12) S sees our human condition as one of helplessness in the face of the inevitability of death.

13) S has experienced a closeness to death (in the form of cancer) which was delayed by medical intervention, but she understands that this was a mere delay and that death is inevitable and ultimately beyond one's control.

14) Although S suspected

but I expected it. I could see the ripple was drawing in.

15) My doctor was also very straightforward and honest with me. I liked that.

(Have you always been so accepting of death?)

16) I come from a religious family. We had the Bible first thing in the morning and last at night.

17) If God must take me now, he must take me.

18) No-one knows when the day will come.

19) If we are afraid, we must pray to God and ask him to

that she had cancer, it was still a shock for her.

15) S appreciated the straightforward and honest manner in which the doctor informed her of her cancer.

16) S has accepted death throughout the course of her life as she has had a strict religious upbringing.

17) S, in her understanding of religion, has come to a sense of 'being-prepared-for-death'.

18) S realises that she, like the rest of the human race, must be prepared for death at any time because it is an unpredictable event.

19) S believes in practising her religion in order to take

take that away.

20) When the day of resurrection comes, we must be prepared. We must pray to God to forgive us for all our sins. It is every person's duty to do it.

(Do you often reminisce about your past?)

21) Yes, I have enjoyed my life. I have had some hard times, especially the depression years. If I could live my life over, I wouldn't work so hard.

(Have you prepared for your own death?)

22) Yes, I have made a will. I have also stated that I must be buried at Seven Fountains next to my husband. A certain minister is going to bury me - I won't mention his name. He is willing to do it. He has meant a lot to me.

23) Yes, I am ready and prepared

away the fear of death.

20) In terms of her religious understanding, S stresses the need to live towards death in a way that will enable one to have an afterlife.

21) S does reminisce about her past life. She has enjoyed her life, although she would have preferred not to have worked so hard.

22) S has made preparations for her death in the form of a will and burial arrangements.

23) Now that she is older, S

at this age. I have no regrets.

24) I am enjoying my last days under care and attention, which I've never experienced before. I have had to work hard throughout my life. I have never had it so good before, and when my time comes, may the Lord receive me.

(How do you feel about those loved ones who you will leave behind?)

25) I don't think about those left behind. I will miss them, but they are prepared as well and are capable of looking after themselves.

26) I have done my stint in this world. That's all.

27) One shouldn't be scared of dying if you live with your God. I am not as long as I pray.

is prepared for her death.

24) S regards living in the institution as being the beginning of her rest which will culminate in her submitting to death in the light of her religious understanding of it.

25) Although she will miss loved ones after she dies, S feels that they are prepared and are capable of looking after themselves.

26) S feels that she has completed her life cycle.

27) S is not afraid of dying as she believes in God and practises her religion.

5.5.3) PSYCHOLOGICAL FORMULATION OF THEMES EMERGING FROM NATURAL
MEANING UNITS

- 1) S has not really concerned herself with death as she has had too many other immediate concerns in life.
- 2) S has never been very healthy, but the fact that she has recuperated from her many operations makes her feel very grateful and thankful in terms of her religious experience.
- 3,19,27) Due to her religious conviction, S does not fear either death or the process of dying.
- 4) S's religious conviction, together with her feeling of having led an upright existence, allows her to show no concern about the existence of a possible afterlife.
- 5,6,8,11) S has experienced the deaths of many loved ones.
- 7) S also experienced death during the 1918 flu epidemic, where she witnessed many deaths during a time when there were no medical facilities available in isolated rural areas. S's experiencing of this event made her realise that God must exist.
- 9) Even though she was only 14 years old, S understood what death was through observing the deaths and burials of entire families during the epidemic.
- 10) S feels that people today do not understand the kind of hardships that were experienced in those times.
- 12) S sees our human condition as being one of helplessness in the face of the inevitability of death.
- 13) S has experienced a closeness to death (in the form of cancer) which was delayed by medical intervention, but she understands that this was a mere delay and that death is inevitable and ultimately

beyond one's control.

14) Even though S suspected that she had cancer, it was still a shock to her system.

