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**UNIVERSITY OF DURHAM
DEPARTMENT OF PSYCHOLOGY**

M.A. THESIS

"DEATH AWARENESS AND PERSONAL CHANGE"

Nicholas John Valdar Handley

1992

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DEDICATION

This study is dedicated to the memory of my friends and contemporaries

David Williams (1944 - 1969)

and

Bill Forshaw (1943 - 1982)

who were my first teachers about death.

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ABSTRACT

Fear of death is cited by some psychotherapists as a major factor inhibiting the process of personal change. At the same time there is evidence from many different sources that awareness of one's mortality can lead to positive changes in attitude and behaviour.

In the current study eight subjects who have come close to death are interviewed and a detailed examination is made of their life-threatening experience (LTE) and their prior and subsequent attitudes towards life and death in an attempt to understand the factors involved in the personal change resulting from their experience.

All the subjects describe significant changes in their attitudes following their LTE. Some report both positive and negative changes, whereas others see the changes as predominantly or wholly positive. The main finding is that the one factor which all these subjects have in common is the integration into their perception of themselves and of their world of an awareness of their personal mortality. Some implications of the results are discussed and directions for future research are outlined.

CHAPTER ONE

INTRODUCTION

Many fields of study and practice - psychotherapy, counselling, education and spiritual direction among them - are interested in understanding the process of personal change: the factors which facilitate such change and those which inhibit it.

From a psychotherapeutic perspective, the intrapsychic factors which *inhibit* personal change are referred to under the rubric of 'resistance'. This term covers all "the obstacles to the aims and procedures of treatment which arise from within the patient". (Sandler, et al., 1973). The fear of change and, ultimately, the fear of death have been seen as powerful sources of such resistance (see, for example, Gordon, 1978). Gordon, a Jungian analyst, recognises that the patient's attempts to maintain the status quo serve as a defence against his/her mortality and she argues that the fear of death is often at the root of the fight against change.

Conversely, the integration of one's awareness of one's own mortality can be a powerful facilitator of personal change. Philosophers from earliest times have exhorted a conscious acceptance of personal mortality; and the spiritual traditions of both East and West have encouraged practitioners to prepare for death *now*. Psychotherapists have discovered that the interpretation and working through of death-related fears have enabled 'interminable' analyses to be concluded satisfactorily (e.g. Stern, 1966); and many people who have come close to death (via accident, suicide attempt or life-threatening illness) have reported fundamental changes in attitude and behaviour. (e.g. Yalom, 1980; Raft and Andresen, 1986). There is a burgeoning literature of auto-biographical accounts of such personal transformations, and researchers associated with the International Association for Near-Death Studies have produced a number of descriptive studies of changes associated with near-death experiences.

The current study is an exploration of the relationship between death awareness and personal change. In particular, the object is to investigate the phenomenon of 'close encounters' with death in an attempt to isolate factors which might discriminate between instances which lead to positive changes in attitude and behaviour and those which do not.

Chapter Two presents a selected overview of the relevant areas of the literature. Chapter Three describes the procedures adopted in finding and interviewing the subjects whose reports form the core of this study; the results of the questionnaires which were administered to them are also

described and discussed. Chapters Four, Five and Six present the themes which emerge from the interviews and a discussion of the significance of this material. Finally, the conclusions of the study are presented in Chapter Seven.

CHAPTER TWO

LITERATURE REVIEW

2.1 DEATH DENIAL AND DEATH AWARENESS

"Neither the sun nor death can be looked at steadily"

(La Rochefoucauld, 1959) ¹

2.1.1 Death Denial

It has often been asserted that we live in a society in which the reality of death is denied. While there is much truth in this assertion, it requires both elucidation and qualification.

Fulton (1965) observed that we treat death as if it were a communicable disease:

"... those who are caught in the throes of death are isolated from their fellow human beings, while those who have succumbed to it are hidden quickly from view. The aged, the most susceptible to death, seek in ever increasing numbers to remove their sickness to segregated retirement communities, there to await their fate in the manner the leper once did. Death, like a noxious disease, has become a taboo subject and, as such, it is both an object of much disguise and denial, as well as of raucous and macabre humour". ²

Mitford (1978) described in painfully amusing detail the extent to which we go in our funeral customs to deny the reality of death. More recently, the science of cryonics ^a has taken this denial a step further toward the absurd.

Aries (1977) described the reaction of the authorities to the early researchers in the field of death when they asked for permission to interview dying patients:

"Before 1959, when Herman Feifel wanted to interview the dying about themselves, no doubt for the first time, the hospital authorities were indignant. They found the project 'cruel, sadistic, traumatic'. In 1965, when Elizabeth Kübler-Ross was looking for dying patients to interview, the

^a Cryonics is: "the practice of freezing a human corpse in the hope of restoring it to life later" (Collins English Dictionary, 1982)

heads of the hospitals and clinics to whom she addressed herself protested: 'Dying? But there are no dying here!'

A number of authors (e.g. Wahl, 1959; Yalom, 1980) have pointed out that psychologists, psychiatrists and psychotherapists have been equally adept at what Freud referred to as "killing death by silence".

But, in spite of the well-attested assertion that we live in a society in which the reality of death is denied, there has been, in the last two or three decades, following the pioneering work of Feifel, Kübler-Ross and others, a plethora of books and articles on death and dying; this literature embodies both scientific and scholarly studies (e.g. Hinton, 1967; Parkes, 1972; Kastenbaum and Aisenberg, 1974; Marris, 1974; Meyer, 1975; Grof and Halifax, 1977; Rowe, 1982) and more personal accounts (e.g. Stuart, 1956; Levine, 1982; Kidman, 1983 and Brohn, 1986), sometimes mixing the two (e.g. Owens and Naylor, 1989).

Equally paradoxical is the fact that we are bombarded with stories of death in the media - often violent and/or accidental death. Thus, in this sense, death would seem to be very far from the taboo subject which Gorer (1965) and others have claimed it to be. But a number of authors have commented that, far from representing a healthy acceptance of our mortality, this phenomenon may reflect our defensive avoidance of the fact that 'I shall die'.

For example, Fulton and Geiss (1965) quote a study by Wolfenstein and Leites (1950) who made a content analysis of American movies to see how they dealt with the subject of death. They found that the films characteristically did not allow the audience to build up any emotional identification with characters who would subsequently be killed. In pictures dealing with murder, the victim was never deeply mourned; rather, someone close to him would doggedly pursue the killer, oblivious to the normal impact of a person's death.

And Projector (1968) points out that we are obsessed with the occurrence of accidental death, although this accounts for only five percent of all deaths. He suggests that this over-concern with accidental death reflects a denial of the inevitability of death by focusing on those who die in "unlucky accidents, avoidable situations".

The paradox of the fact that, on the one hand our newspapers and TV screens are full of death and yet, on the other there is much evidence of our avoidance and denial of the reality of death, may be illuminated by reference to the analysis of the Danish philosopher Soren Kierkegaard to which we will return later in this review. Kierkegaard distinguishes between an external stance towards death and a subjective apprehension of my mortality. Mostly we treat death as an external, objective phenomenon which does not really impinge on the way in which we experience ourselves and live our lives. More commonly in our culture, the paradox of the co-existence of our pre-occupation with accidental and violent death and our denial of the reality of our mortality is explained by employing the psycho-analytic concept of the dynamic unconscious. Consciously I know that, as a biological organism, I am going to die; while unconsciously I avoid, repress and deny that knowledge.

As early as 1915, Freud stated this proposition:

"Our unconscious does not believe in its own death. It behaves as if it were immortal" (Freud, 1957).⁴

In spite of all evidence to the contrary, most of us, for most of our lives, live as if we shall live forever and we treat death as if it were an avoidable accident. Our unconscious belief that death happens only to other people is neatly captured in the anecdote quoted by Freud about the couple discussing the topic in which one says to the other:

"If one of us dies, I shall go to live in Paris".

If it is true that, at a deeper level, we deny the reality of our mortality, dynamic psychology argues that this is an unconscious

defence against overwhelming anxiety - the terror of annihilation. Though such anxieties may be manifest in young children (Yalom, 1980), as we mature most of us develop a complex system of denial-based defences against the terror of death. These defences include the following:

- (i) A belief in our own specialness or in an 'ultimate rescuer' (Yalom, 1980).
- (ii) Attempts to achieve symbolic immortality through our progeny, achievements and artistic creations.
- (iii) A counter-phobic motive in one's choice of profession, e.g.. soldier, doctor (Feifel et al, 1967).
- (iv) A religious belief in an after-life.

Moreover, both war and 'motorway madness' may contain an attempt to master death by creating an illusion of personal invulnerability (Kübler-Ross, 1970).

Whilst it is recognised that our defences have an adaptive value in protecting us from incapacitating levels of death anxiety, this may be achieved at a high price. The attempt to obliterate death seems to have a curiously deadening effect on our lives. Elizabeth Kübler-Ross expresses it thus:

"It is the denial of death that is partially responsible for people living empty, purposeless lives; for when you live your life as if you will live forever, it becomes too easy to postpone the things you must do. You live your life in preparation for tomorrow and in remembrance of yesterday and, meanwhile each today is lost"^b (Kübler-Ross, 1974).

^b Denial of death is by no means confined to our own time and culture. The fact that, from the time of the early Greeks, Western philosophers have persistently exhorted their contemporaries to remember their mortality suggests that such advice had often been needed. This is equally true in the East where, for example, since the time of Prince Gautama in the sixth century B.C., Buddhist teachings have continually emphasised meditation on the transitoriness of life. It is also the case that in the Christian West death has not always been dealt with as it is in the late 20th century. For example, the "Ars Moriendi" - a do-it-yourself manual, which provided a complete guide to the business of dying - was a bestseller for two hundred years from the late 15th century. (Illich, 1976). And in the 16th century, Holbein's Woodcuts on the "Danse Macabre" achieved a similar popularity. In the world of art, paintings depicting a skull or other memento mori were common at this time, and John Donne, the metaphysical poet, who was also Dean of Westminster, would preach wearing a shroud to remind himself and his congregation of their mortality.

2.1.2 Death Awareness

There is substantial argument and testimony to support the view that confronting the fact of my own mortality - far from being morbid and life denying - may actually enhance my appreciation and enjoyment of life. (e.g.. Feifel, 1959; Kübler-Ross, 1974; Carse, 1980; Yalom, 1980).

The theme of the transformation of the hero through a confrontation with his mortality emerges not infrequently in European literature. ^c

But in the rest of this chapter, I will be concentrating on four other areas of the literature which serve to illustrate this theme. These are: how the subject of death awareness has been approached in Western philosophy; the centrality of meditation on death and impermanence in Buddhist teaching; the role of death awareness in psychotherapy; and finally, I will review some of the clinical, autobiographical and research studies which relate to the experience of those who have come close to death via accident, illness or suicide attempt.

2.2 DEATH AWARENESS IN WESTERN PHILOSOPHY

The theme of death has been a pre-occupation of Western philosophers from the early Greeks to the Existentialists. It may be no accident that the very earliest surviving philosophical text (a fragment from Anaximander from the 6th Century B.C.) deals with the transitoriness of life.

^c One example is Tolstoy's novella "The death of Ivan Ilych", in which the eponymous hero falls ill, but refuses to recognise that he is dying. Later he experiences increasing despair, as the truth of his situation dawns on him. Only as he finally accepts his dying is his despair transformed into joy. Other examples include another Tolstoy hero, Pierre in "War and Peace", who faces a firing squad and is reprieved at the last moment; Prince Muishkin, who has a similar experience in Dostoievski's "The Idiot"; and Ebenezer Scrooge in Dickens' "A Christmas Carol", whom is allowed to view his own death.

From Plato's dramatic reconstruction of his master's last days, we learn that Socrates taught his pupils that they should not be afraid of death, for:

"... those who really apply themselves in the right way to philosophy are directly and of their own accord preparing for dying and death" ⁶ (Plato 1969).

A little later in the discussion he expresses the point even more bluntly:

"... true philosophers make dying their profession" (op.cit.p.133).

The Roman philosopher Seneca was one of the first to stress the value of attending to the finitude of life. He chided his contemporaries for wasting their lives in:

"groundless regrets, foolish gladness, greedy desire, polite society".

If life appears short, it is because people live their lives as if they would live forever and

"the thought of human frailty never enters their heads. They all say that they are going to retire and relax sometime".

But he continues:

"What stupid obliviousness to mortality to postpone counsels of sanity to the fifties and sixties, with the intention of beginning life at an age which few have reached." ⁷

This issue of the finitude of life is something which the Renaissance philosopher Montaigne had to struggle with in a very personal way. Choron (1962) argues that, whereas Plato had seen death as the great moment of fulfilment when the soul separates from the body, Montaigne had to learn to accept death as the final annihilation of the human personality. When death touched his own life - in the form of war, the plague and the loss of his infant daughters - at first he felt that life was completely

devalued by its finiteness. But later, he came to see that it is this very finitude which gives life its intrinsic value:

"I enjoy life twice as much as others do... Now that I see my life is limited in time, I want to extend it in weight". ⁸

For Hegel, death was a painful and ever-present reality. The death of his mother when he was a boy of thirteen had a profound effect on him, and he never really came to terms with the death of his daughter. Nevertheless, he exhorts us to face death with courage:

"Not the life that shuns death and keeps itself clear of desolation, but which bears death and abides in it, is the life of the spirit. It wins truth only when it finds itself in absolute despair". ⁹

For Schopenhauer, death is the inspiring genius or muse for philosophy. This philosopher (who acknowledged his debt to Buddhist thought) regarded death as the true aim of life:

"In the moment of death, all that is decided for which the whole course of one's life was only a preparation and introduction". ¹⁰

Whilst Feuerbach, a pupil of Hegel, was of the opinion that the shock of acute awareness of death is *in itself* enough to produce a healing catharsis which will lead to peace of mind and reconciliation with death. ¹¹

The theme of the inter-penetration of life and death which had been touched on by Montaigne, and which is implicit in Feuerbach (among many others), was taken up again by Simmel. Simmel argues that we must discard the concept of death as something threatening life from the outside and recognise, rather, that death is immanent in life from the very beginning. It is because man does not realise that death is his destiny that he flees from it rather than accepting it.

Instead of seeing death as a sudden catastrophe we should recognise that death permeates life. He suggests that the relationship between life and death is the Hegelian one of thesis and antithesis. The two move towards a synthesis where their

apparent opposition is eliminated and "something more than life" emerges. ¹²

The dilemma faced by Montaigne of how to reconcile the infinite worth of the individual with his apparent annihilation in death is one which has been addressed in more recent times by the Existentialist philosophers, who view death as "the peculiar threat to all meaning."¹³

This review of the way in which the Existentialists think about death focuses in particular on the work of Kierkegaard, Jaspers, Heidegger and Sartre. Whilst there is much agreement between the first three, Sartre offers an antithetical view.

All the Existentialists except Sartre interpret death as a principle of individuation. Death and life interpenetrate each other, even though they are logical opposites. For Kierkegaard, Jaspers and Heidegger, while death threatens the meaning of human subjectivity, it can also *give* meaning to that subjectivity. It is a possibility of human existence which can be either authentically fulfilled or inauthentically suppressed.

"Death as an immanent reality infuses every decision with existential urgency and importance. Death belongs to life and must be appropriated in life; it is not simply a contingent happening: it becomes a task or existential project." ¹⁴

Kierkegaard's writings about death emphasise two main themes:

(a) the fact that I, too, must die and (b) the uncertainty as to the time of my death.

- (a) Although everyone must assume *some* kind of attitude to death, for the most part this attitude is one in which it is viewed as an external and objective phenomenon, so that the personal, unique death of the existing subject is excluded. The awakening of a subjective understanding can come about only when death is disclosed as a genuine threat to my existence.¹⁵

In his "Concluding Unscientific Postscript", Kierkegaard says that if a man is to grasp the full existential significance of his death, he must turn from the objective and general to the subjective and particular:

"Only in subjectivity does the existing individual confront the irremediable transitoriness of existence. Subjectivity discloses death as an indelibly personal phenomenon. Death subjectively approached becomes *my* death ... a death which I have to die ... It is a possibility of my existence which bears in a superlative manner the stamp of my individuality." ¹⁶

It is in this sense, says Schrag, (1961), that death takes the significance of a principle of individuation.

(b) Coupled with the awareness of death as my death is the awareness of the indefiniteness of death.

"Death as subjectively understood ... is apprehended as being immanent in every moment". ¹⁷ In Kierkegaard's words: **"suppose death were so treacherous as to come tomorrow".** ¹⁸

Kierkegaard had much to say about the existential relevance of the indefiniteness of death, especially insofar as it qualifies every decision with urgency and passion. The authentic self does not view death as an external event which comes to man after he has lived out his years. It appreciates death as an immanent reality, having become aware that as soon as I am born, I am old enough to die. ¹⁹

In Jaspers' philosophy death is discussed as one of the 'ultimate' or 'boundary' situations (Grenzsituationen) which determine the human condition. Other examples of grenzsituationen are guilt and suffering. These situations are ultimate in the sense that they cannot be changed by human effort. In such unalterable and irremediable situations we "founder and suffer shipwreck". Death is an ultimate situation par excellence. According to Jaspers, in order to be aware of death as an ultimate situation, we must experience it as an ultimate failure. In his discussion of learning to die, Jasper states:

"If to philosophise is to learn how to die, then this learning how to die is actually the condition for the good life. To learn how to live and to learn how to die are the same thing." ^d

In his commentary on this passage Choron points out that:

".... learning to die for Jaspers means learning to keep the awareness of the ultimate situation of death open, to choose freely authentic floundering, in order to attain the only true being - God." ²⁰

In Heidegger's philosophy, death provides the perspective from which to view the whole of human existence and death becomes the ground for authentic existence (Gelvin, 1970). For Heidegger, to have an authentic attitude to death is to live in such a way that death is anticipated constantly in one's projects (Schrag, 1961). In Heidegger's analysis, for the most part, man lives and dies in an inauthentic mode of existence (which Heidegger terms 'forgetfulness of being') in which he suppresses the reality of death as a personal possibility and task. He finds in the defences of 'the They' (das Man) a protective support against the anxiety which reveals death as a certain and immanent phenomenon. ²¹

However, Heidegger claims that when death is honestly accepted and anticipated it can become an integrating factor in an authentic existence.

"It is only in the realisation of our existence as essentially, necessarily 'being unto death' that man can rise above petty everyday life to become himself and be truly free". ²²

Thus death, properly apprehended, has the power to raise man from forgetfulness of being 'to mindfulness of being'. Heidegger's understanding appears as the final stage of a trend seen in Schopenhauer, Feuerbach and Simmel, to see death not as a sudden break, but as immanent in life. It seems clear, also, that Heidegger's thoughts on death owe a good deal to Kierkegaard.

^d 'Einführung in die Philosophie' p 121, trans. Ralph Mannheim.

Not all philosophers have argued in favour of the importance and efficacy of confronting one's own mortality. Spinoza and Sartre are two notable thinkers who depart from this view. Sartre takes a position which is diametrically opposed to that of Kierkegaard, Jaspers and Heidegger, or, for that matter, to Schopenhauer or Simmel. He sees death as being outside life; my death cannot be anticipated, nor can it be assimilated in order to give meaning to my life. On the contrary, it is a chance event which, in principle removes all meaning from my life. Far from being "my own most possibility" (as Heidegger claims) it is the nihilation of all my possibilities. ²³

Sartre provides a 'minority report' among the existentialist writers on death. Choron argues that his views are of considerable consequence and have been widely discussed because he speaks for modern man for whom death appears so often to make life meaningless. ²⁴

2.3 DEATH AWARENESS IN BUDDHISM

According to Buddhist tradition, ²⁵ it was the sudden, accidental confrontation with ageing, sickness and death which provoked a spiritual crisis in Prince Gautama Siddhartha (the Buddha), and led eventually to his enlightenment.

Therefore, it is not surprising to learn that constant meditation on death and impermanence is emphasised in all the leading school of Buddhism. In Zen, death is seen as the ultimate koan. (Kaplau, 1980). In Theravadan Buddhism, according to Conze (1967), the recollection of death is one meditation which is "always and under all circumstances beneficial". ²⁶ And Mullin (1986), in his introduction to writings in the Tibetan tradition on death and dying, tells us that training in death awareness is practised in all three methods of accomplishing the Buddhist path: Hinayana, Mahayana and Vajrayana.

