CHAPTER - I

Introduction
Thoughts of death arise in the mind of a normal and healthy person only momentarily on occasions when some one dies or when one accompanies a funeral or performs funeral rites himself. However, the intensity of such feelings depends on the nature of one's relationship with the deceased. Such feelings are often of a mixed and amorphous nature. They might pertain to the fate of the deceased person or to the eventual fate of these surviving person himself. This, of course, is a common experience of the average man.

The concept of death, rather the meanings of death, however, tend to become much more intense and deep in the mind of a sophisticated person. The fact is that even an average man has some kind of a philosophy of life, but the philosophy of life of a sophisticated person is often well-ordered and well articulated. The average person reacts to death through a given set of beliefs and convictions. One may believe in the after-life or may consider such ideas as absurd and irrelevant to life. Consequently, one's reactions toward death are doubtlessly linked up with one's system of beliefs. History is witness to the fact that man's concern with death has been governed by his beliefs and convictions. The Egyptian's concern with death, for example, has been strictly governed by their beliefs and convictions. They believed that the deceased person carried with him entire worldly needs and requirements. Consequently, the Pharaohs were buried with all their paraphernalia including even their slaves through which their majestic splendour could be sustained in their after-life.
Death is either too meaningful or too meaningless for sophisticated minds. Epicurus denied the possibility of life-after-death, whereas Socrates believed in it, but at the same time he was least afraid of it. Dozens and scores of examples can be cited where a sophisticated mind reacts to death in the most balanced manner which reflects his fundamental philosophy. The German writer Lange (1957) has given an exhaustive account of the famous poem of the Greek materialist thinker Leucritus who had refuted categorically the possibility of life-after-death and believed that existence is co-terminus with the physical end of the body. Leucritus believed that fear of death was most damaging to human mind and must be driven out of it. Actually, the fear of death arises out of an experience of seeing the fate of human body after death. One begins to feel that one would suffer the same fate. Death however is indifferent to man and when it overtakes life one has no feelings of evil about death. Leucritus believed that soul, which bodily in its nature, subsists for a certain time after death: Leucritus concedes of wicked and foolish souls, whose matter is supposed to be less pure and durable. Consequently, they perish quicker, but the good souls mount to an abode of the blessings, where they remain till they are resolved in the great conflagration of the universe, where everything exists into the unity of the divine being. The German speculative philosopher Schopenhauer (1957) has written very exhaustively on the subject of death. He believes that death prompts man to philosophize. Schopenhauer was a great admirer of the Indian philosophy and the Indian culture. He has praised the fact that in India people feel very confident about the meaning of death. He believes that the fear of death is independent of all knowledge and hence even a brute is afraid of death.
Schopenhauer's ideas about death are highly meaningful and it may therefore be apt to mention some of his views as regards the problem of death. According to Schopenhauer fear of death arises out of the will to live which is blind and unconscious. Thus he writes - "what makes the death so terrible to us is not so much the end of life for but rather the destruction of the organism; really because this is the will itself exhibiting itself as body". He explained that the great clinging to life, the end and the fear of death had its root directly in the will. Death anxiety according to him is not the product of knowledge but due to the blind will to live. He also described death of the species as a state for individual.

He believed that death is the temporal end of the temporal phenomenon; but as soon as it is abstracted there is no longer any end. Whosoever, therefore, regards the birth of the man as his absolute beginning must regard death as his absolute end.

What is most interesting about Schopenhauer is that his ideas of death are derived partly from Indian philosophy and especially from the Upanishads. At one place he writes, "The Hindus give the god of death, Yama two faces, one very fearful and terrible and the other cheerful and benevolent. This partly explains itself from the reflections we have just made". (PP. 257)

The philosophies of life that happen to be very effective in shaping one's ideas and feelings about death arise out of religious systems. From the point of view of this investigation it may therefore be apt to take into account the meaning of death in religious systems.
DEATH AND THE RELIGIOUS SYSTEM OF BELIEF