15) S appreciated the straightforward and honest manner in which the doctor informed her of her cancer.

16) Owing to her strict religious upbringing, S has accepted death throughout the course of her life.

17,23) Now that she is older, S, in her understanding of religion, has come to a sense of 'being-prepared-for-death'.

18) S realises that she, like the rest of the human race, must be prepared for death at any time because it is an unpredictable event.

20) In terms of her religious understanding, S stresses the need to live towards death in a way that will enable one to have an afterlife.

21) S, in reminiscing about her past life, feels that she has lived a meaningful existence, although she would have preferred not to have worked so hard.

22) S has made preparations for her death in the form of a will and burial arrangements.

24) S regards living in the institution as being the beginning of her rest which will culminate in her submitting to death in the light of her religious understanding of it.

25) S feels that loved ones are prepared for her death and are capable of looking after themselves.

26) S feels that she has completed her life cycle.

5.6) SUBJECT 6: 85 YEARS OLD5.6.1) RAW PROTOCOL:

(Do you ever think about your own death?) I don't really think about death very much, but I'm not afraid of death. I think it would be a beautiful relief. I feel that I've had a very happy life. I'm not afraid of death at all. (Has your religion played a role in determining this attitude?) Yes, I am a Christian, I believe in God. I was brought up in a Christian home. I believe that God will protect me and be with me when I die. (What do you believe will happen to you after death?) Although I do believe in God, I don't believe in an afterlife at all. The only life one has is this one on earth, so it is important that one lives it in a meaningful way. (Do you feel that you have lived a meaningful life?) Yes, I've led a very happy and meaningful life and this is also probably why I am not afraid to die. I was married - my husband died many years back. We had no children, but we were very happy. I was shocked after his death, but I knew I had to go on. (Have you accepted death throughout the course of your life?) Yes, I come from a very religious background, so I have always accepted death. I watched my own father die, but that was a really long time ago. I did think about death then, but only that it was a relief for my father. It was different when my husband died because we did everything together and we had no children. I was shocked and it took me a long time to get over it. I went through the normal period of grief, but not in excess. I did what I had to do. (Do you feel that these deaths of people close to you have actually helped you to accept your own death more?) Yes, they have definitely helped me. My

sister also died about five years ago. We were taking the Translux bus from Grahamstown to Cape Town when it overturned. She was the only one who was killed. Other people had multiple injuries. I had as well - my right hand was amputated at the elbow and I now have a plastic one. While I was in the intensive care unit, they told me that my sister had died. That was also quite a shock to me as we were very close. We were sharing this room in Brookshaw at the time. But I accepted it as something that had to happen and I do not feel bitter about it. So, I have seen my father, my husband, and my sister die, and this has made me realise that death is something very real, but it is also not something to be feared. I do not fear either death or dying. For me, death is a wonderful relief, it is a beautiful thing. (Do you spend much time reminiscing about past events in your life?) Yes, I spend a lot of time looking at old photographs and thinking about the happy times in my life - and the sad times as well. I feel that I've had a very meaningful life. If I had to live it over, I would not change anything. This has also helped me in accepting death. (Are you still quite an active person?) I used to play a lot of bowls before I had my accident five years ago, but now I am restricted. My husband started the annual bowls tournament and I still hand out the trophy every year. I also play bridge, read, walk a lot, and I crochet and do tapestries using my one hand. I'm very happy in this cottage. There are four of us and we all get along very well. (So you are happy in this institution?) Yes, in the olden days people would frown upon old age homes and see them as being terrible places, but it is not at all like that today. Brookshaw is like a home to us. They treat us very well and see to all our needs. The staff are very kind and we get

along well with them. After my sister died, my niece and her family offered me a place in their home, but I refused as I did not want to be a burden to them. I am happy with the decision I made. I do not want to be any trouble to others and I enjoy living here. It is very homely. (Have you made any preparations for your death?) Yes, I have made a will. I have also stated that I want my ashes to be placed next to those of my husband. This will mean a lot to me. (Do you have any other thoughts and feelings about your own death?) Although I do not fear either death or dying, I do fear the thought of lingering on. There are women here who are over the age of 90. They cannot do anything for themselves, they don't even recognize their visitors. I don't ever want to become like that. I think I'd prefer to be dead. I never want to be a burden to anyone. Otherwise, death for me is a happy and pleasurable experience, and I am looking forward to my own as I am getting very tired now.