In all the Buddhist traditions, emphasis is placed on the inevitability of death ("day by day, life ebbs away"), the shortness

and fragility of life ("life is like a candle flame flickering in a doorway") and the uncertainty of the time of death ("few believe they could be dead within one minute from now".) The unpredictability of death is seen as a manifestation of impermanence. Buddhists emphasise that everything is in a constant state of flux: "the nature of life is change".²⁷ Moreover, according to Buddhist teachings:

"there is no single permanent unchanging entity ... constituting the self or soul, which endures from moment to moment and from lifetime to lifetime ... Thus, in every instant we are re-born, in every instant we die."²⁸

A further emphasis is that death is not something that happens only at the end of life. According to Lama Anagarika Govinda, in The Introductory Foreword to the Bardo Thodol ("The Tibetan Book of the Dead"):

"It is recognised by all who are acquainted with Buddhist philosophy that birth and death are not phenomena which happen only once in any given human life; they occur uninterruptedly. At every moment something within us dies and something is reborn."²⁹

Consequently, preparation for death must take place now:

"...the earnest practitioner of the teaching should regard every moment of his life as if it were his last".³⁰

Thus, all the Buddhist schools emphasise recollection of death as a spur to encourage the student to practise his spiritual discipline with a sense of urgency. For example, Kaplau³⁸ tells of a young Japanese woman, a life-long invalid, who became fully enlightened immediately before her death at the age of twenty-five. She had been practising zazen for five years, since the sudden death of her father from a heart attack. Thus for her, as for the Buddha, it was death which was the goad which brought her to liberation.

2.4 DEATH AWARENESS AND PSYCHOTHERAPY

One might imagine that the theme of death would be of crucial concern to the psychotherapist no less than to the Buddhist practitioner. And, indeed, the founders of the three main analytical schools - Freud, Klein and Jung - were all keenly aware of its importance. Likewise, for the existential psychotherapists, death is one of the four 'ultimate concerns' which are crucial to their orientation (Yalom, 1980).

During World War One, Freud ³¹ wrote a paper on the bracing effect of war in terms of confronting the conventional denial of death: "death will no longer be denied" and can no longer be considered a chance event.

"Life has indeed become interesting again; it has recovered its full content" (p.291).

Later in the same paper, he goes on to advocate:

"giving death the place in reality and in our thoughts which is its due" (pp. 299-300).

In "Beyond the Pleasure Principle", Freud again takes up the theme that death is no accident, but an intrinsic part of life: "the goal of life is death". ³³

The psychoanalytic writer Norman O. Brown (1959) stresses the inter-penetration of life and death and observes that it is death which makes the individual unique.

Jung was the first analytic writer to stress the acceptance of death as a maturational task. ³⁴ He saw death as the goal of life and the fulfilment of life's meaning. Also, he acknowledged that the Bardo Thodol had provided him with "many fundamental insights". ³⁵

The Jungian analyst Rosemary Gordon (1978) stresses that "death is intimately relevant to all psychological growth" and that "acceptance of change" - including "acceptance of death as the ultimate and inevitable change" - is an essential ingredient in the

art of living. She argues further, that resistance to change is at the heart of most 'negative therapeutic reactions' in psychotherapy (p.88) and that fear of dying is often at the root of the fight against change (p.93) - for to move and change means to accept awareness of our own approaching end.

Melanie Klein believed that the fear of death lay at the root of all persecutory ideas and that, indeed, all anxiety had its origin in the fear of death (Feifel, 1959).

The Kleinian analyst Eliot Jacques (1976) takes up Jung's theme of the acceptance of death as a maturational task by focussing on the importance of death awareness in resolving the mid-life crisis. The mid-life transition, which Jacques places in the second half of the fourth decade, is when we stop growing up and start growing old. Death becomes a personal matter. In order to weather the crisis and come through to mature adulthood, the individual needs to come to terms with the existence of hatred and destructive impulses within himself and also to the inevitable fact that he is going to die.

The existential psychotherapists stress the importance of non-being or nothingness - i.e. "awareness of the threat to one's being constituted by death, anxiety and conformism" (May 1958). They argue that:

"with the confronting of non-being, existence takes on a vitality and immediacy, and the individual experiences a heightened consciousness of himself, his world and others around him." ³⁶

In a later work ('Love and Will'), May sees the capacity to confront death as a prerequisite for growth and he speaks of death awareness leading to "an intensified openness to love". ³⁷

Yalom (1980) argues that the concept of death plays a crucial role in psychotherapy. As he sees it, the reality of death is important in psychotherapy in two distinct ways (p. 159). First, following Jaspers and Heidegger, he says that death awareness may act as a boundary situation which can instigate "a radical change in perspective, transporting one from a mode of being which is

characterised by diversion, tranquillization and petty anxieties", to a more authentic one. Death awareness can make it possible for me to distinguish between core aspects of my identity and accessory ones, such as career, sexual attractiveness, physical prowess and family roles. It can enable me to divest the latter and re-invest in the former.

Second, Yalom, like Klein, sees death as a primary source of anxiety. Ordinarily, says Yalom, we deny or selectively inattend to reminders of our existential situation. It is the task of the therapist to pursue these reminders, for they are powerful allies in the quest for maturity and integration. Such opportunities for reminding patients of their mortality are the death of someone close to them and milestones in the patient's life. Thus, like the Buddhists, Yalom advocates the use of reminders of death as a spur to development.

Finally, like Gordon, Yalom stresses the fact that any long-term intensive psychotherapy will be incomplete without a working through of the patients fear of death (op.cit.p.194). This issue often comes to a head over the question of termination. As long as the patient attempts to ward off death through an infantile belief that the therapist will deliver him from it, the patient will not leave the therapist. He quoted a study of Max Stern (1966) of six patients who were enmeshed in an interminable analysis. In three of the cases the working through of death anxiety enabled the analysis to be terminated successfully; a fourth case showed definite improvement; a fifth patient broke off analysis in spite - or perhaps because of - improvement; in the sixth case the response was only slight.

2.5 CLINICAL AND AUTOBIOGRAPHICAL ACCOUNTS AND RESEARCH STUDIES.

The remainder of this selective over-view of literature relevant to the present study focuses on clinical and autobiographical accounts and research studies of the impact on attitudes and behaviour of a close encounter with one's own mortality. For the

sake of exposition, I consider this material under five headings, although these headings are not all mutually exclusive:

1. Suicide survivors
2. Metastatic cancer patients
3. Cardiac patients
4. Other illnesses and near-fatal accidents
5. The near-death experience literature

2.5.1 Suicide Survivors.

Rosen (1975) reports a study of seven of the ten known survivors from leaps off the San Francisco-Oakland and Golden Gate Bridges. All of them reported that they had changed their view of life as a result of their experience. They reported such facts as a renewed will to live, a greater appreciation of the natural world, increased empathy with others and a sense of the unity of all existence. One described the experience as a psychic re-birth:

"I was refilled with a new sense of hope and purpose in being alive. It's beyond most people's comprehension. I appreciate the miracle of life - like watching a bird fly - everything is more meaningful when you come close to losing it. I experience a feeling of unity with all things and a oneness with all people. After my psychic rebirth I also feel everyone's pain. Everything was clear and bright" p.292.

These sentiments are echoed by the pianist Artur Rubenstein in his account of his accidental survival when he attempted suicide by hanging when he was a young man. He describes seeing everything with new eyes: the world became fascinating. He felt re-born and he experienced an unconditional acceptance of life, which remained with him six decades later:

"I discovered the secret of happiness: love life for better or worse, without condition" (Rubenstein, 1973, p.255).

Schmitt (1976) reports the case of a chronically depressed patient whose life was radically transformed following her accidental survival after a potentially fatal overdose. 38

2.5.2 Metastatic Cancer Patients

Yalom (1980) reports on the findings of his psychotherapeutic group work with terminally ill cancer patients. He comments on how often they use the crisis of their diagnosis as an opportunity for change. The inner changes they report include the following:

- A re-arrangement of life's priorities (which Yalom terms "trivialising the trivial").
- A sense of liberation: being able to choose not to do the things they don't want to do.
- An enhanced sense of living in the immediate present, which is based on a realisation that life cannot be postponed: I can really live only in the present moment.
- A deeper, more open communication with others than before the crisis.
- A vivid appreciation of the natural world.
- Fewer inter-personal fears: less concern with rejection, a greater willingness to take risks than before the crisis. (In the words of one patient: "cancer cures neurosis").

Yalom comments that many of these patients expressed regret that they hadn't known before whilst they were more healthy, what the experience of cancer had taught them about life; and they were equally anxious to pass on their knowledge to others.

On the same theme, Schmitt (op.cit) quotes a terminal cancer patient who says:

"I am enjoying life more than I ever have before when I was well. If I could tell you, you would not fear death like you do. You would tell others that it is really all right to die" (pp.126-7).

The sense of regret which Yalom refers to can be detected also in some lines written by U.S. Senator Richard Neuberger, shortly before his death from cancer:

"For the first time in my life, I think I am savouring life. I realise finally that I am not immortal. I shudder when I remember all the occasions that I spoiled for myself - even when I was in the best of health - by false pride, synthetic values and fancied slights." 39

Yalom's group psychotherapy patients were, clearly, self selected. However, Speigl et.al 40 studied seventy consecutive women patients who consulted medical oncologists for treatment of metastatic breast cancer. They administered a questionnaire which included both personal growth statements and common fears. The patients were asked to complete the questionnaire in two modes: 'before' onset of cancer and 'now'. They discovered that, for the majority of patients, there was no difference between 'before' and 'now'. But, when a change *was* reported, it was "almost invariably in the direction of greater growth". On common fears, patients reported that they had *less* fear now than before onset on nineteen out of twenty-nine items; on four items they reported greater fear than before.

2.5.3 Cardiac Patients

When he was recovering from a heart attack, psychologist Abraham Maslow wrote in a letter to a friend:

"The confrontation with death - and the reprieve from it - makes everything look so precious, so sacred, so beautiful ... Death and its ever present possibility makes love, passionate love, more possible." 41

The poet Jesse Stuart, who wrote an account of the year following his massive heart attack (Stuart, 1956) concurs with this sentiment:

"No man loves life so much as he who has come back from death" (p.34).

This account makes clear that Stuart was able to accept death as a natural part of life:

"If I die this year, I'll be doing a natural thing" (p.25).

and he experiences a greater sense of compassion:

"You are kinder to everyone. You feel others have a right to live, too" (p.245).

He describes a sense of unity with nature.

Cardiologist Michael Sabom (1982) describes a major research study in which he and his colleagues interviewed one hundred and six patients who had survived a 'near fatal crisis with unconsciousness'; sixty-seven of whom had suffered a cardiac arrest. He analyses the results on the basis of those who did or did not undergo a near-death experience (NDE as described by Moody, 1975 and defined by Ring, 1980).

He found that the most common result among these patients was that death anxiety was "reduced if not totally eliminated" by the experience. Of sixty-one patients with a near death experience (NDE), fifty reported a reduced fear of death and eleven reported no change. Of forty-five who had not experienced an NDE, thirty-nine experienced no reduction in fear, one a reduction and five an increase.

Sabom comments that:

"when new attitudes regarding death ... were integrated into the lives of individuals, a new fervour for day-to-day living was apparent. For the terminally ill, ... the focus was usually to focus attention on living for the here and now and away

from pre-occupation with death and fear of the unknown ... An intuitive acceptance of both life and death appeared to emerge. This resulted in a renewed will to live instead of an accelerated will to die." (op.cit. p.126)

2.5.4 Other Illnesses and Near-Fatal Accidents.

Noyes (1980) reports a survey of two hundred and fifteen people who have come close to death via accident or illness. Of this sample one hundred and thirty-eight respondents felt that their attitudes towards life and death had changed as a result of their experience. Thirty-four described a dramatic increase in death awareness. A few of these subjects reported an increased fear of death and a greater sense of vulnerability, but for the great majority, the increase in death awareness had been a positive experience and had led to a constructive re-assessment of life's priorities. Their experiences brought them not only a sense of the nearness of death, but also seemed to integrate it more fully into their lives.

He quotes a young woman who had suffered an allergic reaction:

"I now feel more secure in the feeling that I shall be able to face death ... I feel that I have seen it in life's pattern and thus affirm it consciously. I am not afraid to live because I feel that death has a part in the process of being." (p.237)

Noyes adds that his subjects' heightened awareness of death was associated with (i) a sense of the preciousness of life (ii) a feeling of urgency and re-evaluation of priorities (iii) a less cautious approach to life and (iv) a more passive attitude to uncontrollable events. Thirty-two of Noyes' subjects referred to the manner in which increased awareness of death had added zest to life. e.g. a mountaineer aged twenty, said after a near fatal fall:

"I have begun to notice so many things I had not noticed before - the trees, the sky, everything I see. I am so happy to be alive. I took it all for granted before. (p.238)

Four of Noyes' subjects referred to a freer approach to living following their brush with death. e.g. following an accidental carbon monoxide poisoning early in life, a middle-aged woman claimed a lasting change:

**"It affected my attitude towards people ... If I am not afraid to die, neither am I afraid to live, that is, to approach people, be friendly and so forth. It has enabled me to try anything I have wanted to try, knowing the worst I could do would be to fail.
(p.238)**

Noyes makes the general comment that the pattern of change associated with increased death awareness seemed to contribute to the emotional health and well-being of the persons who reported it.

2.5.5 The Near-death Experience Literature

The term 'Near-death Experience' (NDE) was coined by Moody (1975) in his popular work "Life after Life" (Roberts and Owen, 1988). Moody studied accounts of one hundred and fifty individuals who had come close to death and he identified "about fifteen" elements which occurred commonly in these accounts. Using all these elements he constructed a composite or "ideal" experience. ⁴² ^e Many of Moody's subjects reported that their lives were broadened and deepened by their experience. Life became more precious for some and almost all lost their fear of death.

Ring (1980) devised a structured interview and measurement scale (The Weighted Core Experience Index) to investigate the experiences of one hundred and two people who had "come near to death", and he found forty-eight percent of these subjects to

^e Thus, to have a near-death experience is not simply to come close to death but to undergo a certain set of experiences at the time of the life threatening event. This concept was further refined and defined by Ring. (1980), v.i.

have had an NDE. He concluded that there is a "core experience" which unfolds in a characteristic manner, the earlier stages occurring with greater frequency than the latter. The stages are:

- (i) Peace and a sense of well-being
- (ii) Separation from the body
- (iii) Entering the darkness *
- (iv) Seeing the light
- (v) Entering the light
- (* A life review may be associated with this stage)

Ring found a greater degree of change in those who had a more extensive experience. He was concerned with comparing the NDEs of victims of accident and illness and survivors of suicide attempts and he found (as have other researchers) that NDEs are "largely invariant over different conditions of near death onset".⁴³

A common consequence of the NDE among Ring's subjects was "a heightened appreciation of life, especially of the world of nature and of others." Some subjects asserted that afterwards they felt a sense of re-birth and this was almost always accompanied by "an implied or explicit sense that one had been spared for a purpose." Many of Ring's core experiencers felt that they had become more unconditionally accepting of others - of strangers as well as of family and friends. They felt more compassionate, empathic and tolerant; and their desire to help others increased.

Some of the subjects of Sabom's study "Recollection of Death", which was described earlier (Sabom, 1982), considered their NDE to be:

"the peak event which had done more to shape the depth and direction of their life goals than any other previous experience." ⁴⁴

Vocational choices were often made which allowed the person's newly-acquired attitudes and beliefs to be incorporated into their daily activities. Sabom found that a 'positive' attitude towards life and death) i.e. a reduced fear of death and an emphasis on living in the present) developed following an NDE *after* the person had

had time to incorporate the significance of his experience into his life and belief structure.

Sabom compared those patients who had experienced an NDE with those who had not. He discovered that the NDE group more frequently encountered their near-death crisis in hospital, were more commonly unconscious for more than one minute, and more commonly underwent a resuscitation procedure. Eighty-five percent of all the patients in this sample had suffered a cardiac arrest, and Sabom suggests that cardiac arrests associated with an NDE may be of a more serious nature (perhaps closer to death?) than those not so associated.

Grey (1985), working in the U.K., attempted to replicate Ring's work. In her study of forty-one survivors of near-death experiences, she found a picture very similar to that of the U.S. studies. She summarises the life-changes described by her subjects as follows:

"a deeply felt shift towards experiencing life in a more positive way, especially towards people and nature." ⁴⁵

As in other studies, her subjects found that they had become more compassionate and tolerant in their relationships. They experienced a sense of having been re-born, a renewed sense of individual purpose and a determination to live life to the full. They discovered an enhanced ability to be open and loving, a desire to attain greater knowledge of the laws of the universe, and an urge to develop their inherent gifts and talents in a manner which could be used for the benefit of others. ⁴⁶

Raft and Andresen (1986) studied nineteen patients who felt themselves to have been changed by the understanding which they gained in an NDE. They described two of these patients in detail. Raft and Abdresen's patients did *not* lose their fear of death and the patients' discoveries were often accompanied by feelings of sorrow. Nevertheless, these investigators found enduring personality changes in their patients in terms of a greater tolerance of uncertainty, and increased interest in self-knowledge and understanding, and a greater openness to learn

and to take pleasure in experience. Raft and Andresen considered that these changes, apparently resulting from a brief, single experience, bore a striking resemblance to favourable changes induced by lengthy psycho-analysis.

Noyes and his associates (e.g.. Noyes 1972, 1980, 1982-3; Noyes and Kletti 1972, 1976, 1977a and 1977b) have contributed a stimulating set of papers to this field of investigation over the years; one of these (Noyes, 1980) I have discussed above. Rather idiosyncratically, Noyes views the NDE as a form of depersonalisation. In his 1972 paper, "The Experience of Dying", Noyes describes three phases of the NDE, which he terms 'Resistance', 'Review' and 'Transcendence'. He construes the out-of-body experience at the 'Review' stage as a form of splitting, which he considers to represent a defence against the threat of death.

In 1977, Noyes and Kletti elaborated the concept of 'panoramic memory' as a term for the life review. They describe panoramic memory during life-threatening incidents as: "vivid recall of significant past experiences, often spanning a lifetime." Memories are accompanied by "sensory impressions and emotions appropriate to their content." These authors found panoramic memory in sixty out of two hundred and five subjects who had suffered life-threatening danger, most commonly among drowning victims and persons who, in the midst of accidents, believed they were about to die. Noyes and Kletti noted that the content of the memories is often significant and meaningful to the subject and is accompanied by a feeling of sadness and evaluation. They describe panoramic memory as a form of grief, anticipating the loss of one's life.

Flynn (1982) reviewed the existing literature in terms of the transformative effect of NDEs and analysed some preliminary results of a questionnaire administered by Ring. He looked at this literature from the viewpoint of value transformations and he suggested that the life review might be a foundation of such transformations. He quotes one core experiencer who, "following a series of deep experiences", stresses the profound impact of the life review:

"The re-living included not only deeds committed by (me) since birth ... but also a reliving of every thought ever thought and every word ever spoken PLUS the effect of every thought, word and deed upon everyone and anyone who had ever come within my sphere of influence, whether I actually knew them or not ... I never before realised that we were responsible and accountable for every single thing we did. That was overwhelming!" 47

Flynn goes on to say that the life-review involves a substantial transformation that de-emphasises values related to conventional definitions of success (such as money and accomplishment) and stresses kindness, compassion and unconditional love for others. The usual social boundaries and categories (sex, race, age, status) are removed and the inherent equality of all people is recognised and affirmed. Flynn acknowledges that the evidence reviewed in his paper is preliminary, but he justifies his speculation on the grounds of generating hypotheses which might form the basis of later scientific research.

In a retrospective study of seventy-eight reports of NDEs, Greyson and Stevenson (1980) found that subsequent changes in attitude were more frequent among those respondents who believed during their experience that they were dying and among those who reported panoramic memory experiences.

In his paper "The Human Experience of Death" (1982-3), Noyes draws the parallel between the NDE and the psychological processes of religious conversion, which often occur in states of existential crisis and of which he sees the NDE as a classic example. Ring (1984) describes the NDE essentially as a spiritual awakening. He finds a trend towards greater religious conviction in core experiencers and that this is coupled with a greater tolerance of religious differences and a marked decrease in denominational allegiance.

Roberts and Owen (1988) report that emotional problems are common following survival after having been near death; while Dlin (1980) underlines the need for therapeutic involvement. And a number of authors (e.g.. Moody 1975, 1984; Sabom and Kreutiger, 1977) point out that it is common for those who have

had an NDE to keep their experience to themselves for fear of being regarded as insane.