Religious faith leads into an unchallengeable belief in a transcendental reality which is regarded as the ultimate. Religious, and especially the mystic, experiences have only an experiential validity and cannot be brought within the grip of the conventional scientific procedures. The incomparable spiritual power of prophets posthumously influencing countless people through millenae has its roots in faith. Faith is therefore an enormous power in itself. Almost all religions based on faith support man's aspirations for the continuation of his identity and existence after death. The power of faith therefore gives an unshakable guarantee that death cannot dissolve identity or annihilate one's existence. The comparative position of Judo-Christian, Hindu and Jainism religions which has been clearly expounded by Smart (1968) leads into two major considerations in this regard:

1. That human existence is not limited to a serially ordered time and;

2. A new dimension of consciousness is released at the occurrence of physical death which opens up an altogether new realm of experiences. Our existing consciousness, however, which is bounded by the serial time ends with the moment of death. These two major considerations which stem forth from religious thinking give rise to the meaning of life and death in all the major religious systems. The meaning of death in Buddhist religious thought is governed by the idea of rebirth. Existence tends to remain chained in the cycle of birth-rebirth so long as the individual remains enslaved by his desires and ignorant of his immense spiritual powers. Only through Nirvana one is emancipated from this endless cycle. An individual is actually bound up in ephemeral or impermanent states whereas Nirvana is permanent.
state. Buddha had however rejected the idea of an eternal and blessful state of soul and also the idea of a personal god. Without involving individual existence Nirvana exists in its own sake.

In Hindu religion the Bhagvad Gita gives fullest expression to the idea of ultimate reality. Brahmin is the ultimate reality and the goal of man's spiritual growth. The cycle of birth and re-birth is tied to Karma, but it ends with the attainment of Brahman in the state of Sattwa. According to one of the foremost exponent of Hindu religion namely Shankara, the only reality is the Brahmin-Atme, the absolute self. Unlike Buddha, Shankara allows belief in a personal God, because belief is the only way to realisation of one's real identity. This concept of the absolute stands out clearly through the writings of Ramanuj, and in recent times, through the writings of Vivekananda and Ramakrishna. There is a consensus in these writings that the Ultimate and Absolute is definitely transcendental.

The idea of the immortality of soul has an unusually predominant position in the Islamic, Jewish and Christian religions. Resurrection replaces re-birth in these systems and a re-union of soul with its creator ensures the continuation of one's identity and existence. Death leads into eternal existence which may be an endless bliss or a perpetual suffering. Pleasure and pain in the after-life, however, depend upon actions. The deeds and actions of this life determine the fate of an individual in the after-life. Heaven and Hell are often given a physical meaning by the interpreters of these religions. Islamic religious philosophy teaches us that an abiding existence begins when the mundane existence comes to an end. This worldly life
Is only a preparation for a lasting existence in after-life. The good and bad actions of an individual decide his fate in the after-life and the individual is entirely responsible for the seeds he sows and for what he reaps in hereafter. One has to give an account of his actions before a Supreme Judge, namely God. The experiences, of after life whether painful or otherwise are the inevitable outcome of one actions in this life.

Islamic religious philosophy develops a kind of psychology in the individual where he develop the fear of death in terms of its consequences. But at the same time, it encourages the love of God to the extent that one can shed away the fear of death entirely. Death can bring for him a better and lasting existence where he can reunite with his Lord.

However, death anxiety may even be accentuated if one begins to ponder over its consequences in terms of punishment in the after-life. One of the interesting aspects of this fear is related to the idea of punishment in the grave. According to Islamic thinking when the dead body is placed in the grave some experiences begin to occur. Shortly thereafter the dead is risen from death slumber for a few moments and certain question are put to him concerning his faith by two angles who visit his grave for this purpose. If his faith is shaken and wavering he is punished. This punishment is visualised as the hell-fire. The rising in the grave is one episode of post-mortem existence. Between this and the episode of rising on the day of judgement there is an interval. But one's post-mortem destiny is shown to him when he is risen in the grave.
Religious attitudes and deep religious conviction make this idea so overwhelming that death anxiety may become highly pronounced in some individuals who give thought to it often and on.

**Death Anxiety & Basic Personality**

The presence or absence of a particular attitude toward death, of particular belief, and the presence and absence of heightened fear of death or of frightening thoughts might have much to do with what is called the basic personality. This explains why death has been a tabooed subject in America. The basic personality as studied by Kardiner (1950) and his associates includes the cultural factors, and the attitudes and value systems as they are rooted in the unconscious mechanism of the individual. While analysing the basic personality structure of the Planiville in the United States, Kardiner points out that whole system of values derived from projective sources rejects the idea of any post-mortem existence and its rewards, and pushes an individual towards more tangible forms of self validation. And this is a great source of conflict - the reward in the after life promised by the Church and the ideals of success and goals which motivate the individual to action.