5.6.2) NATURAL MEANING UNITSRELEVATORY PSYCHOLOGICAL
LANGUAGE

(Do you ever think about your own death?)

1) I don't really think about death very much, but I'm not afraid of death.

2) I think it would be a very beautiful relief.

3) I feel that I've had a very happy life.

4) I'm not afraid of death at all.

(Has your religion played a role in determining this attitude?)

5) Yes, I am a Christian, I believe in God. I was brought up in a Christian home. I believe that God will protect me and be with me when I die.

(What do you believe will happen to you after death?)

1) S is not afraid of death and she seldom thinks about it.

2) S regards death as being an unburdening.

3) S has led a fulfilling existence.

4) S has no fears of death.

5) S's religious upbringing has enabled her to not fear death, and S subsequently believes that God will be with her at her time of death.

6) Although I do believe in God, I don't believe in an afterlife at all.

7) The only life one has is this one on earth, so it is important that one lives it in a meaningful way.

(Do you feel that you have led a meaningful life?)

8) Yes, I've led a very happy and meaningful life and this is also probably why I am not afraid to die.

9) I was married - my husband died many years back. We had no children, but we were very happy. I was shocked after his death, but I knew I had to go on.

(Have you accepted death throughout the course of your life?)

10) Yes, I come from a very religious background, so I have

6) S does not believe in an afterlife existence.

7) S stresses the importance of living what she considers to be her one and only lifespan, in a meaningful way.

8) S does not fear death as she feels that she has lived a meaningful existence.

9) S was shocked by her husband's death, but she knew that she had to continue living her own life.

10) S's religious upbringing has enabled her to be

always accepted death.

11) I watched my own father die, but that was a really long time ago. I did think about death then, but only that it was a relief for my father.

12) It was different when my husband died because we did everything together and we had no children. I was shocked and it took me a long time to get over it.

13) I went through the normal period of grief, but not in excess. I did what I had to do.

(Do you feel that these deaths of people close to you have actually helped you to accept your own death more?)

14) Yes, they have definitely helped me.

accepting of death throughout the course of her life.

11) S regarded her father's death as being an unburdening from the process of dying.

12) S took a long time to recover from the shock which she experienced after the death of her husband.

13) S expressed her grief for her husband in the acceptable manner.

14) S feels that the deaths of people close to her have aided her own acceptance of death.

15) My sister also died about five years ago. We were taking the Translux bus from Grahamstown to Cape Town when it overturned. She was the only one who was killed. Other people had multiple injuries. I had as well - my right hand was amputated and I now have a plastic one.

16) While I was in the intensive care unit, they told me that my sister had died. That was also quite a shock as we were very close. We were sharing this room in Brookshaw at the time.

17) But I accepted it [S's sister's death] as something that had to happen and I do not feel bitter about it.

18) So, I have seen my father, my husband, and my sister die, and this has made me realise

15) S experienced the death of her sister in a bus accident about five years ago. As a result of the accident, S lost her right hand and now has a plastic hand.

16) S was shocked on hearing of her sister's death as they were very close to each other.

17) S's understanding of the inevitability of her sister's death allowed her to not feel bitter about it.

18) The deaths of loved ones have enabled S to accept death rather than to fear it.

that death is something very real, but it is also not something to be feared.

19) I do not fear either death or dying.

20) For me, death is a wonderful relief, it is a beautiful thing.

(Do you spend much time reminiscing about past events in your life?)

21) Yes, I spend a lot of time looking at old photographs and thinking about the happy times in my life - and the sad times as well.

22) I feel that I've had a very meaningful life. If I had to live it over, I would not change anything. This has also helped me in accepting death.

(Are you still quite an active person?)