2.6 SUMMARY

I conclude this review by summarising some of the major points which emerge from it:

1. We live in a society in which the denial of death is a pervasive force. There is, nevertheless, a growing literature which points to the possibility of transformation, if death is faced honestly.
2. Many of the greatest philosophers of the Western world have seen the lifelong consideration of death as essential to living well (authentically). In the East, from the time of Gautama, Buddhists have used death meditation as a powerful tool in releasing the practitioner from samsaric suffering.
3. In our own day, psychotherapists have seen how death anxiety may be a potent source of psychopathology; how fear of death may be at the heart of resistance to change; and how facing one's own mortality may act as a spur to emotional maturity.
4. Accounts of people who have come near to death via accident, illness or suicide attempt tell of attitudinal transformations and behavioural changes following such an experience.
5. For the majority of people, a brush with death does *not* lead to significant attitudinal or behavioural change.^f But for those cases in which it does, the major changes commonly reported include:

^f In Rosen's very small, but significant, study all seven of the suicide survivors he interviewed reported a transformation. In other studies, the percentages are more modest. eg. Ring (1980) forty-eight percent; Sabom (1982) forty-two percent; Noyes (1980) twenty-three percent.

- a decreased fear of death.
- an increased enjoyment of life - in particular an increased appreciation of the natural world.
- an increased tendency to live in the present.
- more loving relationships.
- a sense of one's unity with all humanity (v. a sense of individual separateness).

6. Suggested mediating factors in such changes include:

- the experience of an NDE
- whether the person believed they were dying.
- whether the person experienced a life review.
- whether, as a result of the experience, the person became more aware of death and was able to integrate this awareness into their perception of themselves and of the world.

7. A number of authors (e.g., Yalom, 1980; Raft and Andresen, 1986; Roberts and Owen, 1988) have noted parallels between changes reported during a close encounter with death and those associated with successful psychotherapy.

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46. Grey, M., op.cit. p. 96.
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CHAPTER THREE

PRESENT STUDY

**Aim, Method, Subjects
and
Quantitative Results**

3.1 AIM

The aim of the present investigation is modest: a small-scale preliminary descriptive study of the effects on attitude and behaviour of a close encounter with death. Of special interest is to see whether any factors emerge which might distinguish in advance between those who are more, and less, significantly affected by such an encounter. In spite of various suggestions in the near-death literature, this is an area which has not been satisfactorily resolved.

3.2 METHOD

The method chosen is the semi-structured interview. This has the advantage of ensuring that certain standard questions are addressed to all subjects. At the same time, it allows flexibility to pursue particular themes of interest in greater depth, according to the individual subject's experience, ability to articulate and willingness to talk about personal issues.

A copy of the interview schedule appears in Appendix 1. It consists of seven sections covering: demographic data; description of life-threatening event (LTE); attitude to death before LTE; changes following LTE; religious belief; and two open-ended questions: one inviting the subject to make sense of his/her experience and the other allowing the subject to cover any point she/he thinks important which she/he has not yet talked about sufficiently. The questions were refined in the light of the literature review.

Section Two asks the subject whether she/he believed she/he was dying and also whether the life threatening event included a near-death experience (NDE). She/he is asked specifically about each of the 'core' elements identified by Ring (1980). Both these questions are regarded in the literature as having a significant effect on the outcome in terms of attitude and behaviour change following a close encounter with death. A further factor which is so regarded is that of whether a life-review or 'panoramic memory' occurred

during the experience. The importance of this variable was not recognised at the time that the schedule was devised and therefore it was not included as a specific question. However, each subject was encouraged to give as full a verbatim description as possible of both the LTE and any near-death experience, and so it is anticipated that this omission will not have any significant effect on the results.

The third section: "attitudes to death before LTE" perhaps requires further explanation:

It seems important to place the LTE in the context of the subject's history in relation to death: from how she/he first encountered death, to the most recent experience; how the person felt; if a child, how the child's grief was handled by significant adults (see Bowlby, 1980); if, and how, each experience modified the subject's apprehension of, and attitude towards, death.

Section Four looks at how the LTE under consideration might have affected the subject's attitudes to life and death - both positive and negative changes are enquired into. In each case, some specific questions are asked and the subject is invited to give a verbatim description of such changes.

Section Five provides an opportunity to enquire into the importance which the subject places on religion, how his/her religious beliefs might colour his/her ideas about death and whether and how the LTE might have modified the subject's beliefs.

The single question which comprises Section Six: "How do you make sense of what happened to you?" arises out of attribution theory. From here comes the idea that how a person construes an experience may have a significant bearing on how she/he responds to it (Turnquist et al., 1988).

My reading in the area of research methodology alerted me to the fact that the appropriate interviewing technique in research is significantly different from that of the psychodynamic assessment and psychotherapeutic interviews with which I am most familiar

(McCracken, 1988). In particular, I tried to avoid making links and suggesting interpretations of the material, which would have been part of my usual practice. As the interviews are audio-taped, examination of the tapes (which are available for inspection), will reveal how far I was successful in this endeavour. In addition, a verbatim transcript of the interview with one subject (S1:Alan) is provided. (See Appendix 5). The interviews last on average about one hour. ^a The original plan of holding shorter follow-up interviews for feed-back and de-briefing was abandoned because of time constraints.

The interviews are supplemented by two brief questionnaires. These questionnaires are taken (with very minor modifications) from a study by Speigl et al. (Yalom, 1980). The questionnaires are to be found in Appendix 2. The first questionnaire (PAQ) consists of sixteen items concerning 'personal growth' statements; the second (FCL) is a twenty-nine item fear check list. The subject is asked to complete each questionnaire twice: once answering as she/he would have done 'before' her/his LTE and once as he/she would 'now'.

3.3 SUBJECTS

The original intention was to acquire a small number of subjects from each three categories: metastatic cancer patients, suicide survivors and cardiac patients. In each group I hoped to find subjects for whom their LTE *had* led to a shift in perspective and those for whom it had not.

^a The shortest was forty minutes and the longest ninety minutes.

Cancer Patients

I approached a cancer care centre in a nearby town and was invited to visit by the Director, to whom I described my project. He indicated that he had on his books a number of day patients who would fit my criteria. He offered to draw up a list of volunteers within the next two weeks, whom I could then approach. However, in spite of promptings from me over the next few months, nothing came of this promise.

Suicide Survivors

In order to find subjects who had survived a suicide attempt, I wrote to the Chairman of the Psychiatric Division in my local health district. In response to this letter, I was invited to attend a Psychiatric Division meeting, where I described my research plan and the type of subjects I was looking for.

At this meeting, it was agreed that I should conduct a survey of the five acute admission wards in the psychiatric hospital (where I am based), to find people who had been admitted following a suicide attempt, in which there had been an intention to die and/or the event was a life-threatening one.

The following procedure was agreed:

- I should contact the admission wards for a list of the names of patients who had been admitted following a serious suicide attempt.
- I should then contact the consultant(s) involved, who would give an opinion as to whether there was an intent to die.
- If the opinion was that there *was* a suicidal intent, I would interview the patient in order to confirm the life-threatening nature of the event, to explain the purpose of the research and to gain the patient's

permission to be included in the research programme.

In this preliminary interview I would explain that (a) seeing me was *not* part of the patient's treatment, although it might be a useful experience and (b) the research interview would be recorded, but the patient had the right either to request the tape recorder to be switched off, or to terminate the interview at any point.

The first trawl of the admission wards revealed five names: of these five, one was excluded because she had been referred already to the researcher in his clinical capacity, and a second was excluded because her consultant deemed her not to have any suicidal intent.

The other three patients were all judged to have possible suicidal intent, but one of them (a woman in her sixties) was diagnosed as being both depressed and paranoid; she was discharged from the hospital the day following the survey and was not followed up. A fourth patient (S9: Ingrid) was still in hospital and agreed to be interviewed. In the light of the preliminary interview (see Appendix 4), I decided not to include her in my study as neither of the criteria (of an intent to die or of having come close to death) was clearly established. The fifth patient was discharged before I got a chance to see her and I did not follow her up as an out-patient. Clearly, this method of proceeding was very time-consuming and was likely to lead to relatively sparse results.

Cardiac Patients

In order to gain access to a source of cardiac patients, I had drafted a letter outlining the project, which was to be sent to a cardiac consultant and the Director of the Accident and Emergency Unit at the local District General Hospital. However, before this letter was sent events had taken a turn which led me to revise my strategy. My informal contacts had started to bear fruit:

S1 Alan

A patient was referred to the department in which I work, for an organic assessment following a cardiac arrest. He was seen by a colleague, who asked him whether he would be prepared to take part in the research project. The patient agreed, and my colleague passed on the information to me. I wrote to the patient, explaining the purpose of my research. He returned the tear-off slip, which indicated that he would be prepared to be interviewed, and I arranged to see him.

He fulfilled the criteria for my research, and I tape-recorded the interview and got him to complete the questionnaires. The nature of the material which this subject (S1:Alan) presented, together with the time shortage, led to a change of plan - viz: to make this subject the focus of the study, and to use a small number of other subjects as subsidiary material and/or to bring out other points.

As Alan presented such an interesting example, I decided that it would be beneficial to take advantage of the opportunity of studying him in greater depth. There were two factors which made him uniquely interesting for this study:

1. He had come near to death on two occasions. The first occasion had no significant effect on his attitudes and behaviour beyond making him "harder if anything". On the other hand, he described profound changes of a positive nature emanating from the second experience.
2. He is not an educated man. Apart from a newspaper article on NDEs, he had not read about the topic under investigation; nor was he accustomed to reflecting on his experience or talking about his feelings. In these senses, he was a 'naive' subject and his attempt to make sense of his experience and to communicate it to me has a quality of freshness and vividness. (see transcript).

A second decision was made, which was to include as acceptable subjects for this research project, accident victims and people who had come close to death through other illnesses, including pregnancy.

A further seven subjects came forward as volunteers via informal contact - six by direct approach from the researcher and one via a consultant psychiatrist colleague. These were Ss. 2-8. Each was interviewed formally using the semi-structured interview schedule (the interviews were audio-taped); and each completed both the questionnaires.

In addition, two further subjects were interviewed informally: S9 : Ingrid (the suicide survivor referred to earlier) and S10 : James, an accident victim whom I interviewed in India. My interview with James forms an addendum to Chapter Five.

3.4 QUANTITATIVE RESULTS

This section comprises data derived from the interview schedule and the questionnaire responses.

Table I gives information about the subjects and the type of life-threatening event that they experienced. There were four men and four women; four of the subjects were married and four divorced; three gave their religious affiliation as Christian, three as Buddhist^b and two were agnostic. The age of the subjects at interview ranged from thirty-four to fifty-one years; their age at the time of the life-threatening event ranged from sixteen to forty-seven years. Two subjects had suffered a heart attack, two an accident, two an illness and two had come close to death via a complication of pregnancy.

Tables II and III breakdown this information according to gender. From Table II we see that, while the average age at interview is

^b While the proportion of Buddhist subjects in this project in no way reflects the incidence of Buddhism in the general population in the U.K., it may be considered representative of the pool of volunteer subjects available to the present researcher.

much the same for the men and women, there is a wider spread among the women. Also, the average age at the time of the LTE is appreciably lower for the women; in fact, there is no overlap. Similarly, there is no overlap between the men and the women for the period between the LTE and the interview - for the men, this varies between five months and five years, with a mean of 2.86 years; whereas for the women it varies between eight years and twenty-four years, with an average of nineteen years.

Table III shows that the types of life-threatening event were different for men and women. The categories for men were either 'cardiac' or 'accident', while for women the categories were 'other illness' or 'pregnancy'.

Tables IV, V and VI present further information from the interview schedule.

Table IV shows that four of the subjects thought they were dying at the time of their LTE, and four did not. Four of the subjects had an NDE, as defined by Ring's (1980) Weighted Core Experience Index (WCEI) and three subjects did not.^c The case of S2 (Brian) is ambiguous. He did not experience an NDE in either of his motorcycle accidents (although, in the first he thought he was dying). However, on the occasion when he felt near to psychic death, he described what could be a negative near-death experience, for which he scores six on the WCEI, which is just above the cut-off for a core experience according to Ring.

All eight subjects describe positive changes following their LTE, and three subjects (Ss. 2, 3 and 4) also describe negative changes. Five subjects describe religion or a spiritual dimension, as very important in their lives; a sixth, S3 (Chloë) says that religion has been increasingly important to her since her LTE. S4 (Eric) has no religious practice, but lives his life in accordance with the Judeo-Christian ethic. Only S6 (Fiona) said that religion was not all important in her life currently.

^c Ss 6, 7 and 8 (Fiona, Grace and Helen) all experienced an OBE (out of body experience). Helen had the most profound near-death experience of all eight subjects.

TABLE I : Demographic Data

S. No.	Sex	Marital Status	Age at Interview	Age at LTE	Type of LTE	Time since LTE	Religious Affiliation
1. ALAN	M	Married	47	47	Cardiac arrest	5 months	Christian
2. BRIAN	M	Divorced	42	37	Accident/ 'psychic' death	5 years	Christian
3. CHLOE	F	Married	34	26	Illness	8 years	Christian
4. DAVID	M	Divorced	43	42	Accident	1 year	Buddhist
5. ERIC	M	Divorced	43	38	Heart attack	5 years	Agnostic
6. FIONA	F	Divorced	35	23	Pregnancy	12 years	Agnostic
7. GRACE	F	Married	50	16	Illness	34 years	Buddhist
8. HELEN	F	Married	51	29	Pregnancy	22 years	Buddhist

TABLE II : Breakdown According to Gender

	No.	Age at Interview \bar{X}	Interview Range	Age at LTE \bar{X}	LTE range	Time since LTE \bar{X}	LTE range	Marital Status m d
M	4	43.75	42-47	41	37-47	2.86y	5m-5y	1 3
F	4	42.50	34-51	23.5	16-29	19y	8y-34y	3 1
Σ	8	43.125	34-51	32.25	16-47	10.93y	5m-34y	4 4

TABLE III : Type of Life-Threatening Experience

	Cardiac	Other Illness	Accident	Pregnancy	Σ
M	2	-	2	-	4
F	-	2	-	2	4
Σ	2	2	2	2	8

TABLE IV

	S. No.							
	1	2	3	4	5	6	7	8
Believe Dying	Yes	Yes	Yes	No	No	No	No	Yes
N.D.E. W.C.E.I. Score *	Yes 7	No(Yes) 0 (6)	No 4	No 0	No 0	Yes 6	Yes 6	Yes 10
Changes following LTE positive negative	Yes No	Yes Yes	Yes Yes	Yes Yes	Yes No	Yes No	Yes No	Yes No
Importance of Religion	Very	Lifelong practicing Anglican	Increasingly important following l.t.e.	Very Important	Lives in accordance with the Judeo-Christian Ethnic	Not at all important	The most important thing	Don't follow any religion but spiritual dimension very important

* The Weighted Core Experience Index is an attempt by Ring to quantify Moody's (1975) core experience pattern. Ten components are given a weighted score of between 1 and 4. This gives a maximum score of 29 and a minimum score of 0. According to Ring, the cut-off for a core experience is 6.

TABLE V : Positive Changes Following L.T.E.

	S.No.							
	1	2	3	4	5	6	7	8
Fear of Death	√	-	-	√	-	√	-	√
Greater Sense of Meaning & Purpose	√	-	√	√	√	√	√	√
↑ Enjoyment of Life	√	√	-	√	√	-	-	-
↑ Compassion for others	√	-	√	√	√	-	√	√
↑ Tolerance of others	√	√	-	√	√	-	√	-
↓ Concern with material possessions	-	√	-	√	-	-	√	√

TABLE VI : Negative Changes following LTE

Negative Change	S2. BRIAN	S3. CHLOE	S4. DAVID
↑ Fear of death	√	√	-
↑ Phobias	√ (health)	√ (darkness, tubes & lifts)	-
Other	"Not as complete a person - a gap within"	-	"More irritable when people put me in danger or don't take (my warnings) seriously in risky situations."

Table V shows the subjects' responses to six positive changes in attitude and behaviour which are frequently associated with LTEs and which were put to them in the interview. Seven of the subjects said that they had a greater sense of purpose and meaning in their life since their LTE; six said that they now had more compassion for others and four said that they enjoyed life more. Four of the eight subjects said that their fear of death had been reduced or eliminated through their LTE and four said that they were less concerned with material possessions.

S4 (David) reported a positive change in all six areas; S1 (Alan) reported positive change in five; Ss 5, 7 and 8 (Eric, Grace and Helen) each reported positive change in four of the six areas. S2 (Brian) reported positive change in three areas and Ss 3 and 6 (Chloë and Fiona) each reported changes in two of the areas.

Table VI looks at the negative changes reported since the subject's LTE: Ss 2 and 3 (Brian and Chloë) reported an increased fear of death. These two subjects also reported an increase in other fears. Brian was more afraid about his health and Chloë reported an increased fear of darkness, tubes and lifts. (All these phobias may be seen as derivatives of death anxiety). In addition, Brian described himself as "not as complete a person" since the experience following his divorce: "there's a gap within me". While David (S4) describes himself as "more irritable when people put me in danger or don't take me seriously in risky situations".

Full details of the scores on the FCL and PAQ are presented in Appendix 3. Here, the focus is on the 'Before' and 'Now' difference scores by both subject and item. Table VII shows the total scores by subject for both the FCL and the PAQ. It will be noted that there is consistency between subjects in the difference scores. There is virtually no difference between the 'Before' and 'Now' modes on the FCL for the three subjects (Ss 2, 3 and 4) who reported negative as well as positive changes following their LTE. While the difference scores on the PAQ are in the same (positive) direction for all subjects, the magnitude of the difference is smallest for Ss. 2, 3 and 4. The Wilcoxon Matched-Pairs Signed-Ranks Test shows the difference between 'Before' and 'Now' to be

significant for both the FCL and the PAQ, at a higher level of confidence for the PAQ.

TABLE VII : Differences

S. No.	Changes following LTE		Total Scores by Subject					
			FCL			PAQ		
	Positive	Negative	Before	Now	Difference	Before	Now	Difference
1	Yes	No	47	37	-10	48	21	-27
2	Yes	Yes	54	51	-3	48	42	-6
3	Yes	Yes	63	65	+2	51	46	-5
4	Yes	Yes	44	46	+2	47	37	-10
5	Yes	No	56	33	-23	57	24	-33
6	Yes	No	52	42	-10	71	50	-21
7	Yes	No	71	40	-31	63	28	-35
8	Yes	No	46	31	-15	52	26	-26
			T value = 3 p = 0.05			T value = 0 p = < 0.02		

Tables VIII C and IX C (See Appendix 3) give the T-values ^d for the differences between the subjects 'Before' and 'Now' scores on each item of the FCL and PAQ respectively. All the significant differences are in the predicted direction and the reported p-values are one-tailed. On the PAQ the differences on eight out of the sixteen items reach statistical significance at the 0.05 level of confidence or higher.

^d Wilcoxon Matched-Pairs Signed-Rank Test.

These are:

- Item 1. I communicate openly with my partner p = 0.05
- 3. I have a sense of personal freedom p < 0.05
- 4. I try to communicate openly with my children (or family)..... p < 0.02
- 6. I communicate honestly and frankly..... p < 0.02
- 9. I have moments of deep serenity..... p < 0.05
- 12. I communicate openly with my friends..... p < 0.02
- 13. I feel I have something of value to teach others..... p = 0.02
- 16. Religious/spiritual beliefs have much significance for me p < 0.05

These eight items include all four of the items relating to open communication. Items 13 and 16 (the feeling of having something of value to teach others and religious/spiritual beliefs having much significance for the subject) touch on issues which are discussed further in the following chapters.

On the FCL, only two items reach statistical significance at the 0.05 level of significance or higher. These are items 2 (Angry people, p = 0.02) and 22 (Failure, p = 0.05). Three further items reach significance at the 0.1 level of confidence. These are Item 5 (Feeling rejected, p < 0.1), 6 (Being ignored, p < 0.1) and 7 (Feeling disapproved of, p = 0.1). All five of these fears are inter-personal fears.

3.5 DISCUSSION OF QUANTITATIVE RESULTS

In the research literature, as we saw earlier, the response to a life-threatening event appears to be independent of such variables as the age, sex and religious affiliation of the subject, and of the type of near-death incident. The results of the current study are broadly in line with this finding. Although the women were younger than the men at the time of their LTE, and there is a correspondingly greater time period between the LTE and the

interview, this does not appear to be reflected in the changes following the LTE.