In the Comanche people Kardiner (1950) found that the ideas of after-life were quite vague "The Comanche - believed that ghosts went to a place somewhere to the west beyond the high mountains. In the folklore there is an exceedingly interesting story of a woman who died and then returned; that is, she came out of her trance, not having quite reached the land of the dead, but being close to it. One cannot categorize in any exact manner the difference in attitude
toward the death of a wife, of a woman in childhood, the death of favorite daughters and sons, or of a girl in the general. One might expect to find special rites for a woman dying in childhood, but there were none. They believed in no differentiation in the next world for those dying of old age or in a battle or for any other cause.

The basic personality merges out of group membership and through the unconscious building up of projective systems imbibing cultural values, belief, and its ethos. How group membership conditions sensory-motor dysfunction can be seen in what is known as Thanatomania. As Honigmann (1950) has observed, "The term refers to illness or death resulting from belief in the efficacy of magic. A well verified and documented phenomenon, thanatomania demonstrates how deeply into organismic processes the influence of the group may reach." (page 382)

Webster (1948: 486) points out that "Death madness" is very common. "A man may die because he has violated some dread taboo or think that he has fallen into the clutch of malignant spirits... A doctor may pronounce him doomed, perhaps because his soul has gone away and cannot be recovered. The patient accepts the inevitable and proceeds to die without delay".

One of the most thoughtful views in recent times is described by Lifton in Feifel's (1977) "New Meanings of Death" as "symbolic immortality". There are five modes of symbolic immortality. The first is biological which is fulfilled by the progeny—sons and daughters. The second is theological contained in the belief in
life-after-death. Strictly speaking it is expressed in the idea of release from profane life to an existence on a higher plane.

The third mode of symbolic immortality is attained through creativity and the enduring impact of one's writing. The fourth one is achieved though being survived by nature itself, which is expressed in the theme of eternal nature.

However, the fifth mode is different from the rest and depends entirely on a psychic state. "This is the state of experiential transcendence, which is so intense that in it time and death disappear. It is experienced when one achieves ecstasy or rapture. It is accompanied by restriction of the senses-including the sense of mortality no longer exist. Poetically and religiously this has been described as "losing oneself". It is confined to religious or secular mysticism but can be attained also in song, dance, battle, sexual love, child birth, athletic effort, mechanical flight, or in contemplating works of artistic or intellectual creation (Laski, 1961). This state is characterised by extra-ordinary psychic unity and perceptual intensity. One feels oneself to be different after returning from this state. In fact, experiential transcendence and its aftermath epitomizes the death and re-birth experience. It is central to change or transformation and has great significance for psychotherapy. There is feeling of a "continuous present" in this state which is perceived not only as "here and now" but as inseparable from past and future.

Whatever the manner of projecting our sense of immortality the fact remains that they represent the manner of our confrontation with death.
The Problem of Confrontation with Death and its Relevance

What constitutes confrontation with death? The clearest instance of this takes place in serious illness, accident, or in case of physical attack where the fear of physical pain is quite overwhelming. This view has been propounded by Kubler-Ross (1970).

"A small confrontation with death takes place whenever something comes to an end that one does not want to end (e.g., someone stops loving, while one still loves them), whenever one is overwhelmed by the insufficiency of time and energy to do all that one sincerely wishes to do (e.g., an academic trying to research, write, teach, and be an active member of community and family) or whenever events are monotonous (e.g., some valued goal requires instruments behaviour more repetitive than one would normally tolerate). According to Madel (1967; 1970; 1972) the mental experience in these events is a mild fear, that things are beyond control and do not necessarily confirm to your wishes. Another small confrontation with death that is important occurs whenever your conventional values are contradicted by events. This happens when virtue is not rewarded (e.g., a valued colleague who has made a sincere commitment to teaching does not receive tenure), when a situation turns out not to be what it seemed (e.g., it becomes apparent that you are loved for your money not for your personality), and when your ideals are not embodied in persons or events important to you (e.g., a president acts in an unAmerican fashion). The mental experience involved is the fear that life is meaningless." (PP. 86–87)