19) S does not fear either death or the process of dying.

20) S sees death in a positive way, as being an unburdening.

21) S reminisces about past events in her life.

22) The meaningful existence which S feels she has lived has aided her acceptance of death.

23) I used to play a lot of bowls before I had my accident five ago. But now I am restricted. My husband started the annual bowls tournament and I still hand out the trophy every year. I also play bridge, read, walk a lot, and I crochet and do tapestries using my one hand only.

24) I'm very happy in this cottage. There are four of us and we all get along very well.

(So you are happy in this institution?)

25) Yes, in the olden days people would frown upon old age homes and see them as being terrible places, but it is not at all like that today. Brookshaw [an old age home] is like a home to us. They treat us very well and see to all our needs. The staff are very kind and we get along well with them.

23) Despite being restricted by her amputated arm, S is still an active person.

24) S is very happy in the institution where she lives.

25) S regards the institution as being a home as she is treated well, all her needs are seen to, and good relations are maintained with staff members.

26) After my sister died, my niece and her family offered me a place in their home, but I refused as I did not want to be a burden to them. I am happy with the decision I made. I do not want to be any trouble to others ...

27) ... and I enjoy living here. It is very homely.

(Have you made any preparations for your death?)

28) Yes, I have made a will. I have also stated that I want my ashes to be placed next to those of my husband. This will mean a lot to me.

(Do you have any other thoughts and feelings about your own death?)

29) Although I do not fear either death or dying, I do fear the thought of lingering on.

26) After her sister's death, S refused to move in with relatives as she did not want to become a burden to others.

27) S regards the institution as being her home.

28) S has made preparations for her death in the form of a will and burial arrangements.

29) Although S does not fear either death or a sudden dying, she does fear the thought of dying a prolonged death.

30) There are women here who are over the age of 90. They cannot do anything for themselves, they don't even recognize their visitors. I don't ever want to become like that. I think I'd prefer to be dead.

31) I never want to be a burden to anyone.

32) Otherwise, death for me is a happy and pleasurable experience ...

33) ... and one that I look forward to as I am getting very tired now.

30) S would rather die a sudden death than reach the stage where she becomes totally dependent upon, and a burden to, others.

31) S never wants to become a burden to others.

32) S sees death as being a happy and pleasurable experience.

33) S looks forward to her death as she feels weary from life.

5.6.3) PSYCHOLOGICAL FORMULATION OF THEMES EMERGING FROM NATURAL
MEANING UNITS

- 1,4,19,29a) S does not fear either death or a sudden dying.
- 3,8,22) S has lived a meaningful existence, and this has aided her acceptance of death.
- 2,11,20) S regards death as being an unburdening from the process of dying.
- 5,10) S's religious upbringing has enabled her to be accepting of death throughout the course of her life, and S subsequently believes that God will be with her at her time of death.
- 6) S does not believe in the existence of an afterlife.
- 7) S stresses the importance of living our one and only lifespan in a meaningful way.
- 9,12) S was shocked after her husband died, but she knew that she had to continue living her own life.
- 13) S expressed her grief for her dead husband in the acceptable manner.
- 14,18) The deaths of loved ones has aided S's acceptance of her own death.
- 15) S experienced the death of her sister in a bus accident five years ago. As a result of the accident, S lost her right hand.
- 16) S was shocked on hearing of the death of her sister as they were very close to each other.
- 17) S's understanding of the inevitability of her sister's death has allowed her to not feel bitter about it.
- 21) S reminisces about past events in her life.
- 23) Despite being restricted by her amputated arm, S is still an active

person.

24,25,27) S is content with living in an institution. She regards it as being a home, as she is treated well and all her needs are seen to.

26,31) S does not want to become a burden to others.

28) S has made preparations for death in the form of a will and burial and arrangements.

29b) S fears the thought of dying a prolonged death.

30) S would rather die a sudden death than reach the stage where she becomes totally dependent upon and a burden to, others.

32) S sees death as being a happy and pleasurable experience.

33) S looks forward to death as she is feeling weary from life.

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