Fortunately, there are equal numbers of men and women in the study; half the subjects believed that they were dying and approximately half had an NDE, as defined by Ring (1980). However, none of the subjects had a very deep experience, as defined by Ring's WCEI. The highest score among the current subjects was ten out of a possible twenty-nine; whereas in Ring's study for example, the highest score was twenty-four.

Nevertheless, several of the subjects do describe major changes in their attitudes and behaviour, as reflected in Tables V and VI and in the responses to the questionnaires. All the subjects described some positive changes following their LTE and three (SS 2, 3 and 4) describe some negative changes. At least half the subjects described experiencing each of the six positive changes which they were asked about in interview.

The findings presented in Table V and described in the previous section are all consistent with the pattern which emerges in the literature. As noted earlier, the questionnaire responses suggest that for the three subjects who experienced negative as well as positive changes, the negative changes cancelled out the positive ones, leading to little overall change.

No subjects are included in this study who were *not* significantly affected by their close encounter with death. However, two of the subjects (including S1: Alan, the major focus of the study) describe near-death events which did *not* have a significant impact on their lives. Secondly, there are considerable differences between the subjects as to the degree of change described. The possible implications of these changes will be discussed in Chapter Six.

It is consistent with the literature - but striking nonetheless - that a life-threatening experience should lead to an average *reduction* in fear on the twenty-two of the twenty-nine items on a check list of common fears.

It is also both counter-intuitive and consistent with the literature that coming close to death should lead to an increase in the subject's sense of well-being. On average, there was a change in the direction of personal growth on all sixteen items of the PAQ.

Six of the eight subjects considered religion or a spiritual dimension to be important in their lives. Four found that their interest in such matters increased following their LTE. For three of them, their LTE was the beginning of a personal and spiritual quest. Two later became Buddhist practitioners; a third, who was already a Buddhist practitioner, became more conscientious in his practice following his LTE. These finds are consistent with those of Ring (1980 and 1984), *inter alia*.

Thus, changes in attitude and behaviour have taken place for these subjects following their life-threatening experience. In the following chapters, the qualitative material is presented and discussed as a way of focussing more clearly on the nature of these changes.

CHAPTER FOUR

ALAN

Interview and Discussion

4.1 INTERVIEW

4.1.1 Demographic Details and Relevant Personal History.

Alan is a forty-seven year old married man with four children and several grandchildren. He is an erector by trade and runs a construction business with a partner. He grew up with adoptive parents in a North Wales seaside town.

When he was eleven, his adoptive parents separated and his father went to live with another woman "down the street". Another significant event from his teenage years was that when he was fourteen he risked his life by jumping into the sea to save two children who were in difficulties. When he was courting, he was involved in a street fight, in which he was stabbed in the neck and lost a lot of blood. His parents have both died. He was present with his mother at the time of her death.

* * * * *

Alan feels that this adoption and the subsequent desertion by his adoptive father were determining factors in what he called his - "attitude of hate towards the world". Of his father he said:

"He brought me up good as a child, but he did something which destroyed my image of marriage and of human life, because he left me ma just lived down the street Could see me ma looking at him every day it crucified her". (A395ff)

Alan also recalled bumping into his adoptive father in the street and the latter not acknowledging him:

"It hurt to see Dad walking past and cocking his nose up at me". (B525)

This led to what Alan referred to as his "hatred in life" and his angry attitude towards life:

"I didn't care a damn for anyone". (A348)

At the same time, he described himself as being frightened of death.

When Alan was nineteen, his grandfather died. On hearing the news, he "broke down" and cried. However, this response was followed quickly by denial in that, an hour later, he went to the pub with his mates and was laughing and joking as if nothing had happened.

In referring to his jumping into the sea to save the children in spite of his fear of death, he said:

"The thought of death never entered me mind".
(A354)

And he spoke of the instinct to save other lives.

Alan told me that he "died" in hospital following the stabbing incident, because he lost so much blood. He was cut near to the throat, and the jugular vein may have been nicked.

He described this experience as:

"Blank it went dark complete silence". (B460ff)

He told me that he could hear the doctors talking as they were stitching him up. He said that this experience did nothing to soften his defensive attitude towards the world, rather it made him "harder, if anything".

Of the death of his parents he said that he "didn't give a damn" that his father had died, although he had idolised him as a child. He was with his mother when she died:

"She went peaceful".

His response was one of denial:

I didn't believe it". (A402)

4.1.2 Circumstances Surrounding Cardiac Arrest.

On Easter Monday (27th March 1989, five months before the interview), following an afternoon's heavy drinking with his mates, Alan came home, ate the tea which his wife had prepared for him, and went to lie down on the settee. Shortly thereafter, he was aware of difficulty in breathing. The G.P. was called out, and informed Alan that he was "having trouble with his heart" and sent for an ambulance. As he left in the ambulance, Alan called out to his wife:

"Make sure all the insurances are paid up". (A47)

He was told later he "died" in the ambulance and was resuscitated by the crew, and that he "died" again in hospital. On the latter occasion, it was two and a half minutes before the hospital staff were successful in resuscitating him.

At the point Alan was resuscitated for the second time, a doctor interviewing his wife was asking her to sign forms authorising organ donation.

Alan told me that he was "unconscious for the next seven or eight days" (ie. drugged and drifting in and out of consciousness). When he came round he was aware of memory difficulties, which persisted for a further two weeks. Approximately two weeks after his cardiac arrest, he discharged himself from hospital against medical advice. When he arrived home, he found that the house had been redecorated, and he accused his wife of taking a lover.

He was described as being "aggressive and disorientated" at this time. That same day he was compulsorily admitted to the local psychiatric hospital. Here he was interviewed by a psychiatrist who found Alan's memory to be "very poor". Later he was referred to a clinical psychologist for testing for organic memory impairment. The psychologist saw him on four occasions between 19th April and 8th May 1989 and found Alan willing to do any tests. The psychologist concluded that Alan had "no particular problems" with memory,

although there "probably had been memory problems" at the time he was admitted to the psychiatric hospital.

By this time, Alan was a voluntary patient. The staff described him as "conversational and smashing on the ward". He was apparently reconciled with his wife, for when the psychologist saw him briefly with his wife and family, he said that "they all seemed to be laughing and joking together".

* * * * *

Alan told me that, on the evening of his cardiac arrest, he knew something was seriously wrong, but he felt no pain and he did not panic. Although the G.P. played down the situation, Alan thought he might be dying; that was why he shouted to his wife the instruction about the insurance policies.

He described his experience at the time in the following way:

"Very relaxed like a sleep peaceful, very, very, very restful. There was a beautiful sense of peace".

He told me that **"there was nothing to be frightened of it was a nice experience blacker than black - complete peace". (A210ff)**

From the outset, he asserted that he had *not* had a near-death experience, about which he had read a newspaper article.

The days following his cardiac arrest are not clear in Alan's memory. When he recovered consciousness he was aware of memory difficulties - e.g. he could not recall the names of acquaintances. Alan told me that when he went home, he didn't recognise two suits in the wardrobe (which he had bought a few weeks previously) and thought his wife had another man. He said that he was very wound up when he saw the psychiatrist. He was anxious because he felt under pressure to do mental arithmetic and was unable to do it.

However, by the time he saw the psychologist he felt that his memory was improving all the time, although he mentioned some residual memory loss when he saw me five months after his cardiac arrest.

4.1.3 Changes Reported in Interview

The changes which Alan reported in interview are considered under a number of headings:

(i) *Fear of Death*

He told me that his fear of death, which had previously been quite marked, had now entirely disappeared:

"Through my experience there is absolutely nothing to be frightened of in death, whatsoever. No worries whatsoever I can put it truthfully, it was a nice experience and if that's what death is all about I'm not really bothered". (A185ff)

Very much related to this is his new acceptant attitude to his personal mortality:

"If someone said to me today 'you are dying at four o'clock', I could just say: 'Oh, O.K.' because I'd know now what I'm going to go into I could accept death now, if death was to knock on my door, I could accept it". (Extract from A105ff).

He now treats death as just part of life:

"It's life just the basic cycle of life we're all born and we all die, whether we like it or not." (B65)

From his own experience of coming to accept his own death he goes on to speculate that such acceptance on a wide scale would make the world a happier place, and he is optimistic that such a transformation could take place:

"When you're in your 'teens, you never ever think you are going to die. But, as you are getting closer to it, and you be realistic to it and accept it, everyone would be happier in the world today, they would if they accept it, that they were going to die (rather than) trying to live like a hero, that they are never going to die, it'd be a happier world, because everybody would be nicer to everybody else. I honestly think that's what could happen. I'd like to see it happen anyway. You know what I mean?" (B48ff)^a

(ii) *Attitude to Life*

Alan's new-found acceptance of his personal mortality has a number of inter-locking ramifications which, for purpose of exposition, I shall enumerate separately:

- (a) Recognising that his life is short had led to a *life review* which made him feel that he has wasted his life up till now:

"I've done nothing with my life really. I've never achieved anything. The only thing I've ever achieved was buying me house it seems so silly. What a waste!" (B248-252)

For example, last year he went to Paris with his mates for the Races (Prix d'Arc de Triomphe), but spent his whole time in a bar. He reflects:

"All I wanted to do was to get into a bar with the lads and that was it, you'd seen Paris. I thought, well I'm wasting my time. I think with dying, that's made me realise: 'Well, that's not the goal of Paris'".(B235-237)

- (b) This review has led him to *formulate his ambitions*. His goal is relatively modest financial success, which would allow him to buy a cottage in the country, and also to travel:

^a This sentiment echoes the argument of Kübler-Ross (1970):

"If all of us would make an all-out effort to contemplate our own death, to deal with our anxieties surrounding the concept of death, and to help others familiarise themselves with these thoughts, then perhaps there would be less destruktiveness around us". (p.13)

"I would like to think that the short time I'm on life ... I would like to think I could lead the rest of my life peacefully and happily - financially ... I'd like nothing better than a little cottage ... with a bit of a backyard for breeding me dogs and things like that ... I'd like to think to myself that I could get a place away from everybody, just me and 'er, and I'd like to think that before I *did* die that I'd accomplish that" (B133ff)

"I don't want much out of life now ... if I could make fifty grand and put it in the bank, that would do me. I'd achieve then ... I'd do what millionaires do. Just turn round to the wife and say: 'C'mon lets go over to Paris this weekend!"

"I'm going (to Paris) again. This time I'm going to look round Paris, literally. I'm not going to the races. I'm going to walk all round Paris and see what Paris is about, and say: 'Oh yeah, we went there. I went there....'" (B220ff)

"I think with dying that's made me realise: 'Get round (Paris) have a walk round. See it. Even, get to the back streets of Paris. See what Paris is all about. And for once, start educatin' me brain. That this is what Paris is about.'" (B235-240)

- (c) A third ramification of Alan's recognition of his personal mortality is the recognition that *life cannot be postponed*. He cannot leave his plans until he retires. It's very likely that he won't live to see sixty-five. He needs to fulfil his ambitions *now*.

"Everybody has a belief when they are younger; 'Oh, sixty-five!' (rubbing his hands together) 'Made! I'll have everything when I'm sixty-five.' It's lucky if you get ten percent live to see that sixty-five, of the human race - that's the way I look at it now, so I take it like that it's a big fiddle. So I'd like to - now that I've had a heart attack - push everything forward, instead of waiting till I get retirement and things like that, and just achieve a goal - if I can do it in twelve months I will do - you believe that. I'm in business now and

that's my main goal now. To achieve what I wanted to achieve when I retired, but I want to achieve it now and enjoy the rest of my life." (B165ff)^b

- (d) A further aspect of Alan's attitudinal transformation following his recent confrontation with death is that he is concerned with the *quality* of his life rather than the sheer quantity. For example, his physician has warned him to give up smoking and drinking. He has greatly reduced his drinking, and his motive for drinking has changed: he used to drink competitively to prove himself a better man than his mates, now he has a couple of pints of mild with his game of dominoes on a Friday night, and he enjoys drinking. But he refuses to give up cigarettes:

"If I have another five or six years and I've enjoyed myself, I'm not bothered. They told me: 'Stop smoking'. But I know, and the wife knows, and the kids know, that there's nobody more bad tempered than me when I've not got a smoke I like a smoke and a drink and I've even told the Specialist in W____. And he says: 'Well, as a matter of fact, in a roundabout way, you are killing yourself.' I said: 'Well, in a roundabout way, I'm killing myself, everyday that I *do* live is a little bit nearer to my death anyway!' So what have I achieved? I might as well *enjoy* my life and at least have the wife's peace of mind, she can say when I die: 'Well, at least he enjoyed himself while he was here'. And I'd rather have people say that than I look after me actual life And, if the old heart collapses, at least I know I'm going to go happy" (laughing). (B252ff).

- (e) A further attitudinal change is from what Alan calls his "attitude of hate towards life" to a concern for all creatures. Now, his philosophy is: "It's nice to *be* nice". He gives examples of this change. One is his attitude when confronted with aggressive behaviour. Formerly, he would have threatened to punch out the individual. Now he tries to calm

^b Compare this passage with Seneca's diatribe against the foolishness of postponing life. (see p. 9-10 of the present text).

the situation down and to make the person think by telling him that if he does punch him, Alan will take his assailant to court:

"If somebody was to say to me now: 'I want to flatten you after, like' and all this lot, I'd just say 'Well, all right, carry on, do your thing, but expect the solicitor at your house, or the police at your house, tomorrow, and I'll see you in court.'

They stop then. They think: 'Hey this fella'll take me to court if I lay on him.'

- If you tell 'em that's what you're going to do, the truth to start off with, no violence comes out of it. The way to get out of an argument or any aggression out of your body anyway, you know, verbal aggression, is to just talk about it and get it out of your system."

Another example he gives is that he now feels too squeamish to dock the tails of his dogs - he gets a friend to do it for him instead:

"I've gone squeamish about (cutting) the dog's tails - I feel as if I'm hurting something that's done no harm to me.

I'm concerned about life in general, about everyone in life. Because we are not here long enough." (B540-545)

(iii) *Relationships*

A major aspect of the changes in attitudes and behaviour which Alan reports following his cardiac arrest, is how they are reflected in the central relationships in his life. He speaks of such changes in relationship with:

- (a) his wife
- (b) his children and grandchildren
- (c) his business partner:

(a) Prior to his heart attack, Alan saw little of his wife as he went out drinking with his mates every evening. On a Saturday night, as a treat, he might invite her to accompany him to the pub.

Now he spends more time with her; apart from Friday night when he plays dominoes, he tends to stay at home with her. Moreover he offers to take her out whenever she wants to go. He says that he appreciates her more and is more tolerant of her. They don't argue so much:

"I'm more tolerant with my wife it (his cardiac arrest) has made me appreciate her more. The relationship has grown - we don't argue as much. My attitude to life was selfish. Now I take her out any time she wants to go. (A504ff)

Clearly, he is now giving his relationship with his wife a much higher priority in his life than hitherto and, as a consequence, he feels closer to her:

"I put the wife first. There's a bonding now I've never known before." (A544)

(b) Alan also reports how these changes are reflected in his relationships with his children and grandchildren. Previously, if they came to him and he was working or reading, he would send them away telling them not to bother him. He was interested chiefly in his own concerns and didn't have much time for those of his children and grandchildren. Now for example, he is quite happy to put down what he is doing and to play with his grandchildren until *they* move on to something else. Generally, he has a more open attitude and experiences more concern for others:

"I have more time for people (now) I can listen more. I will sit down and listen now - and more so for my grandchildren.

I have concern I'd put the paper down and spend time with them until they got fed up with me." (A488ff)

Towards the end of the interview, he summarised the changes in his relationships with his family and said something about what he thinks lies behind these changes:

"I've more time for me kids I've more time, more so, for my grandkids and I've more time for my wife. I've never had as much time for my wife as I've got now, like. Because I want to see the best in me - I've always shown them the defensive attitude 'bout time I started giving them back now, what they've given to me in life. That's more valuable to me than money. I never had no respect for that before." (B565ff)

(c) In relation to his business partner, Alan states that their relationship used to be characterised by arguments. Now, since his cardiac arrest, Alan tends to de-fuse the situation. The result is that their relationship is calmer, they get on better and their business is doing better (!). Alan reports that, because he's needed to calm down himself, he's helped his partner to be less volatile, too:

"Now - well, my partner, Frank A.... he used to be like jump forward and very aggressive and shouting and howling, and I used to retaliate with Frank. We were always arguing. Whereas *now* even he's admitted it, I just say: 'What are you shouting about? Cool down! Calm down! Think! We aren't here to argue. Cool down!' - I wouldn't have done that before the heart attack. No way would I have done that, but I cool him down now, because I *know* I got to cool myself down at the same time (laughing) I don't want another heart attack. I don't want nothing to start that going. But we've turned out better mates as well. Turned out better - business wise. Everything's turned out better. He seems - even his wife's said it - I seem to have cooled *him* down. He thinks before he shouts."

Alan summarises the effect of his heart attack on his relationships with his friends:

" So I can thank this (heart attack) really for my attitude to life now, and also some of me friends. Because I seem to have brought them down with me, like. (Extracts from B500-525)

(iv) *Religious Beliefs*

Alan told me that he has not attended Church since his youth and that he does not belong to any religious denomination. Nevertheless he does believe in Jesus Christ and he does pray. In response to the question "How important is religion in your life?" he replied that it is very important and he added that he feels better after he prays.

When I asked him about his religious beliefs concerning death, he replied that he didn't know. He'd like to think there is a Heaven, but then there'd be a Hell.

When I asked him whether his experience of coming close to death had affected his religious beliefs in any way, he replied that "mentally, (his) beliefs are a little bit stronger" now. He suggested that a more major strengthening of belief would depend on having a fuller near-death experience.

A second change he reported since his cardiac arrest was that he is now open to the possibility of re-incarnation.

Thirdly Alan wonders whether he was brought back to life for a larger purpose, and, on the basis of his experience, he feels that he has a lot to teach others about life, if they would listen:

N.H.: "Has it (heart attack) affected your sense of meaning of life and sense of purpose?"

ALAN: "Yeah, I often - this is quite true and all - I often stop thinking like well, with being *slightly* religious - not religious in any sense of Catholics, Protestants or all of that, but I do believe in God in my own way. And I think like, well, 'has He put me back here to do something?' I have thought of it that way like. 'Am I back on this Earth - is it to enjoy myself or am I here for a purpose?' Which is nice to think. I may just be here because I'm back here, if you follow what I mean." (A460-470)

(v) *Other Changes in Attitude and Behaviour*

A number of aspects of Alan's changed attitude towards life have been mentioned already under other headings: formerly he could be verbally threatening and physically aggressive, now he tries to "cool down" angry people; before his heart attack, he drank very heavily in order to prove himself a better man than his mates, now he is a moderate social drinker; and his defensive attitude towards his family has given way to much greater openness.

But a change which has not been touched on so far is in his attitude towards unpaid bills. He explains that whereas previously a bill which he could not pay would be a cause of great anxiety, now he is completely free from such worry. This is in spite of the fact that he had very many such bills at the time of the interview, as he had been off work for five months following his cardiac arrest. He expresses this change as follows:

**"Whereas at one time, if I couldn't pay a bill or a - like I've got me own house now, it's mortgaged and there's different things that's got to be paid - insurance and things like that. I can't pay 'em at the moment because like I'm on the sick, if you know what I mean. Well, going back, that would have really worried me to death. You know, I would have been really concerned and that would have been my top measure, I would have had that on my mind all the time whereas now I don't even think about it. If I owe, I owe, and that's the end of the story, because it's just not worth worrying about. None of us is going to be on this world - this is my philosophy - none of us is going to be here long enough to worry about it."
(A561-571)**

(vi) *Questionnaire Changes*

The interview findings are corroborated by Alan's responses to the two questionnaires, the Fear Check List and the Personal Attitude Questionnaire.

According to the Fear Check List, the abolition of his fear of death was accompanied by a reduction in a number of other fears. On this check-list, there was a strong decrease in fear on four items, a slight decrease in fear in three items. On no items was there a strong increase in fear. The four items in which there was a strong decrease in fear were: fear of angry people, enclosed spaces, feelings of being rejected by others and failure.

The changes in Alan's relationships reported in interview were reflected in his responses to the Personal Attitude Questionnaire. On this five -point questionnaire he shifted three points on each of three items relating to open communication:

viz.: "I communicate openly with my partner".
"I try to communicate openly with my children."
"I communicate honestly and frankly."

i.e. from 'sometimes' to 'always' in each case.