It is important to recognise that unwanted endings, insufficiency of time and energy, monotony and disproved ideals, though milder than the direct physical threat of death, are similar to it in demonstrating the real fact of your limited control over events, and the
naivete of the conventional values we are educated to trust and follow so readily. In view of this, such events are legitimate reminders of physical death because they directly threaten psychological death, that chronic state of meaningless and powerlessness that I have elsewhere called existential sickness (Maddi, 1967; 1970; 1972). Minor confrontations with death are not uncommon to people, so that each person can reach some sort of conclusion about his life as a result of experiencing them. Such conclusions constitutes the contents of the philosophies of life. Existentially of course, it is believed that frequent experience of small (and for that matter actual) threats of death, can have positive development value. This however, may seem somewhat difficult to comprehend because the negative developmental value is so prominent. We make pessimistic generalisations by treating our powerlessness in the face of events that defy our control over them. Under such circumstances life may appear completely meaningless. Then we may succumb to the dread of death. (When events remind us of the imminence of actual physical death, and the damage is complete) We may even develop a negative philosophy of life that it is meaningless and we are powerless. Such thinking, however, very often loads into inconsistencies and inauthentic approach to realities. On the one hand we justify existence and on the other we deny any psychological justification to live.

"The recognition of the fact that physical death is imminent may also contribute in a healthy manner if an inconsistent and inauthentic approach is abandoned. Hence we may realize how each moment of our life and each iota of our energy is useful and must used in pursuing
goals that are potentially important. Also the recognition that time and energy is extremely limited we may think hierarchically and thereby determining the relative importance of various tasks that can be done and start to pursue the goals hierarchically. A sophisticated mind may discard conventional values and develop personality relevant and differentiated values." (pp-88)

We may again cite Macle at length who seems to leave dealt with the problem of confrontation most exhaustively.

"These positive reactions to confrontations with death will have the effect spurring development. The person will perceive life as challenging, and find satisfaction in being equal to the task rather than bemoaning the realization that there is no easy comfort. The person will be continuously striving to determine what is within one's control, and to develop a clear and more precise sense of what is important. One will have an ever more individualistic, differentiated ethic rather than passively deploring the inappropriateness of all values because conventional on ones arc naive. And he or she will experience, the vivid excitement of using ones own capabilities to the fullest in pursuing personally meaningful goals rather than being bogged down in dread, insecurity, and incessant precautions. In short the individual will have a personally-relevant, positive philosophy of life.

"Not only will the life led according to a positive philosophy be productive and satisfying it will also add gracefulness to the inevitable process of aging and decline. In later adulthood, the
person with a positive philosophy will be able in retrospect, to see this life as the one he or she was uniquely suited to lead. In contrast, the person with a negative philosophy will, as the process of aging advances, become increasingly more fearful, self-protective, rigid and despairing. At this point, my presentation sounds Eriksonian. But I hope it is evident in all else. I have said and will say that there is quite a different conceptualization operating than his. (Pp.-38)

The foregoing discussion is most relevant to the present investigation. Cancer is a formidable challenge to life and, to a cancer patient, confrontation with death comes up in its most terrifying aspects. But how does the cancer patient enter into this confrontation? A patient may confront death through deploying the reserves of his existing life-philosophy or he may build up a powerful philosophy to ward off death anxiety and the eroding feelings of meaninglessness, total loss of control and powerlessness. We shall therefore, proceed to see how meaningful or meaningless appears the reality of death to patient of terminal illness and fatal disease or event to a person who is condemned to death.