On this same questionnaire, he reports a two-point increase in personal well-being since his cardiac arrest, and a similar increase in his religious beliefs. He reported a three-point increase in his appreciation of the beauty of nature and of the meaning and purpose of life, and in feeling that he has something valuable to teach others about life.

In the remaining of this chapter, a number of pertinent issues arising out of the material presented in Alan's interview are considered in the light of the literature.

4.2 DISCUSSION OF INTERVIEW

4.2.1 Opening Remarks

At the beginning of our encounter, while I was introducing the interview, Alan made the following announcement, which formed the 'headlines' for our meeting.

"... there's nothing to be afraid of in death, whatsoever"

and

"... I didn't see no flashing lights or nothing."

I should like to address these two points in turn.

(i) ***Elimination of Alan's fear of death.***

As we saw earlier, prior to his cardiac arrest, Alan had been afraid of dying. However, on the evening of his heart attack, though he knew there was "something drastically wrong" and that he might be dying, he was not afraid:

"I was relaxed, even when I got in the ambulance.... I can honestly say it was like a sleep.... it was a restful experience.... it was very, very, very restful.there is absolutely nothing to be frightened of in death, whatsoever.... no worries whatsoever. Well, I can put it truthfully, it was a nice experience. (A185ff).

Alan's reaction of wanting to spread the news that "there is nothing to be afraid of in death" echoes that of the terminal cancer patient quoted by Schmitt (1976):

"If I could tell you, you would not fear death like you do. You would tell others that it's really all right to die". (p.126)

Alan's response is very much in line with the near-death experience literature. For example, almost all of Moody's (1975) one hundred and fifty patients lost their fear of death and Sabom (1982) found that the most common result among his one hundred and six patients who had suffered a "near fatal crisis with loss of consciousness" was that their death anxiety was "reduced, if not totally eliminated" by the experience.

The explanation for Alan's dramatic change concerning fear of death appears to be his conviction that he "died" during his periods of

cardiac arrest. Consequently he "knows" that there is no reason to be afraid of death.

While Alan's experience in terms of elimination of his fear of death is a common finding in the NDE literature, one gains the impression from reading this literature that such a change is to be expected only if the subject has undergone a near-death experience.

This raises the question of whether or not Alan experienced an NDE.

(ii) *NDE?*

Alan said that he'd read a newspaper article about near death experiences and, because he had not experienced any of the more dramatic aspects of such an experience, he assumed that he had not had an NDE.

The evidence of the interview is that Alan experienced the first stage of an NDE, as delineated by Ring (1980), and he experienced also a sense of darkness, but without movement. This gives him a score of seven on Ring's Weighted Core Experience Index (WCEI) and puts him just into the group of 'core experiencers'.

A common finding in the NDE literature is that the degree of post-NDE change in attitudes and behaviour is a function of the depth of the near-death experience (Ring, 1980, 1984; Sabom, 1982; Grey 1985). Alan concurs with this view implicitly when, asked whether his religious beliefs had changed as a result of his experience, he replies that mentally his beliefs are a little bit stronger, and suggests that a more significant change would have depended on a fuller near-death experience. Asked specifically as to whether his religious beliefs about death had changed since his cardiac arrest, he said:

"I don't know. As I say, I never experienced seeing anything. If, maybe, like other people, I would 'ave been floating above me own body, or I would have seen a tunnel, or I would have heard voices. Maybe

then - I would have said dead strongly then: "Yeah, there *is* something there!" (B30ff)

Sabom (op.cit), sixty-seven of whose patients had suffered a cardiac arrest, found that three inter-related factors distinguished those who had from those who had not experience an NDE. These were:

- (1) that the crisis tended to occur in hospital
- (2) that the patient had commonly been unconscious for more than one minute.
and
- (3) that commonly a resuscitation procedure had been used

Alan satisfied two, if not all three, of these criteria.

It is interesting to note that, in Alan's case, major changes in attitude and behaviour have followed on a relatively less profound NDE. ^c

4.2.2 Organic Memory Impairment?

The question posed when Alan was referred to the Clinical Psychology Department as a psychiatric in-patient was: is he suffering from organic memory impairment? As organic impairment is one possible explanation of some of the experiences and changes reported by Alan, the evidence on that question is reviewed and discussed.

In the research interview, Alan said that when he recovered consciousness in the General Hospital, he was aware of memory difficulties:

"I remember coming round. But I also remember talking a lot of rubbish - being straight with you like. I was trying to have sensible conversations with people

^c Stevenson and Greyson (1980) in their retrospective study of seventy-eight reports of NDEs found that subsequent changes in attitudes were more frequent among those respondents who believed during their experience that they were dying and among those reported a panoramic memory experience. The evidence suggests that Alan did not have a panoramic memory experience, although he did think he was dying.

who were coming to visit me, like - how can I explain it? - I say: 'Oh, and what about - say I had a mate called Fred - 'what about ____' and I'd think: 'What's his name?' I couldn't recall how it was. Just complete loss of memory." (A145ff)

This went on for about two weeks. Even at the time of the interview (five months after his cardiac arrest) he still complained of difficulty in recalling familiar names. Though, if he stopped trying to think of the name, it came back to him spontaneously.

As we saw earlier, the psychiatrist who admitted Alan to the local psychiatric hospital found his memory to be "very poor", though the clinical psychologist (who saw Alan for a cognitive assessment between three and six weeks after his cardiac arrest) found no evidence of organic memory impairment. Such a performance deficit as there was on memory tests was attributable to anxiety, which was very great when Alan realised that he had made an error. Alan himself reported that his memory was "improving all the time" during this period. He reported that he had become very anxious when he realised that he couldn't do the mental arithmetic problems which the psychiatrist gave him.

Presumably, Alan suffered cerebral anoxia at the time of his cardiac arrest (Sabom,op.cit.). But, currently, there is no evidence of long-term memory impairment. There is, however, considerable evidence of anxiety and disorientation during the period from his recovery of consciousness to the first few days after his admission to the psychiatric hospital, and it is to this issue we turn next.

4.2.3 Disorientation and Re-Integration.

The nineteenth century German philosopher Feuerbach believed that the shock of acute awareness of death is *in itself* enough to produce a healing catharsis which leads to peace of mind and reconciliation with death. And, indeed, the casual reader of the contemporary near-death literature can be left with the impression

that near-death crises are followed immediately by positive change in attitudes and behaviour.

On the other hand, Roberts and Owen (1988) in their valuable review report that emotional problems are common following survival after having been near to death.

In the current study a number of subjects went through a period of emotional disturbance immediately following their near fatal crisis, and this includes some of those who made the most positive long term response. Chloë (S3) experienced various psychiatric symptoms (phobias, depression, sleeping and eating difficulties) following her unexpected reprieve from death. Helen (S8) went through a period of fearing that she was psychotic and both James (S10)^d and Alan (S1), the subject under current consideration, were detained in a mental hospital.^e

Sabom (op.cit.) stresses the fact that his subjects required time to incorporate the significance of their experience into their life and belief structure. This was clearly the case with Alan, who underwent a painful period of disorientation, which was characterised by confusion, anxiety and anger, before he was able to review his attitudes in the light of his experience of 'dying'.

As described above, Alan discharged himself from the general hospital against medical advice; when he arrived home he failed to recognise two suits hanging in the wardrobe as his, and he accused his wife of taking a lover. He was sufficiently aggressive and confused to warrant detention in a psychiatric hospital under a twenty-eight day observation order.

He described these events as follows:

^d James' experience is described in an addendum to Chapter 5.

^e Brian (S2) was receiving psychotherapy as a psychiatric outpatient at the time of his interview, but the connection between his emotional disturbance and the events he described in the research interview is not clear.

"And I even recall signing myself out of hospital - which was a silly thing, because I didn't really know what I was doing. And yet I realised what I'd done, but this was at a later date. I thought: 'You fool', because they ended up signing me in here.*

.... But when I went home I was accusing her (his wife) of all sorts, because I'd seen two suits hanging up in the bedroom and I'd forgotten - literally, completely forgotten - that I'd bought those suits, they were mine. And I was blaming her for having someone else while I was in hospital. I wanted to get rid of all my feelings, kind of thing. I suppose that was the way of putting it. Consequently, with all the trouble at home I had that day, with signing myself out, they put me in here. *
(A130ff)

*** psychiatric hospital.**

Fortunately, Alan's two weeks in the admission ward of the psychiatric hospital proved to be just what he required. There were staff on hand to listen to him and give him the support and reassurance he needed. And he had a period of asylum, away from the pressures of his everyday life, which he was able to use to begin to integrate his experience of "dying" into his perception of himself and of the world.

Also, it was a period in which he was able to find reconciliation with his wife and children, and to begin to find again his place in his family. Of his experience in the psychiatric hospital, Alan said:

ALAN: "This place learned me a lot - I think it did, yeah."

N.H.: "What did you get out of that?"

ALAN: "I was quite surprised that some of the - well, the *male* nurses, even, had time to talk to you and they did have the time to get into your discussions proper.... But it did learn me a lot here, especially when I look round and see that there was a lot worse than me.... a lot worse than me. I'd rather have a heart attack than be a mental patient. Although I'm

not frightened of being a mental patient, because I know that in a society today they are looked after... The days of being locked up and locked away are gone....". (B605ff)

Dlin (1980) emphasises the need for therapeutic involvement in the case of patients who have suffered cardiac arrest. It seems possible that the availability of sensitive counselling during the critical period following a near-death crisis could maximise the likelihood of a positive outcome.

4.2.4 Contrasting Responses to Alan's Two Near-Death Crises.

As we saw earlier in the chapter, when Alan was a young man he suffered a near-death crisis with loss of consciousness, following a street fight in which he was stabbed in the neck. Although this crisis was similar in many ways to that of his cardiac arrest, there is no evidence that he suffered the sort of disorientation and confusion described in the previous section. Nor did he experience any subsequent positive changes in attitude and behaviour. On the contrary, his defensive attitude hardened:

N.H.: "The yer being knifed, your being near to death when you were a kid, that didn't affect your attitude?"

ALAN: "No, no. It made me worse actually, yer know. Because I was always on a defensive attitude then, to life." (B500)

Why should Alan's reaction to his two apparently similar near-death crises be so different? It is illuminating to view this question in terms of psychodynamic theories of adult developmental psychology. For example, Jacques, in his seminal paper, to which I referred earlier, describes the challenges of the mid-life crisis, which he places in the second half of the fourth decade. This is the transitional phase between early adulthood and maturity (1976, op.cit.). However, both clinical and personal experience suggests that this is not a hard and

fast rule. The crisis may come to a head earlier or later and may go on throughout the fifth decade.

Jacques describes late adolescence and early adulthood as a period characterised by idealism and optimism, which are maintained by unconscious denial and manic defences. These latter are seen as normal defensive processes which keep out of awareness the inevitability of eventual death and the existence of hatred and destructive forces within each individual.

In our interview, Alan describes the sense of personal invulnerability which pervaded his teenage and early adult years, and which seems to have persisted up to his cardiac arrest. He describes himself as being afraid of death and yet, in life-threatening situations, somehow the possibility of dying seemed not to occur to him.

For example, when at the age of fourteen, he jumped into the sea to save two children from drowning, he told me "the thought of death never entered me mind."

This sense of personal invulnerability appears not to have been shaken by the near-death crisis when he was stabbed a few years later:

"I wasn't frightened of nothing.... you don't actually think you are going to die.... I didn't think it was going to happen to me. When I got stabbed, I didn't think it was going to happen to me." (B530ff)

So, Alan's sense of invulnerability survived intact, there was no apprehension of death as a personal matter, no integrating of such an awareness and no positive attitudinal or behavioural change.

The mid-life crisis occurs when certain inevitable facts of life begin on one: one's parents are getting old or (as in Alan's case) are already dead; one's children are growing up; one's physical prowess and sexual attractiveness are declining; one or two of one's contemporaries may have died already. Time is running out. One

has stopped growing up and has started to grow old. To paraphrase Jung: at the zenith of life's day, death is born in the psyche. ^f

Jacques maintains that, in order to weather the mid-life passage successfully and to come through to a healthy maturity, it is necessary to recognise explicitly, and to bring into focus, the two fundamental facts of life referred to earlier: the inevitability of one's own personal death and the existence of hatred and destructive impulses within ourselves.

"... it is this fact of the entry upon the psychological scene of the reality and inevitability of one's own eventual personal death that is the central and crucial feature of the mid-life stage. Death... instead of being a general conception, or an event experienced in terms of the loss of someone else, becomes a personal matter". (Jacques, op.cit.p.48)

Under favourable circumstances:

"... the last half of life can be lived with conscious knowledge of eventual death and acceptance of this knowledge as an integral part of living..." (ibid.p.61)

One way of understanding Alan's experience is that his cardiac arrest precipitated a belated mid-life crisis, and that he has since come through to at least a partial resolution of the conflicts presented by the mid-life stage.

He has certainly accepted his mortality and integrated this knowledge into his life. He has also come to acknowledge, at least retrospectively, his hatred and his destructive impulses.

Alan implicitly recognises that one's age is an important factor in recognising the fact of one's mortality, as the following two extracts illustrate:

^f The actual wording in the passage from Jung is:
"From the middle of life onwards, only he remains vitally alive who is ready to die within life. For in the secret hour of life's mid-day, the parabola is reached, death is born". (1959,p.6.)

"But when you are in your teens, you never think that you are going to die. You don't think you are gonna die. But as you be getting closer to it and accept it"(B548, emphasis mine)

and

"But, as I say, you don't actually think that you are going to die. It's only when you get to my age now - I'm only forty-seven, I know - but I'm realistic now towards death." (B530ff, emphasis mine).

Now, looking back after his cardiac arrest, Alan is able to see his previous denial of his mortality and what he calls his 'attitude of hate ' towards life. This hate manifested itself in violent retaliation to provocation:

"Yer know, if someone was to shout and bawl at me in a pub years ago - well not years ago, but - I used to jump up and say 'Eh, I'm still not old enough that I won't smack you in the nose.' But now I just turn round and say: 'What's up with you? Calm down a bit, like. What are you trying to prove if you lay on me?' - I talk 'em out of it now. But I didn't have the sense in the past to talk people out of it. I wanted to prove all the time, that I was better than them on a violence basis. But now that's gone. It's gone through the window." (B540ff)

As we saw earlier (p.11), the same transformation has taken place in relation to his business partner, Frank. The consequence is that Alan's change of attitude has rubbed off on others, including Frank, and both their relationship and their business are improving.

Alan sums up the change:

"I've cooled off tremendously to what I used to be, you know." (B525)

The insecurity and anger - which Alan links now to his adoption and the desertion of his adoptive father - manifested itself also in competitive drinking. There was a self-destructive element in Alan's drinking, as well as in his physical aggression. Now, he has modified

his drinking pattern considerably; perhaps in doing so he is recognising the destructive aspect of his need to prove himself continually by out-drinking his mates. Today, as we saw above, he drinks socially - and with more genuine enjoyment - a few pints of mild on a Friday evening over a game of dominoes. Previously, he was out drinking with his mates seven nights a week:

"I go out Friday night for a game of dominoes. I *do* have a couple of pints but not bitter, lager, or anything like that. I've changed me drink, I've even gone on to mild, and I quite enjoy it, as a social drink, I mean, as a social evening. Not drinking like I used to for the sake of drinking, just to more or less say: 'I can drink *more* than you.' Because that's how it got, like It only used to take one of us to turn round and say: 'I don't want a pint this time, I'll have a whisky' - and before you knew it, you were on doubles. And, before you knew it, there were bottles going out. I used to drink heavy. But I don't drink like that any more."
(A525ff)

According to Jacques, a further feature of a successful weathering of the mid-life crisis is that early adult optimism is transformed into what he refers to as a 'quality of earthly resignation' (op.cit.p49).

This same movement from the high aspirations and sense of personal invulnerability characteristic of early adulthood to a more mature resignation is to be found in the interview with Alan. For example, at one point he says:

"I don't want much out of life now. Whereas we all do in youth, I think. You want a Porsche or a Rolls Royce - we all want to achieve a goal of having loads of cash" (B210)

4.2.5 Death Awareness

As was noted in the literature review, a number of possible mediating factors have been postulated to account for the

phenomenon of positive change in attitudes and behaviour following a near-death crisis. These include:

- 1) believing, during the crisis, that one is dying.
- 2) experiencing panoramic memory during the LTE.
- 3) having a near-death experience, as defined by Moody (1975) and Ring (1980).
- 4) becoming aware of one's own personal mortality, and integrating that awareness into one's life.

In the case of Alan, it is suggested that the fourth of these variables is the crucial one. He does not report a panoramic memory experience. Alan *has* reviewed his life, but that was *after* the near-death crisis and in the light of his new awareness. (see below).

Although Alan did have a near-death experience, it was not a deep one as defined by Ring's WCEI, yet Alan reports changes in attitude and behaviour which have profound and far-reaching implications. Certainly, he believed that he was dying, but it was not this fact per se which was crucial, but his acceptance of his mortality and the integration of that acceptance into his way of perceiving himself and the world.

In the near-death literature, Noyes (1980) and Sabom (1982) are two authors who recognise the importance of this fourth variable.

For example, Sabom writes:

"When new attitudes regarding death.... were integrated into the lives of individuals, a new fervour for day-to-day living was apparent.... an intuitive acceptance of both life and death were seen to emerge." (op,cit p.126)

Both these points are amply illustrated in Alan's material, as will become clear in the discussion which follows:

First, that Alan has now come to accept his mortality ^g and has integrated this awareness of death into his life is exemplified in a number of ways in the interview. He speaks of his life expectancy being short - often in terms of five or six years, e.g.:

"Even if I only have five or six years of my accomplishment, my goal in life has been achieved."
(B153).

More dramatically, as we have seen, he says that he is ready to relinquish his life today:

"If someone said to me today ('You are dying at four o'clock') I could just say 'Oh OK'. Because I'd know now what I am going into." (A105)

Alan has accepted death as a natural aspect of the cycle of life:

"We are all born and we all die, whether we like it or not." (B65) ^h

Not only has Alan accepted his own mortality, but he also recognises the link between this integration of his death awareness and his attitudinal and behavioural changes. For example, when he is describing his new attitude to bills which he is unable to pay (previously a source of great anxiety to him) he says:

".... None of us is going to be on this world.... is going to be here long enough to worry about it." (A565)

Part of the process of integrating his awareness of his mortality has been Alan's review of his life following his cardiac arrest, which as we saw above, he describes in the following poignant terms:

^g Alan has accepted all three of the points which the Buddhists emphasise in relation to death awareness: the inevitability of death, the shortness and fragility of life and the uncertainty as to the time of death.

^h This sentiment echoes that of the North American poet and writer Jesse Stuart, who also experienced a life-threatening heart attack: "If I die this year, I shall be doing a natural thing." Stuart (1956) p. 25.

"I've done nothing with my life, really. I've never achieved nothing.... It seems silly. What a waste! Now I'm going to start doing it." (B248-253)

So now he is planning to extend his horizons and to live more fully. This includes: clarifying his life-goals and planning to fulfil them in the immediate, rather than the distant, future; changing his priorities; enjoying life as fully as possible, in full awareness that doing so may shorten his life; and being more open and compassionate towards others.

As we have seen in extracts which have been quoted earlier, it was Alan's awareness of his mortality which led him to formulate a goal for his life and to work for its achievement in the near future:

(e.g. "So I'd like to - now that I've had a heart attack - push everything forward, instead of working till I get retirement and things like that, and just achieve a goal - if I can do that in twelve months, I will do...." B170ff).

Similarly, Alan illustrates that his changed priorities result from his new awareness of the transitory nature of life when he is describing how his forthcoming trip to Paris will differ from the visit which he made last year:

("I think it was with dying's made me realise: ' Well, that's not the goal of Paris...." B238, emphasis mine).

And, as we saw earlier, Alan's determination to enjoy life to the full is also a working out of his new awareness of death.

Finally, dramatic changes in the realm of personal relationships were described above in which Alan's earlier defensive, closed, self-absorbed stance towards the world has given way to a much more open, compassionate attitude and he now has concern for all creatures.ⁱ It is evident that this change also has been mediated by the integration of his death awareness, as the following extracts illustrate:

ⁱ May (1970) argues that death awareness "gives us an intensified openness to love" (p.99)

"I didn't care about people then.... But I accept things that do happen in life, now, yer know. It's made me wake up a bit and it's - well, my philosophy to life now is: 'It's nice to *be* nice.'" (B535ff)

and

'I'm concerned about life in general, about everybody in life. Because we're not here long enough. No-one's here long enough.'" (B545-547)

4.2.6 Changes in Religious Belief

Alan reports only a modest strengthening of his religious belief following his cardiac arrest. This is of interest in view of the fact that Noyes (1982-3) likens the NDE to a process of religious conversion and Ring (1984) sees the NDE essentially as a spiritual awakening. Alan himself suggests that the reason for the lack of a major change in his religious beliefs is that he had not had a deep near-death experience.

On the other hand, Alan's experience has certainly provoked in him existential questioning. For example, he is open now to the possibility of re-incarnation. This is in line with the findings of Ring (1984), as is the fact that Alan has a strong religious sense, but no denominational allegiance. A second example of his new thoughtfulness about religious questions is that now he wonders whether there is a larger purpose behind his survival following his cardiac arrest:

N.H.:"Has it affected your sense of meaning of life or sense of purpose or anything like that?"

ALAN: "Yeah.... I often stop thinking like, well, with being *slightly* religious.... I do believe in God in me own way. And I think, like, well, 'has He put me back here to do something?' I have thought of it that way you know. 'Am I back on this Earth.... is it to enjoy myself, or am I here for a purpose?'" (A435-440)

The PAQ results support this point in that Alan moved three points in a positive direction in response to the statement:

'My life has meaning and purpose'.

4.2.7 Questionnaire Changes

It is noteworthy that the elimination of Alan's fear of death should be accompanied by a reduction in other fears. However, if one accepts the view of those authors (eg. Klein, 1948; Feifel, 1959; Meyer, 1975; and Yalom, 1980) who argue that the fear of death is at the root of other fears, this finding is what one would expect. j

In view of the fact that Alan has come to recognise, since his cardiac arrest, his previous attitude of hate towards the world and has brought his anger under control, it is interesting to see that among the fears which have been reduced (according to the FCL results) is that of fear of angry people. Again, this would be anticipated if one takes a Kleinian view and says that Alan has re-introjected his split off and projected anger and hatred.

Another fear which decreased by two points according to Alan's FCL scores was that of failure. It is recognised in the literature (e.g. Noyes, 1980) that acceptance of mortality is sometimes accompanied by an increase in risk-taking. As one of Noyes' subjects put the matter:

"It (surviving a near-fatal accident) affected my attitude to people.... if I am not afraid to die, neither am I afraid to live, that is to approach people, be friendly and so forth. *It has enabled me to try*

j for example:

"Anxiety has its origin in the fear of death. Other anxieties can be shown to represent developmental quasi-phase specific manifestations of the fear of death." (Meyer 1975, p.4)

Meyer goes on to point out, among other things, that some forms of neurosis show, at the point they become manifest, a massive fear of death, with change to circumscribed fears as the neurosis develops (ibid.p.7). He also quotes a study by Loesser and Bry (1960) who report that a first phobic attack, analysed carefully, is invariably characterised by the break through of death anxiety.

anything I wanted to try, knowing the worst I could do was to fail." (p 238, emphasis mine).

A final point from the PAQ which deserves emphasis is that Alan recognises an *increase* in his sense of well-being following his cardiac arrest. This again, is something noted in the literature (e.g. Yalom, 1980 p.37). In Alan's case, he has lost his sense of invulnerability, he knows that his body will let him down - probably sooner rather than later - and yet his sense of personal well-being is enhanced. Knowing, and coming to accept, his mortality gives him a sense of urgency, leads him to re-order his priorities and gives life greater poignancy. His narrow, self-centred 'attitude of hate' has, in Alan's phrase: 'gone through the window.' This is the qualitative shift which Heidegger describes from 'forgetfulness of being' to 'mindfulness of being'. (see Chapter Two, p.13)

4.2.8 Changes Following Integration of Death Awareness Compared to Psychotherapeutic Change.

A number of authors have commented on the striking resemblance between changes reported by subjects who have been able to integrate their awareness of their mortality and the favourable changes which may take place during a course of psychotherapy (e.g. Yalom, 1980; Raft and Andresen, 1986).

If we examine the changes reported by Alan - elimination of his fear of death, reduction in other interpersonal fears; improved relationships with his wife, children and grandchildren and business partner; greatly improved control of aggression, change in his self-destructive drinking behaviour; life review leading to goal-setting in the immediate future; a new interest in exploring the world and a greater concern for all creatures - one can see immediately that they compare favourably with what one might hope for in a very successful (and lengthy) course of psychotherapy. Moreover, these changes have taken place over months rather than years and seem to emanate largely from the single experience of his cardiac arrest.

Such parallels prompt reflection on the nature of therapeutic change (and resistance to change). Roberts and Owen (1988) suggest that if the occurrence of changes following a brush with death such as those reported by Alan, were to be substantiated by prospective longitudinal studies, then this type of experience might provide an important model of therapeutic change.

And Yalom (1980), drawing on such evidence, exhorts psychotherapists to analyse death anxiety in their patients' material and to utilise reminders of our existential situation (e.g. such changes in the patient's life as separation, divorce, redundancy and retirement, as well as milestones such as significant birthdays) as a powerful means of fostering therapeutic change.

In the chapter which follows, the main points from the interviews with the other subjects in the study are presented. In Chapter Six, this material is used to throw further light on some of the matters raised in the discussion of Alan's interview; also, fresh issues - relevant to our theme, but not yet covered - will be examined.

CHAPTER FIVE

OTHER SUBJECTS

Interviews

5.1 BRIAN ^a (S2)

5.1.1 Personal Details

Brian is a forty-two year old History graduate who is working currently as a self-employed educational project director. He describes himself as a "lifelong practising Anglican". He is divorced and living with his new partner. From being a teenager, he has taken part in high-risk sporting activities. He has raced motor-cycles up to international standard.

5.1.2 Circumstances of LTE.

Brian began by describing two motor-cycle accidents which occurred in 1978 and 1979 respectively:

- (a) The first incident took place in a long-distance motor-cycle race which he described as being "much like a car rally". Brian was riding through a forestry section. It was a December afternoon and sleet was falling. The combination of sleet and a fine mud-spray was occluding his goggles. He was passing a clubman when he went off the track, out of control. The bike hit him in mid-air and he landed in a stream with the bike on top of him. He was semi-conscious and very cold; he was in shock and suffering from a pain in his back. The sleet was building up and darkness was falling. He said that he knew that unless he was able to get the bike off him before he lost consciousness and ride out, he would

^a Brian came into this project via a consultant psychiatrist colleague who is Brian's psychotherapist. Brian's diagnosis is borderline personality disorder. My colleague told me that Brian had come close to death a couple of times whilst he was motor-cycle racing. In our interview, Brian told me about those incidents, but said that these were nothing compared to an experience following his divorce, when Brian appears to have been in a regressive state. He said that he was "within microns" of death and describes what appears to be a negative near-death experience.

There is no objective evidence that Brian was close to physical death at that time, but I have included this part of the interview for the sake of completeness and because it is of interest to compare Brian's experience with those of the other research subjects.

die of exposure before anyone found him. In the event, he did manage to get the bike off him and ride to safety.

- (b) The second incident was at a Charity Event on a grass track. He had already won three races and was on his way to winning a fourth when he collided with a young rider who came onto the track "from nowhere" at ninety degrees to the racing line. Brian was committed to the racing line and "went into a slide at fifty-five mile per hour", unable to avoid the crash. A handle bar punctured Brian's lung, three or four ribs were broken, and he lost consciousness. When he came round he was in an ambulance and being rushed into Casualty. He was in great pain; he couldn't breathe and - according to what his wife told him later - he said, "I'm going to die - I can't breathe". (In fact he thinks he owes his survival to the fact that he was wearing "a lot of body armour"). It transpired that his lung was collapsed and needed to be drained and operated on. Brian was in hospital for four days.

Brian still has a period of amnesia surrounding this latter accident, and following the incident, suffered "very bad nightmares of drowning".

At this point Brian went on to discuss his experience in 1985 following "a very traumatic" divorce. He said he found divorce far more frightening and 'life-threatening' than the two events described above.

- (c) Brian said that he went through "a very, very bad period" following his divorce. For example, he was afraid to leave his house and if he did so, he had to return thinking it was on fire. Brian put it vividly: "I was gradually wearing out. Bits were dropping off me". He compared himself to a city that was suffering continual aerial bombardment in which, one after another, all the systems were being put out of action. Once, he told me, he was found at the school where he was working "rolled up in a corner, sucking (his) thumb, unconscious". He "couldn't go for more than about an hour without bursting into tears". He

felt unable to write, to think or to work on his bike. He was eating very little and he was constipated.

One night, he said, he "collapsed into a semi-coma. I was gradually drifting away". Brian was reminded of the accident in 1978 in which he was lying semi-conscious in the stream with the bike on top of him:

"The picture I remember was of a black velvet landscape in which there were pinpricks of light. I was flying over the landscape. As I flew over the landscape, these pinpricks got less and less and less. This was a three-D blackness.... an archetypal black. Out of the blackness I saw a cliff. I flew up and down the cliff. And I knew that if I went over the cliff I was about dead. I knew that very, very clearly. I would cease to have flight and I would fall.... into nothingness.

Somewhere from a long, long way away, from an infinite distance within me, something came out and something turned me back and made me fly back over the landscape. It was some life force - I don't know, drive, soul...".

"I had been semi-conscious. I went fully unconscious. When I woke up I was in a worse physical state than I have ever been racing. I was soaking wet and smelling dreadful.... utter exhaustion.... just nothing left.... I couldn't move. My mouth was dry, my eyes ached.... somehow, whatever is within me dragged it back. It was a near-run thing. *That* was terrifying because I couldn't do anything about it. The pain was inside.... self-generated. It cascaded out".

Brian commented:

"There is nothing so certain in my life but that I was within a hair's breadth of dying.... literally everything collapsed.... What got me back was nothing to do with me; it was something within me. It was terrifying beyond words. I can't talk about it easily.... I'm too frightened to write it down...".

5.1.3. Changes Reported in Interview

(i) *Fear/Awareness of Death*

Brian told me that he first became aware of death with the death of his Grandad when he was seven or eight. Everyone was upset, and he wondered why. He felt confused.

In his 'teens he got into difficulties twice in the sea; once swimming through an underwater tunnel which had been blocked by sand and the other time when he was rising too quickly after a dive. In each instance he had to think and act very quickly in order to survive. He acted calmly in both instances and feels that these incidents had "no effect whatsoever" on his fear or awareness of death.

As a motor-cycle racer, Brian said that he never believed that he was going to die. "No-one believes they are going to crash". Indeed, he maintained that a sense of personal invulnerability is *necessary* in order to race bikes. "Accidents may happen to others, but never to you".

Surviving the 1978 accident actually increased his sense of confidence:

"When you've been out on the ragged edge, you know within yourself that there is the ability to pull it back".

However, Brian explained that he was shaken by his 1979 accident because there was "no gap between the accident and hitting deck" - i.e. he had no chance to come to terms with what was happening.

Two or three years later his friend and fellow racer was killed by a drunken driver in a road accident. The driver was too drunk to stop after the collision and the victim was dragged under the car for one hundred and fifty yards. Brian was very upset by this incident. He felt hatred toward the driver and a "tremendous sense of sadness and injustice in the world".

However, it was the 1985 incident following his divorce which led to a dramatic increase in Brian's (conscious) fear of death. He had never thought about dying, prior to that. His defence of denial and his sense of invulnerability were shattered by this experience.

He felt helpless; the whole situation felt out of his control. He did not feel as if his survival or otherwise was in his hands.

"In bike racing, you don't expect to die, and you also feel that you are in control of your destiny.... but this other experience just went away. I was not in control".

The result of this defensive breakdown was that he was confronted in a naked way by his terror of death.

(ii) *Attitudinal Changes*

Brian believed that getting into life-threatening situations, as in his 1978 motor-cycle accident, is "very good training for life generally". Being in a situation in which you have to act quickly to save your life, with no-one to help, puts life into perspective. He feels that he has learned a tremendous calmness in physically dangerous situations.

On the positive side, he feels that the experience in 1985 has

"given (him) a whole new view on life. Whatever happens, you've got to be grateful for being here".

He expressed his heightened appreciation of the preciousness of life:

"You go out into the forest and you see the blue sky and the trees and you feel: 'I am a very lucky man to be here'".

Since 1985 he has enjoyed his life a lot more, and he feels a lot calmer. Brian says that he is less concerned with material possessions and he feels he is more tolerant.

On the other hand, his experience has taken its toll on him. He feels that a part of him has been killed:

"I am not as complete a person as I was, There is a gap within me. To come back from it took so much effort; it consumed permanently a part of me. It ate something up within me. I feel weakened as a result of it".

Along with this heightened fear of death, his fear about his health has increased.

(iii) *Relationships*

Brian feels that since his experience in 1985, he can no longer love like he loved his ex-wife:

"Part of my ability to love has been cauterised".

Moreover, he now hates rowing (with his current partner). He feels he can't handle that.

(iv) *Religion*

Brian reported that his religious beliefs about death were not changed by his experiences. Although he described himself as "a practising Anglican", when I asked him how he made sense of his experience he turned not to Christianity, but to Scandinavian mythology.

He spoke of:

"the three fates spinning your life thread. You are given a package (of personal traits), and you can manifest that package in various ways. For example, I could have raced cars (v. motor bikes) or been a pilot - but the basic package is what you get".

"Part of my life fate is to go through these experiences - and equally to come out of them. That's part of my life fate".

(v) *Questionnaire Changes*

In general there was little change recorded by Brian for either questionnaire.

On the PAQ there were only two items in which there was a shift of two points:

There was a positive shift (from 'sometimes' to 'very often') on item number three. "I have a sense of personal freedom". Conversely on item number fifteen "I believe my life has meaning and purpose", there was a negative shift (from 'very often' to 'sometimes').

On the Fear Check List, one shift of three points was recorded and one of two points:

There was a two-point shift in a positive direction (from 'very fearful' to 'a bit fearful') on item number five: 'feeling rejected by others'. There was a three-point shift in a negative direction (from 'no fear' to 'very fearful' on item number eight: 'being alone').

5.2 CHLOE (S3)

5.2.1 Personal Details

At the time of interview Chloë was thirty-four years old. She had just completed her post-graduate training as a clinical psychologist, and she had recently married. She is (West) German and had been living in England for five years.

5.2.2 Circumstances Surrounding LTE

In August 1981 whilst Chloë was travelling in Kenya with a male companion she began experiencing bouts of fever which would disappear again. Although they were near the mangrove swamps which serve as the breeding ground for malarial mosquitoes, at first she did not realise that she was suffering from malaria. The intervals between the attacks decreased. One day a high fever developed suddenly accompanied by dysentery, dizziness and weakness. She went to the local hospital where she was given ten quinine tablets and sent home.

The quinine had no effect. The fever rose, and Chloë found herself unable to move. She was forced to take to her bed. Chloë could hear her heart pounding so loudly that she felt it would explode. Breathing became so painful she felt that she was not getting enough air. She thought "this is it" - ie. that she was going to die.

Then came feelings of de-realisation: **"the world was slowly going away.... voices were echoing from far away"**.

She could see the man who was caring for her only as a silhouette. He too seemed far away, though she could feel his presence.

Next Chloë felt her head separating from her body. Her head "went up like a balloon", and she could no longer feel sensations from the

rest of her body. The world, including her body, seemed unreal. At this point Chloë felt resigned to death.

Her boyfriend went to some German tourists who were just leaving. They had a very powerful anti-malarial drug which they gave to him, with the instruction that she should take three tablets immediately. This she did, and within an hour her fever had gone. Apart from feeling totally exhausted she was physically back to normal. However, having resigned herself to death, she was presented with acute problems of adjustment at an emotional level.

She didn't want to walk about, and she completely lost her appetite. After her first exhausted sleep she suffered from insomnia. She was unable to surrender to sleep because "sleeping meant death". She experienced "an utter fear of darkness". She became depressed,

She felt: "I wish I were dead" and "what's the point of living?" She continued to be reckless with her life, (for example cycling in traffic in a dangerous way), and she suffered from free-floating anxiety.

5.2.3 Changes Reported in Interview

(i) *Fear/Awareness of Death.*

Chloë told me that until her LTE she had been "oblivious of death" - ie. of her own mortality. She took life for granted, as she demonstrated by such "reckless adventures" as her trip to East Africa.

She first encountered death at the age of six, when she found a blackbird frozen to death in the snow. She took it indoors and placed it on her mother's desk in the hope that her mother would make it alive again. She was "so sad" that her mother disappointed her that she cried. However, on subsequent occasions she was "sad alone", - i.e. she kept her feelings to herself.

A couple of years later, Chloë's Mum's best friend died in a car crash. This woman had been a surrogate mother to Chloë and her sister, as her mother was "too young to raise children". She had been "the firm one", and Chloë respected her a lot. The woman "just disappeared", and this was a great loss to Chloë. However, she (like her sister and father) swallowed her own grief in order to comfort Mum who "just disintegrated".

Chloë *did* feel able to grieve when her paternal grandmother died. Nevertheless, again she grieved alone in that she was the only member of the family who cried. Her father understood her tears, but felt unable to join in.

Since her LTE Chloë has been very aware of death. As she put it: her LTE "brought home very much (her) mortality". As reported above, it led to a rush of death anxiety which manifested in various more or less direct forms: insomnia, fear of the dark, free floating anxiety and phobias about travelling by tube or in lifts. She also became more afraid of suffering a painful death. She doesn't want to die in pain. She hopes that at least for the last hour or two before she loses consciousness, it might be as it was in her LTE. Still sometimes before she goes to sleep, she experiences "petrifying feelings of death". She thinks:

"when will it (the hour of her death) be? Hopefully not soon.... I want to get it over with..."

She said that she "envies the oblivious" - those who are unaware of their mortality.

Since her LTE there have been two further deaths which have had significance for Chloë:

Five years before our interview, an ex-boyfriend of Chloë's who was an alcoholic, died at the age of thirty-three. He fell downstairs whilst drunk, suffered brain damage and became comatose. He didn't regain consciousness before his death a few weeks later. Chloë "did

not feel so sad", as she was not in love with him. But she felt guilty that her departure may have been the trigger for what was in fact a suicide. She was also angry about the waste of a talented man who was a very attractive person.

The death of her father three years ago had a much greater impact on Chloë. This time Chloë and her family all had permission to grieve openly: "to cry out and express our feelings". Chloë feels that this helped her tremendously. She would listen to music for hours and cry, getting it out of her system.

The death of her father (and her successful, shared grieving) had two distinct results for Chloë:

- (1) she felt "I'm next" - i.e. that she is now in the front line, no longer protected from death by the generation before.
- (2) she felt the urge to create life by having a child: "It would be nice to create a life after me".

One fact which Chloë mentioned about her father's death was that although she went to the funeral parlour where her father's corpse was laid out, she was unable to look at it. She gave two reasons for this: she wanted to remember him as he was when he was alive, and also she is unable to look any corpse "in the eye". This is because of the collective guilt she feels as a German for the Holocaust. The films and photographs of concentration camp victims which Chloë saw as a child had a pervasive effect on her. She spoke of the dehumanisation and degradation of life in the camps where life was treated as a commodity and death was "total humiliation". She feels "utter resentment" to the generation that went before her in Germany who did that to the Jews. She is unable to forgive her parents' generation for what happened.

(ii & iii) *Attitudinal Changes and Relationships*

As referred to previously, after her LTE, Chloë "went through a lot of depression and anxiety". She describes her recovery as:

"putting all the disintegrated pieces slowly and gradually together".

However, when she emerged from this process she was aware of a number of significant attitudinal changes, especially in the realm of personal relationships. As these two areas are intimately related for Chloë, I propose to take them together:

Since her LTE, Chloë describes herself as experiencing more vitality. She has developed an attitude of living from day to day (one day at a time). She describes herself as being more adventurous and exploratory, especially in relationships.

In her view, before her LTE she was "a rather superficial person". Through her experience she feels that she has "gained some substance".

Now she has a greater sense of purpose in life and is more determined (e.g. in pursuing her work and her Masters Degree course). She describes her thinking as clearer and her concentration as more focused.

More specifically in the area of relationships, her LTE brought her to recognise her own mortality and that this is something which she shares with all humanity. Whereas previously she describes herself as having been "very egocentric", now she recognises that all people are of equal value with herself. Now, she feels an identity with others:

"Every person who is alive, whatever miserable life they have, I still feel always on their plane.... I *am* other people.... and other people are me".