Reports of prisoners in German concentration camps have been published by E. De Wind. (1973)

"To cope with reality, the prisoner had to build up a system of defence mechanisms on the weekend and archaically functioning age. There exists an extensive literature on this topic. In this context I only want to express my disagreement with Bettelheim's opinion about identification with the aggressor being the main type of defence. An active attitude like playing role of an SS man oneself would sooner or
later have aroused new aggressor in the guard, and this might then mean the end of the prisoner. However, there were undoubtedly certain minor traits in the SS men which the prisoners imitated, consciously or unconsciously. These lent a sort of protective colouring to the prisoner. I am referring here to the imitation of passive attitudes rather than to an identification with the cruelty and ego-ideals of the SS men." (P. - 96)

"One of the ways in which the prisoners coped with the ever-present immensity of death was by treating it with macabre humour. Over the gate at Auschwitz stood the motto, "Arbeit macht frei". The prisoners completed it, "Arbeit macht frei, Krematorium drei" (Labour makes free crematorium there). One a drawing made by an Israeli artist, when he was in camp as an 11 year old, you see a chimney smoking and in the smoke picture of a man burning. In the joke as well as in the drawing the latent is the belief that although the body has been burned the soul is freed and lives on.

It is obvious that the prisoner whose mental apparatus has undergone these changes would show serious defects of adjustment and returning to normal society, and that a re-adaptation would have to take place. I cannot here deal with the complexity of social and psychological factors upon which the success of this re-adaptation depended. I wish only to make some remarks about the specific difficulties and the possibility of therapy". (P. - 97-98)

The reactions of patients of terminal illness whom the medical students had interviewed and the information which they had received from their physicians and from their own perceptions of changes in their bodies also brought to fore the manner that was determined by
their characteristic style of dealing with danger and by the stage they believed assumed by their doctors, for instance, at one end an unusual patient seemed to have assimilated a relatively undistorted understanding of the nature of illness and its implications. This response was never solely the product of complete frankness by the physician. Always the patient had taken the further step of integrating the information available to him and drawing his own conclusions. More commonly witnessed was the full acceptance of the diagnosis, and a wishful reliance on the hospital for further treatment, or on the current physician to reverse the verdict. Still other patients clung to euphemistic designation of their disease, took refuge in vague concepts of the illness unmarked by any clear delineation of its nature. Some few patients evaded questions which directed their attention to this problem.

The interviews in the teaching conferences revealed that most of the patients were deeply concerned about dying. Most were depressed and frightened, but tenuously warded off these affects by clinging to an unrealistic hope that they would be restored to health in the hospital. These attitudes were generally on the surface of the patient's awareness and easily elicited. Most patients indeed responded gratefully and eagerly to an expression of interest in their feelings and to an opportunity to express them. At times the patients revealed easily obtainable information that cast light upon a physical problem. This was exemplified by the woman with spinal metastases from a breast carcinoma, who had been told that spine was affected by
the cancer and who was presented because she could not be persuaded
to move from supine position. Neurological examination had revealed
no abnormalities sufficient to account for this seeming paralysis.

For most people, dying is an isolated and lonely experience.
Friends and family are uncomfortable with a lethally ill person. They
avoid him, and when with him, frequently assume an air of artificial
cheerfulness that blocks any communication in the area of most concern
to the patients, namely, his distress and illness.

Demonstration interviews with cancer patients, conducted initia-
larly by the instructor and increasingly taken over by the students
effectively reveal the manner through which they can be asked without
excess trauma for doctor or patient, and that useful information can
be obtained. Further, the information thus obtained could be document-
ted on the patient's chart. Once recorded, changes in attitude to
desire and treatment and other psychologic or social factors could
be noted as part of the follow-up notes, and the information would
thus become available to the next reader of the chart.

When the probability of the occurrence of death increases with
the advancing age, and in cases where a wasting or fatal disease
becomes established, death anxiety begins to have its effects over
the mind of the individual. Death anxiety may not only operate subcon-
sciously, it may even become a consciously-felt overriding feeling
in such cases. What probably alli viates death anxiety or keeps the
thoughts of death at bay in the normal and healthy persons is the
absence of knowledge of the particular time and moment of death. Hence
it is not the knowledge of the fact of impending death, but of the
time and moment of death which gives vent to agonizing thoughts of
death and thereby accentuates death anxiety. With advancing age and
failing health the individual feels that the moment of death is
approaching fast. When the individual is in the grip of a fatal
disease like cancer he is convinced that his life can hardly continue
beyond a short span of time. If one were to study the mental condition
of criminals sentenced to death, to whom date and time of execution
is known, and who are confined to a death cell, one could very well
notice that the thoughts of death become more horrible than the
"throes of death". It is not therefore, the certainty that one has to
die but the increasing degree of the certainty of the time of death
that operates as an important factor in the manifestation of death
anxiety.