Concomitantly, her compassion for others is increased. She cries easily now and is easily touched by the suffering of others. This applies in particular to her family. At the time of her LTE, Chloë was out of touch with her family. But since then she has become much closer to them. One aspect of this is that she worries much more about their health and welfare.

(iv) *Religion*

Chloë was not at all religious before her LTE. It was this experience which has started her on a religious quest. Over the years she has begun to reflect on the meaning of her LTE:

"Why should I survive? Should I still do something worthwhile? What's the plan? - I am seeking the meaning of it. Maybe (surviving) makes me special... The answer could be to create life.... The answer could be to help more people.... maybe the answer lies in compassion".

Chloë feels that it is important to talk about what death means:

"What can you do before (you die), so that you do not regret your life?

To Chloë, it is vital for her to ask the meaning of her life and to live according to that, to seek personal meaning, as opposed to following the crowd.

On the subject of death, Chloë believes that the body dies, but the soul continues separate from the body in a different dimension. She doesn't believe in a personal God. But she does believe in:

"something unexplainable, another dimension.... I think it might be eternity which determines this dimension".

(v) *Questionnaire Changes*

On the PAQ, Chloë recorded a change in a positive direction of two or more points on the five-point scale on four of the sixteen items:

She recorded a three-point change (from 'hardly ever' to 'very often') on one item viz., 10: 'I stand up for my own personal rights.'

There was a two-point change in a positive direction on three further items:

2. 'I appreciate the beauty of nature'
 6. 'I communicate honestly and frankly'
- and
16. 'Religious/spiritual beliefs have much significance for me.'

At the same time, she recorded a two-point change in a negative direction on two further items. These were:

5. 'I obtain much pleasure from life'
- and
8. 'I live in the present, rather than in the past or the future' (from 'very often' to 'sometimes' in either case).

On the Fear Check List, Chloë recorded an increase in fear of two or more points on six of the twenty-nine items. On one item she recorded an increase of four points, the maximum, from 'no fear' to 'terrified.' (viz., 'Darkness'); while on five items she recorded an increase of two points ('dead bodies', 'parting from friends', 'enclosed places', 'losing control' and 'becoming mentally ill').

And on four further items she recorded a decrease in fear of two points: ('being in charge', 'being alone', 'public speaking' and 'people in authority').

5.3 DAVID (S4)

5.3.1 Personal Details

David is a forty-three year old social worker, working in the field of mental health, who lives with his girl-friend. He is divorced and has a twelve year old son from his first marriage. For the last eight years, he has practised Buddhism in the Soto Zen tradition.

5.3.2 Circumstances of LTE

In July 1989 David was on holiday in Cornwall with his son and girl-friend. One day they went to a surfing beach where there were red warning flags for bathers on the beach. Nevertheless a number of people were in the water. David was aware that this was a "dangerous beach" with a strong tide, so he was careful to keep his son "on the edge" of the sea - i.e. in shallow water. However the boy seemed oblivious to the danger, and David was getting angry with him. As his son came out of the water, David was aware of two other lads going in deeper. Then he became aware of a woman shouting and pointing to her son who was a good way out. The woman was "hysterical" and David felt "really scared". He was aware of having to make a choice. The lifeguard was about half a mile away. David had some good swimming goggles; he went into the water and swam out to the boy. It was quite a way and the tide was coming in. When he got parallel with him, he couldn't see him at first, for the waves were four to five feet high. David saw that he was arguing with a girl; he was saying that he couldn't make it; he was crying and overwhelmed. David and the boy swam towards each other, and the girl swam off. David knew he couldn't take the boy in, so he spoke to him firmly: "we are going in". David instructed the boy to swim on his back sometimes so as not to tire himself out. David pulled the boy towards him and said "let's go", giving him a push.

As they swam in, David became aware of his own situation. He was tired and waves were crashing down on him, pushing him under. David said that his goggles - which let no water in - prevented him from feeling overwhelmed. He deliberately breathed very fast to get oxygen into his lungs. He felt exhausted, and the journey was a fight all the time. He felt that it wasn't right that he should die. He wanted to live. He felt scared. The waves were pushing him under every few minutes. Then he could see the shore. He noticed people standing around someone on the beach. He had swallowed water and felt absolutely exhausted. He shouted for help, which took a lot of energy. No-one heard him, but he suddenly felt the bottom, "so help came". The water was now chest high and with great effort he waded to shore. He wanted re-assurance. It took him a long time to catch his breath. Water came out of his nose. David told me:

"I felt I was fighting for my life.... I was about giving up.... the mind was there, but the body was exhausted. I was doing what I could. I heard later that a father had drowned trying to save his son on that very day further up the beach.... it could have been me who died".

He said that he was "in touch with despair" as he struggled into shore. He felt helpless, but also accepted the reality: "If it's supposed to happen (i.e. David's death), it will happen".

He imagined his son in a future without him, and "knew he would be O.K.". Likewise he realised his girl-friend would be O.K. He had water in his lungs and "had an idea what drowning would be". He felt angry that he had to struggle on his own. He wanted his parents to help him.



5.3.3 Attitudinal Change following LTE

(i) *Death Awareness/Fear of Death*

Prior to his LTE David had considered death to be "a bit apart", something that happens to others.

David's first experiences of death were the deaths of three of his grandparents, who died in a period of about four years, from when David was eight. First, was his maternal grandmother, who died "suddenly, while cleaning the step", apparently from a blood clot. David didn't see her in the coffin and he remembers "being inquisitive" and wanting to know how she had died. He can't recall the death of his maternal grandfather, but he remembers his father's mother dying of cancer when he was about twelve. He was sad about her death, because he "quite liked her".

Feelings were not talked about in David's family. Although his parents were also grieving, David's feelings were not recognised by his family, and he had to deal with his grief alone.

As a child, David knew that death was

"something that happened and you couldn't do anything about it".

It was something which happened to people who were old.

The first death which was really significant to David was that of his uncle who died in 1979, when David was thirty-two. This death upset David greatly; he was close to his uncle and said:

"I still really miss him".

David described his uncle as "like a second father" to him, or an older brother. David has kept a photo of this uncle and still visits his grave every few months. David added that the reality of death "came home to me a bit" with this loss. He's not got over it, even now.

The "saddest thing" for David was the death of his mother in December 1981. She'd had five heart attacks in two years: she was physically worn out. He went to visit her in hospital when she was dying and she greeted him in a disappointed voice: "Oh, it's you". David felt that she wished it was someone else who had come. She died the next morning.

Most recently, David's father died in February, 1988. He suffered an aortic haemorrhage while riding his bike, and died within twelve hours. David was able to spend some time with his father while he was dying, which David was very glad about; and by now he was a Buddhist practitioner and felt able to do something to help his father to make this transition:

"I told him what was happening.... I was preparing him for death. I said some Buddhist prayers".

David slept in the hospital and the staff called him when his father's blood pressure dropped dramatically. He died five minutes later.

"I closed his eyes. It was a profound experience, being so close to death.... I was so involved, watching it happen, watching his essence slip away, the spirit go out of him. It felt very good to be able to do something".

David referred to how painful he found the death of his father, "the last of my parents", as he put it. He "desperately wanted to avoid" sorting out his father's things. But there was no-one else to do it and the council insisted that his flat should be cleared within the month. David said that this enforced task was good for him: "it got rid of a lot of pain".

As a result of his father's death, David said that he "slowed down a bit. I began to understand what death is about". One of the things that he realised is that we die as we have lived.

(ii) *Attitudinal Change*

David noted a number of attitudinal changes following his LTE:

He now takes much better care of himself: he values life a lot more - both his own and other peoples'. He is much more aware of possible dangers and protects himself, and is careful.

Related to what he calls "realising his own importance", is the realisation that he is responsible for himself. There is no-one else to take care of him:

"No-one's going to do it for me. I have to do it for myself. I am responsible.... for my own reality and my own meaning, and what I make of what happens is up to me. Its no use blaming people. Ultimately, I know that my existence is my creation".

Because he has thus taken responsibility for his own life, he has become freer and happier. As well as taking fuller responsibility for himself, he realises the limits of his responsibility (i.e. that other people are also ultimately responsible for themselves).

Other positive attitudinal changes which he acknowledges are that he's less afraid of death following his LTE; he has a greater sense of meaning and purpose in his life; he enjoys life more; he has greater compassion and can empathise more with other people; he is generally more tolerant and material possessions (which have never played a major part in his life) are now less important.

Under the heading of negative changes he included the fact that he now gets more irritable when he is put in danger (e.g. by another motorist) or when people ignore his warnings in a situation which he recognises as risky.

(iii) *Relationships*

The only specific references which David makes to changes in relationships since his LTE are that he is more able to empathise with others and he values the life of others (and himself) much more than he had done previously.

(iv) *Religion*

David described religion as a "very important" factor in his life. He doesn't know what happens at death, but he feels that he has a purpose. He describes this purpose as:

"to clean up my karma, my pattern. Becoming aware of possible traits and ways that I am.... and becoming responsible and developing an attitude or way of being which doesn't perpetuate my own problems and peoples' difficulties.... Developing an attitude of compassion - sympathy, charity, towards myself and others".

David feels that his LTE has had an impact on his religious belief. The effect has been that religion has become more important for him. Especially his spiritual practice has assumed greater importance in his life. He places increased store by **"regular meditation, taking time to read.... creating space to be still, quiet"**.

He added that Zen practice emphasises one's **"being in the world, how you live in the world"**. Also he now places greater importance on the Sangha, the spiritual community to which he belongs.

(v) *Questionnaire Changes*

David recorded very few changes on the questionnaires. In fact on the two five-point questionnaires there was a change of two points on only one item on the PAQ and two items on the Fear Check List.

On item 3 of the PAQ ("I feel I have something of value to teach others about life") David recorded a two-point shift, from 'sometime' to 'very often'.

On the Fear Check List, he recorded a two-point *decrease* in fear on one item (15. 'Taking Written Tests') and a two-point *increase* in another (6. 'Being Ignored'). In the former case the change was from 'Quite Fearful' to 'No Fear' and in the latter, from 'No Fear' to 'Quite Fearful.'

5.4 ERIC (S5)

5.4.1 Personal Details

Eric is a forty-three year old free-lance video programme maker who lives on Tyneside with his partner of fourteen years. He comes from the south of England where his mother, sister, ex-wife and two grown up daughters still live. When Eric was thirty his father died of a heart attack - an event which Eric feels had "a quite profound effect" on him. Five years ago, when he was living in Liverpool and working as a bus-driver, Eric himself suffered a heart attack.

5.4.2 Circumstances of LTE

On the morning of 25th January 1985, Eric woke up feeling unwell in a non-specific way. Nevertheless he proceeded with his plan to drive to the local supermarket to buy the weekend groceries. As the morning progressed, he felt steadily worse. In the supermarket, two thoughts occurred to him: that he was having a heart attack, and that if he fainted, he would die. So he kept going. He was able to complete his purchases and carry the shopping to the car. As he felt too ill to drive all the way home, he called in at a friend's house. The friend called a doctor, who examined him and gave him a note to take to the hospital. The friend drove him to the hospital where he

was given tests (including a chest X-ray and E.C.G.), put on a drip and admitted to the Intensive Care Unit where he remained for three days.

Eric said that whilst he was in hospital he had plenty of time to think. He realised that:

"(he) was fairly lucky not to have died.... the heart attack may well have been serious enough to kill me".

This fact was brought home to him the day after admission, when he woke up to find his relatives clustered around his bed:

"(It was) almost as if they were coming to have the will read".

After a couple of days, the cardiologist came to Eric to break the bad news that he would lose his PSV licence (and therefore his job). In response, Eric smiled and replied:

"That's the best news I've *ever* had".

He added that he felt:

"as if a twenty ton weight had been lifted from my shoulders".

At that moment, he decided to become self-employed.

5.4.3 Changes Reported in Interview

(i) *Awareness of Death*

Of his previous attitude towards death Eric said:

"(death) *did* cross my mind, but it seemed to be so remote that it never actually occupied much of my thinking time".

It was the death of his father in 1977 which first brought the reality of death home to Eric:

"It made me think a lot more about death, the closer death comes to you the more you think about it".

And his heart attack further increased his awareness of death:

"having a heart attack.... you always think about having another one, and you wonder whether you are going to be lucky enough to survive that one. I don't think about it all the time, and when I do think about it, I don't always think that I am going to die. But it does pose a constant threat".

Thus his heart attack made Eric think about death in a more personal way:

"(Now) I think about death quite often.... because I'm trying to come to terms with it".

(ii) *Attitudinal Change*

When I asked Eric whether his heart attack had affected his earlier attitude towards life and death, he began by saying:

"It's the best thing that *ever* happened to me. It's by far the most positive thing".

He went on to explain that for a few years before his heart attack he'd been very unhappy and discontented. His attitude towards life had been very negative and he'd felt there was no way out. He'd wanted not to drive buses for several years but, because of the high level of local unemployment and the fact that he had no formal qualification, he felt he should continue:

"I'd been working (as a photographer) on a semi-professional level for several years. What actually prevented me from taking the plunge before was the old thing about security and having a regular income".

As mentioned earlier, when Eric was told he'd lose his PSV licence, he experienced an enormous sense of relief and decided there and then to become self-employed. Looking back, he feels that this was a very positive decision:

"I realised it was something I should have done years before and it took a heart attack to convince me that I should do it".

Another factor which Eric stressed was that, since his heart attack, he appreciates his life much more, as he realises that he is not immortal.

"For the first time I actually valued my life. I was not conscious of doing so before.... It taught me not to be blasé about life - not to take life for granted".

He is generally more appreciative of what's around him. He told me that simple things give him pleasure that perhaps he would not have noticed before:

"I got into the habit of waking up and appreciating every morning - whatever kind of morning it was".

He added that he enjoys life a lot more now; he laughs a lot more and appreciates humour more. He is very much more tolerant than before and he finds a greater sense of meaning and purpose in his life.

(iii) *Relationships*

When I asked Eric whether there had been any change in his compassion towards others following his heart attack, at first he said "no". However, almost immediately he went on to note that he now cares more about people. He realises the importance of caring for other people and being concerned for them. This is connected to his realisation that others are just as vulnerable as he now acknowledges himself to be.

A further change in his relationships occurred a few months after his heart attack when he came to realise how deeply it had affected other people - his partner, his mother, his sister and his children. He came to appreciate their concern and the extent of his inter-connectedness with others.

(iv) *Religion*

Eric told me that his religious beliefs had *not* undergone change following his heart attack. Nevertheless, I think that they are worth noting. Although he is not a church-goer and does not consider himself to belong to any denomination, he lives his life according to certain moral precepts, derived from the Bible:

"My life and attitudes towards other people are based largely on the ten commandments: care and concern for others and, above all, not inflicting pain, not hurting others".

His attitude to death is: that he sees life as a circle and that death completes that circle. He feels it is very important to him that he is buried in the earth, as the decomposition of the body creates food for new life:

"The decomposed body provides humus and decaying animal matter to give new life to plants, which give breath to people.... It's everybody's duty when they die to continue life after them".

(v) *Questionnaire Changes*

The extent of attitudinal change in Eric following his heart attack is reflected in his questionnaire responses: On the sixteen item Personal Attitude Questionnaire (PAQ), he recorded a positive shift of two or more points on ten items. On no item was there a negative change.

On four items he moved four points in a positive direction (i.e. the maximum on a five-point scale), from 'hardly ever' to 'always'. These items were:

11. 'I have a sense of personal well-being'.
13. 'I feel I have something of value to teach others about life'.
14. 'I am able to choose what I want to do'.
15. 'My life has meaning and purpose'.

On two further items he recorded a three-point shift:

4. 'I try to communicate openly with my children'.
5. 'I obtain much pleasure from life'.

And he recorded a two-point change in a positive direction on four other items:

6. 'I communicate honestly and frankly'.
8. 'I live in the present rather than the past or future'.
9. 'I have moments of deep serenity'.
16. 'Religion/spiritual beliefs have much significance for me'.

On the Fear Check List, there was a decrease of two or more points on five items. On no items did Eric record an increase in fear.

A three-point decrease was recorded for 'being ignored' and 'feeling disapproved of'; and a two-point decrease for 'feeling rejected by others', 'looking foolish' and 'losing control'.

(vi) *Summary*

At the end of the interview, Eric emphasised a number of points:

He told me that his heart attack has had effects on him which have been far-reaching psychologically:

"It changed the whole way that I viewed my life and the attitude towards the rest of my life. It made me realise that I wanted to do something that I'd wanted to do for many years, that I'd suddenly been given the opportunity to do".

5.5 FIONA (S6)

5.5.1 Personal Details

Fiona is a thirty-five year old Tutorial Fellow. She is divorced and lives with her thirteen year old son. She has recently completed a degree in Psychology, and is now registered for a Ph.D in cognitive psychology. Her field of study is consciousness.

Shortly after her thirteenth birthday, her father died suddenly of a haemorrhage. He was ill for only two days. For the next eight years her mother was maintained on a high dose of psychotropic drugs and was unable to exercise any parental control over Fiona. Fiona became involved in taking drugs. After her O-levels, Fiona was asked by her headmistress not to return to school as she was "a disruptive influence". So she went to college to take A-levels. This was a much less structured environment and Fiona feels that she was allowed to do as she liked.

When she was eighteen, her first boyfriend, whom she had known for three years, died in a car crash. Fiona said she was "even worse" after that and started taking hard drugs. The following year, her second boyfriend almost died in an accident. He was 'dead' for twenty minutes, but was resuscitated. Later he committed suicide. Several other friends were killed in motor-cycle accidents during this time. Fiona herself "was comatose a couple of times" after taking drugs, but she was never admitted to hospital. Then she was sent to Borstal for a year for drugs-related offences.

Fiona told me that she was "very badly affected" by her father's death. She abandoned her Christian faith and became "more scientific". (Her father had wanted her to be a zoologist). She described herself as having been "very cynical and warped" at that time. She wore only black and became very interested in songs about death, which were currently in vogue (e.g. Alice Cooper). She told me that she "took lots of drugs and didn't care about anything". Mother was "like a zombie for about eight years". So, Fiona effectively lost both her parents at that time.

Fiona told me that, after the death of her boyfriend, she "developed a very destructive lifestyle". In her opinion, being sent to borstal probably saved her life.

"If I hadn't been locked up for a year, I'd probably be dead by now".

She told me that, after her experience of losing so many important figures in teenage years, she "doesn't trust anyone any more".

5.5.2 Circumstances of LTE

In the summer of 1979 when Fiona was twenty-three and married with a son of just under two years, she was admitted to hospital in considerable pain. The diagnosis was a suspected ectopic pregnancy.

On the Saturday afternoon a few days after her admission, Fiona's fallopian tube ruptured and she collapsed on the ward in great pain. She lost consciousness. There was a delay in getting her to the operating theatre, as there was no surgeon on hand. In the meantime Fiona lost four pints of blood. She was unconscious for two hours. Fiona described what she experienced while she was supposedly comatose:

"I found myself on the ceiling looking down at my own body.... I was up there for quite a while. I realised

that the part of me that was really me was up there on the ceiling".

She went on to describe what she could see:

"It was a big old Victorian ward with very high ceilings. I remember being able to see the whole ward and I could see the people moving about and I remember watching someone in one of the other beds being moved somewhere else. And then afterwards, after the operation (I discovered) that had actually happened, which I thought was interesting.

I felt very peaceful because the pain I'd had for the few days before was attached to the physical body and I wasn't there".

In commenting on this experience, Fiona told me that the pain which she had experienced during that hospitalisation was the worst she'd ever felt. She told me that she'd read about out-of-body experiences beforehand and so her reaction was: "Oh, it's one of them". She supposed that she would have panicked if she had not known of the phenomenon previously.

She added:

"It seemed very nice up on the ceiling. I could see my husband sitting by my bed and everything felt all right.... *He* was terrified. He was by my body, and I was up on the ceiling. I don't remember them coming to take my body away".

She told me that, during this experience, she'd *not* believed that she was dying.

5.5.3 Changes Reported in Interview

(i) *Fear/Awareness of Death*

From the time her grandmother died when Fiona was four, she has seen death as "very final".

She feels that the death of her father "completely changed the whole of (her) life". Then in her late teens, when her first two boyfriends each died and other friends were killed in motor-bike accidents, she came to see death as:

"just something very final which kept happening to people".