In the case of cancer patients when the disease becomes clearly
identified it simultaneously signals death in bulk of the cases. That
one cannot escape death, that one must wind up all hopes for survival,
and that the time available and left over for life activities can be
readily counted— all such thoughts contribute to the higher degree of
accentuation of death anxiety. In early malignecy the factor of hope
considerably outweighs all other factors but with advancing malignecy
it becomes increasingly clear to the individual that his days can be
safely numbered. Hence the differentials in the effects of death
anxiety in advanced and early malignecy seem to be quite probable in
the light of these accepted pathological descriptions of cancer. We
may now proceed to give an account of the deeply subjective conditions
projected by the cancer patients. An instance of such projection in
a patient has been reported by Kelly as given by Feifel.

"In the past, I thought little about the prospect and inevitab-
ility of death. Several during our marriage, Wanda tried to me about
funeral arrangements, what I wanted her to do in case I died before
she did, and related subjects, but I brushed, aside any attempts she
made to converse with me about these things. I did not lie to think
about dying of course I know I would die some day, but I did not
want to worry about it until I grew old. After all, I had a lot of
living to do and death was not on the itinerary." (PP 182)

"I began to realize I desperately needed to talk to someone. But
there was no one. The nurses at the hospital were friendly but cautious
about answering my questions. The doctors were efficient but very
busy I could not talk to my wife because didn’t want to upset her. I
tried to talk to some of my friends, but I saw it was bothering them.
Some told me not to worry because everything was going to be all right.
The doctors certainly knew more about my prognosis than they indicated,
so I know they were just trying to evade the issue. Some of my other
friends were affected emotionally by what had happened to me, and
they didn’t make very good listeners. They were concerned but could
bear to discuss anything with me." (PP 185)

"I began to feel as if I was the only cancer patient to suffer
these emotional problems. I started to feel sorry for myself. I had
nightmares, with me walking toward a casket in an empty room upon
approaching the casket, I could see myself in it. I would awaken
suddenly, sweating and terrified." (PP 186)
"My family's attitudes toward cancer in our family grew worse. They could not talk to me about my problems or their own dilemmas. It never occurred to me they were suffering just as much as I was. After all, it is not easy to watch someone you love die of a disease which cannot be cured while you are helpless to do anything about it."

(186-P)

"It took the specter of death to really make me aware of life I began to write again. One of the first results was a poem for my wife, written one night when I could not sleep because of drugs". (187-P)

"I open my eyes. It is early morning. My wife is asleep beside me. First I thought about death, and now I think about cancer. No, it was not a dream. I do have cancer. But for just an instant, I thought things were "all right" again. No sentence of death, no chemotherapy treatment, no nightmares, no sleepless nights, no worrying about low blood counts, no pain. But I realize things will never be the same again for myself or my family. This would have happened, though, without the presence of cancer. Yesterday never happens again. The 'good old days' are a part of the past, terminally ill or not". (190-P)

"I realize, as I lie thinking that nearly 2 years have gone by since the cancer was diagnosed. What has been the worst of all? Fear. The fear of dying, fear of operations, fear of pain. Fear has been worse than what has actually happened. I haven't died yet, the tests are over for now, and the pain has been bearable". (190-P)

"What has changed it all? Perhaps the difference is that I can not live with this fear of death. It has always been the silent stranger at my side. Now I am afraid, but not terrified". (P-190)
The aforesaid statement presents a kind of open books as regards the inner conditions and the reward of the state of affairs in a patient passing into the stage of advanced malignancy. To reconcile with the reality of death known in advance, to overcome the initial shock of death knocking at the door and to ward off certain adverse effects of the shock, all this constitutes the psychological counterpart of the developmental history of cancer.

But this is the picture of one individual and it may be just one. However, it is most relevant to the present investigation which presupposes that a variety of pictures might emerge, if the developmental history is taken into account and the psychological counterparts of malignancy are observed as it passes through different stages.

In view of these findings and reports the present investigation is deemed significant due to following reasons:

1. It highlights the personality background of cancer patients through their case histories.

2. It goes into a content analysis of the statements that indicate patient's psychological reactions to disease.

3. It aims at knowing about the meaningfulness and meaninglessness of death in minds of cancer patients.