Fiona's out-of-body experience significantly affected her attitude to death in two ways:

First, previously Fiona had been struck by what she described as "the injustice of life": people just die for no reason - by chance. After her out-of-body experience (OBE), she felt that perhaps there was, after all, "some more complex plan". Secondly, not only did death now seem less random, but it also became less important:

"If the body is separate from the mind, the death of the body is not that important".

Consequently, her out-of-body experience reduced her fear of death.

(ii) *Attitudinal Changes*

Following her OBE, Fiona experienced a much greater sense of meaning in her life and also she became "a lot more inquisitive into metaphysics" - an interest which can still be seen today in her choosing consciousness as her field of research study and in her sustained interest in Buddhism.

(iii) *Relationships*

The evidence from the interview suggests that Fiona's near-death experience did not significantly affect her relationships. The determining factor seems to have been her sense of having been abandoned by her father (and mother) at the time of his death, and subsequently by her boyfriends when they died, so that her attitude became:

"I just don't trust anyone anymore".

This attitude has not been changed by her OBE, nor softened in the eleven years since then (during which she has experienced divorce, and also a subsequent relationship which ended in separation).

However, the evidence from the questionnaires modifies this impression. There is a two-point shift in a positive direction on two items on the PAQ which relate to relationships viz.: 'I communicate openly with my partner' and 'I communicate openly with my friends'. Moreover, there is a two-point decrease in three fears on the Fear Check List which concern relationships viz.: 'angry people', 'feeling disapproved of' and 'people in authority.'

(iv) *Religious Belief*

Fiona's religious orientation has varied with the vicissitudes of her life. She describes herself as having been "a very conventional Christian" up to the time of her father's death: she was confirmed and she joined the church choir. In response to her father's death, she developed "a strong hatred of anything to do with Christianity" which remains with her.

After her abandonment of Christianity, she became interested in Buddhism, with its doctrine of re-incarnation:

"part of the time I was atheistic and didn't believe in any other life, and part of the time I was interested in re-incarnation".

By her late teens, this interest had become buried. She told me that she "didn't care about anything" and, with the death of her friends, she came to feel that death was "just something final which kept happening to people".

There was a further significant change in Fiona's religious beliefs following her out-of-body experience: her tentative belief in re-incarnation was re-affirmed and she became more interested in Buddhism. From being acutely aware of what she saw as the injustice of life ("people just die for no reason"), she came to feel that there may be "a more complex plan". Death seemed less random and less important (because she was no longer identified with her body); life seemed much more meaningful and she became "a lot more inquisitive into metaphysics". She joined a local Tibetan Buddhist group.

However, her belief structure has undergone a further modification in the last two or three years. She became influenced by her undergraduate thesis supervisor who had himself undergone a near-death experience which he interpreted in scientific rather than metaphysical terms.

During her under-graduate course she gradually came over to his way of thinking (although she still maintains her connection with the Buddhist group). According to Fiona's newly acquired cognitive psychological views, her out-of-body experience was:

"just some sort of cognitive processing that occurs when the brain is under a great deal of stress".

Fiona's current view is that "the mind is just what the brain produces" and that, even if true, re-incarnation doesn't matter because no memories survive from one life to the next.

(v) *Questionnaire Changes*

On the Personal Attitude Questionnaire (PAQ) Fiona recorded a change in a positive direction of two or more points on seven of the sixteen items, and change of two points in a negative direction on one item. There is a three-point shift in a positive direction on three items:

11. 'I have a sense of personal well-being.'
13. 'I feel that I have something of value to teach others about life.'
15. 'My life has meaning and purpose.'

In addition, there was a two-point shift in a positive direction on the following four items:

1. 'I communicate openly with my partner.'
9. 'I have moments of deep serenity.'
12. 'I communicate openly with my friends.'
16. 'Religion/spiritual beliefs have much significance for me.'

The item on which a two-point change in a negative direction occurred was:

7. 'I only do things I really want to do.'

On the Fear Check List there was a two-point decrease on four items, viz.: 'angry people', 'feeling disapproved of', 'failure' and 'people in authority.'

On no item was there an increase in fear of more than one point.

5.6 GRACE (S7)

5.6.1 Personal Details

Grace is fifty years old and a university teacher in Sociology. She is married with two grown up children.

She comes from a wealthy, materialistically-orientated family. When she was sixteen, Grace became very ill with infective hepatitis, which meant her being off school for six months. Also, she contracted both T.B. and pneumonia and, in all, she was ill for three-quarters of her last two years at school.

5.6.2 Circumstances of LTE

The event on which Grace focussed in our interview took place when she was sixteen and in bed at home with infective hepatitis. She had been quite ill for most of the day, and she knew that everyone was very worried about her. She was aware of discussions taking place about her condition, in which she was not included. Only later was she told that her "survival was in doubt" at that time.

It was evening, dark and she was alone. She gazed into the coal fire in her bedroom as she was drifting off to sleep. The silence in the room and the flickering of the fire gave her a sense of peace. She felt comfortable and that "the pain was not so bad".

Suddenly, she found herself outside her body, looking down on it in the bed. She was "very, very surprised" as there was no preliminary to this experience. There was a strong sense of still being connected to the body, "attached like a balloon hovering above".

She thought: "Have *I* done this?" and "*how* have I done this?" She feels that this experience illustrates how much you can influence what happens to you:

"You could choose to do it or not to do it. It was very odd, really".

However, this sense of control was uncertain for, at the same time, she was afraid that she might not be able to get back:

"I was thinking, 'if I'm doing this, I'd better stop it, because I might not be able to get back'. Then I just returned".

When she got back into her body she realised that:

"It was not as nice as it was out, because the body was so painful".

Grace recalled that she **"couldn't get up for such a long time.... I was extremely constrained"**.

In retrospect, the memory of her out-of-body experience is so pleasant, but she was always too scared to try it again:

"I might not get back if I wasn't ready to go".

She commented that the experience of seeing her own body in the bed made her aware of other dimensions, of the presence of what she termed "multiple realities".

Grace added that she knew that she could have died of her illness. She was aware that there was "an enormous amount of worry" about her condition. However, at the time of her out-of-body experience, she did not believe that she was going to die. She does not know whether her OBE corresponded to a medical crisis. There was no external evidence of such, as she was alone at the time. And, afterwards, she did not tell anyone about her experience.

5.6.3 Attitude Changes

(i) *Fear/Awareness of Death*

Grace's teenage illnesses made her acutely aware of her own mortality. Prior to her illness, Grace "did not believe in (death)". No-one close to her had ever died and she had no knowledge of death:

"Death is not really real to you until you've experienced it in someone close to you".

When Grace was twelve, her grandmother had died, but this event did not have any reality for Grace. She was taken away from the scene of her grandmother dying, and she was not allowed to attend the funeral. So death remained very remote for Grace. All she felt was a sense of guilt that her grandmother's death had no effect on her.

Grace's period of protracted illness in adolescence gave her a strong sense of the fragility of her life. Since then she has not taken her health for granted and she has made the most of her life, rather than frittering it away.

She pointed out to me that her illness came at a very sensitive time in her life. It left her "almost a skeleton"; youths called after her: "stick legs". Grace spoke of her "lack of substance" at that time and she expressed a fear of getting to the point where "your substance could actually disappear".

She has realised only recently that this fear remains with her to this day in the form of an inability to lose excess weight, in spite of her conscious wish to do so.

In summary, Grace's illness left her with a:

"strong sense that life is not strongly attached to you, so you couldn't waste your time".

Grace went on to speak of two further deaths which had a special impact on her:

About eleven years ago, her other grandmother died, and Grace was required to identify the body. The body had been badly laid out and what struck Grace most was the *absence* of her grandmother:

"I just saw a carcass.... something sloughed off, left behind. The personality of grandma was separate. She looked so different".

Then, six years ago, Grace's father died in her arms while she was trying to resuscitate him with an oxygen mask:

"I was trying to share my breath with him. Trying mentally to give him my lungs to breathe with".

Grace's father had been suffering from lung cancer; he'd developed an embolism and had been hallucinating. Grace said that she found his dying "very traumatic".

"You are not usually so close to someone actually dying".

She had her arms round him:

"and the next breath didn't come. You hear the next breath hasn't come. Every breath you breathe with him, and you come to one, and they don't breathe".

However, she:

"never felt that he'd gone away until in the night. I felt that he'd moved out of the body, but he wasn't absent. I definitely felt that he was hanging about. And then he went away, and that was in the night. I woke up in the night - that was the moment he'd gone. I felt it strongly".

Grace's father's death led to a further attitude change for her:

"It made (death) more real. You've got breath, so you must use it. You can't just fritter it away".

Since her father's death, Grace has become a Buddhist. She then went on to describe her current understanding of dying. In doing so, she drew a parallel between the death process and the process of childbirth:

"You feel helpless. It's the most interesting experience. You can't quit". Similarly, "when you are on the death track, you can't change your mind. Death is going to be a process through which you go, whether you like it or not ". Birth is the end of pain, tension, everything. The end of the death process is death".

Grace went on to express the belief that people should prepare for their death in the same way that they prepare for childbirth because:

"You are going to panic otherwise".

She likened her Buddhist practice to ante-natal classes. It's a preparation for death and it offers "adjustment (to death) in a total way".

"You need to prepare yourself (for death). It's very difficult to do that. Until you've experienced somebody dying, you don't really know about dying and the way it takes somebody over".

Clearly, Grace's experiences have not taken away her fear of death, but she has come to appreciate life, having felt the fragility of it.

(ii) *Attitudinal Change*

Grace feels that, through her experience of her teenage illnesses, she had developed a greater sense of meaning and purpose in her life. She comments:

"I don't think I'd be what I am today, if it were not for that".

She also feels that her compassion for others has increased as a result of that time:

"Up to that period, I had been prissy. (After the illness) I was less prissy. It severed me from the 'proper', worldly values of my parents. My values were based on the notion of death and the fragility of life. This experience affected the way I viewed the world".

She *definitely* became less concerned with material possessions and she developed an increased tolerance of others.

The out-of-body experience in particular had what Grace called:

"an effect on my body knowledge.... I could separate: I could see myself separate from my body".

N.H.: **"You didn't identify with your body after that?"**

Grace: **"No, no, not at all.... and therefore I could cope with what they did to me, for example in childbirth".**

The only 'negative' change which Grace reported was that she became a 'difficult' teenager. i.e. her parents found her 'difficult', because she repudiated their materialistic attitude to life, in which the most important thing was to acquire material possessions.

(iii) *Relationships*

As we have seen, Grace became somewhat alienated from her parents following her illness, in that she developed her own system of values, based on her experience, which were in contradiction to those of her parents.

In general terms, however, she became more compassionate for, and more tolerant towards, others.

(iv) *Religious Belief*

Grace told me that religion is now the most important thing in her life. Her religious beliefs about death are "that we do it a lot" (i.e. she has accepted the Buddhist belief in innumerable incarnations).

Grace compared death to a tunnel that you go through, as from one room to another. She believes also that:

"the (spiritual) condition you are in when you go through the tunnel is extremely important. Your state of mind (which is an accumulation of how you have lived) has a bearing on what you will find when you get to the other side".

To use a slightly different metaphor: death is a journey.

On this journey you take with you whatever realisations you have to take with you".

Grace comments that Buddhist notions have never been a problem for her, although there is nothing in her background which is at all similar.

She had been a Christian, but after her illness she slowly lost her faith. By the age of nineteen, she repudiated Christianity, as she felt that it did not help her to make sense of her experience. For example, she read the book of Job and found in it the idea that suffering is something which God allows you to go through in order to test your faith; this concept did not help her in making sense of *her* suffering, and so for a time she became a humanist. More recently, following the death of her father, she has become a Buddhist.

At the time of her out-of-body experience, she was unable to make sense of what had happened to her. Now, she sees it as having been extremely valuable, because of the ability which it gave her to see "the separation between the body and you". Viewing the corpse of her grandma underlined this lesson. It gave her "**freedom from the**

obsession which some people have with who they are". She learned that "mind/spirit can rise above things".

Grace became very attracted to meditation, but she is "**still frightened of the moment when it floats away**" - ie. when her mind and body part company - the stage at which she stopped her out-of-body experience.

She pondered as to whether her OBE was a genuine experience of coming close to death or a chemical simulation for, at the time, her "body was shot to hell".

(v) *Questionnaire Changes*

On the PAQ, Grace recorded a change in a positive direction of two or more points on ten out of the sixteen items. On no item was there a change in a negative direction. A shift of four points i.e. the greatest possible change, from 'hardly ever' to 'always' - was recorded on the following three items:

4. 'I try to communicate openly with my children (or family)'
7. 'I only do things I really want to do'
14. 'I am able to choose what I want to do'

A three-point change in a positive direction was recorded on another three items:

5. 'I obtain much pleasure from life'
6. 'I communicate honestly and frankly'
8. 'I live in the present rather than in the past or the future'

A two-point change in a positive direction was recorded on a further four items, viz.:

2. 'I appreciate the beauty of nature'
9. 'I have moments of deep serenity'
15. 'My life has meaning and purpose'
16. 'Religion/spiritual beliefs have much significance for me'

On the Fear Check List, Grace recorded a decrease of two or more points on ten of the twenty-nine items, and an increase of two or more points on a further two.

There was a three-point decrease on four items: "feeling rejected", "being ignored", "feeling disapproved of" and "failure". And there was a two-point decrease in a further six items: "parting from friends", "looking foolish", "feeling different", "being in a strange place", "speaking in public" and "entering a room where others are seated".

Also there was a three-point *increase* in Grace's fear of "bad dreams" and a two-point increase in her fear of "feeling angry". In both cases, she told me, the increase comes about because of the karmic consequences which these events now have for her since her espousal of Buddhist doctrine.

5.7 HELEN (S8)

5.7.1 Personal Details

Helen is fifty-two years old and is working currently as an acupuncturist. Previously, she trained as a teacher. She is married with two grown up daughters.

5.7.2 Circumstances of LTE

Helen's near-death crisis occurred twenty-three years ago, around the birth of her second child, whom she'd planned to deliver at home.

However, a complication arose, placenta previa - i.e. she gave birth first to the placenta. This necessitated an emergency caesarian section in order to deliver the baby safely.

Helen told me that she was "rushed into hospital.... with red lights flashing". She had lost so much blood that she was "practically unconscious". However, because of the urgency of the situation, she was wheeled into the operating theatre while she was still awake.

She was given an injection in her hand and she said that she could feel the anaesthetic going up her arm and into her head: "It was like a crackling sensation".

Then:

"I felt as if I was being unzipped. I was trying to say: 'Wait a minute. I'm not ready for this yet. I'm actually awake. I'm not out'"

Helen went on to speak of the:

"strange experience of actually feeling the sensations of the operation - the caesarian".

(Because of the muscle relaxant?) she was unable to speak. The operation had started and she was unable to tell the doctors and nurses (whom she could hear talking) of her feeling of panic and helplessness at being unable to stop the operation. This great state of panic, said Helen, was the beginning of her near-death experience.

Helen had prefaced our interview with a caveat: she feels that she doesn't have the language to describe her NDE adequately. One reason she gave for this is that language is linear, and she was experiencing from several different perspectives simultaneously. A second reason is that language is inevitably couched in terms of the senses and, for part of the time, Helen felt that she was experiencing free from the confines of her senses. She added that each time she tries to describe what happened that day, the gap between her words

and the reality seems ever more immense. However, this was her description in our interview:

"The feeling of panic started to leave me and there were a lot of things going on at the same time".

Simultaneously, she experienced being in her body, *above* her body and "in another place", with her husband, who was taking their other child to his mother's house.

In her body, she could hear the operating team talking about technical things and saying: "she's cold"; she could feel her arms being lifted and she could feel the sensations as the team were bringing out the baby. At the same time, she experienced the sensation of:

"starting to look down on myself.... observing myself having these experiences. It felt very, very strange".

Also, she experienced being with her husband and talking to him. She was aware of her husband's anxiety:

"I was saying to him: 'I'm all right' - re-assuring him that I was OK.... 'Please don't worry about me, I'm fine. Everything's all right'".

The sensation of being with her husband and seeking to re-assure him blended in with the next stage of the experience:

"I started to move away from being in my body and I went into this state which I find very difficult to describe - like moving at a different speed in a different plane and feeling very, very happy and very, very contented and lifted.... (in) a state of bliss. There was a feeling of everything changing tempo and of changing awareness. A sense of moving towards a different state. I didn't feel frightened at all. I felt a tremendous happiness, contentment - I've never known anything like it. They were feelings I can't describe".

Helen went on:

"There was a sense of moving towards this wonderful radiance which I felt was coming closer to me and surrounding me and I was moving towards it... inevitably.... It got stronger, more intense.... the feeling was more intense as this marvellous radiance became stronger.... (there was an) awareness of being drawn towards it, like floating about, not constrained by the body..."

"I was moving through it, (but) as it was really beginning to envelope me, I felt drawn back. And as I was being drawn back, I began to come back into my body again. At this stage, there were lots of things happening to me. I felt very resistant to that. I began to hear the voices of the doctors and nurses; I was aware of them near me. Everything they did seemed incredibly clumsy. I know they meant well. I know they were doing what they had to do. But I didn't want them to. I just wanted to say to them: 'Just let me go, let me go.'

N.H.: "What did you mean?"

"I felt they were drawing me back into my body - working very, very hard. And I didn't want that. I was in this supreme state. They seemed to be very, very clumsy - like everything was on a different plane of awareness. Then I was coming back. I was feeling things again. The body seemed incredibly cumbersome.... clumsy, slow, humdrum. Out of the body, I felt able to be in many different places. I wasn't constrained by the senses. I became aware of being lifted off the couch. And at this point I could hear somebody say that I had a baby girl and then, gradually.... I passed out".

Helen went on to describe how she felt when she regained consciousness:

"I was lying in bed and I felt very strange. I felt very deprived. I felt very depressed. I didn't know what had happened. Part of me felt I should have been glad - grateful to be alive and happy because I had a

daughter. I just didn't know what had happened to me. It was quite a while before I could talk about it".

Helen told me that she remained in hospital for two weeks. Some days afterwards, her husband commented that she was "looking strange" and asked her what the matter was. But she couldn't answer him. She just didn't know what to say. At one point she did broach the subject with one of the doctors. She told him that she'd had a strange experience and wondered if that was usual. (Her fear was that she'd been in a psychotic state). Helen gained the impression that the doctor didn't want to discuss the subject with her. He said: "Oh, you're just imagining things - it must have been the anaesthetic". However, Helen did not believe this explanation. She'd had anaesthetic on other occasions without anything similar occurring; moreover, on this occasion she'd been given the minimum dose of anaesthetic because of her condition.

Helen had her own view about what had happened to her:

"I just knew that I had been near to death and that I had been brought back. What upset me was that I hadn't *wanted* to come back. That was the confusion.

5.7.3. Changes Reported in Interview

(i) *Fear/Awareness of Death*

Helen told me that she grew up in a family in which death was relatively common: several members of her family died quite young. So she was aware of death from an early age. As a child she associated death with grief and sadness, but she never thought that *she* would die, as she wasn't sick.

When she was eight, the vet. came to the house to 'put down' the family dog. Helen was ushered upstairs out of the way, and the event was never explained to her. She described herself as "uncomprehending". However, her grief was accepted and supported.

A few months later, an aunt to whom Helen was deeply attached, died very suddenly. Going to view her aunt's body which was laid out in the house after embalming, was a traumatic experience for Helen. She readily agreed to go to see her beloved aunt. But, instead of her aunt, what she found was:

"a waxen face lying in a coffin, covered by a veil.... It was horrible. I was invited to kiss her goodbye, and I was just terrified. It was the first time I really felt fear. I remember the smell of formaldehyde".

Helen was spared the funeral as her mother saw how upset she was: "I suppose I was in a state of shock". The effect of this experience was to leave Helen with a fear of corpses, rather than with a fear of death, *per se*.

Helen was present at her mother's death, which occurred just before Helen's twenty-first birthday. Helen told me that she was "not afraid at all then - I knew what was happening". However, she *did* panic the day before the funeral, when she knew that her mother's body was being returned to the house. She decided to leave and go to her sister's. On the way out she pulled up short and thought to herself: "What am I doing! It's my mother" and she went back to confront her fear. She told herself that it was "just my mother's corpse" and she found viewing the body not as frightening as she had anticipated. Subsequently, she thought of dead bodies as:

"just the shell - nothing to be afraid of. It's not the person".

Helen's father died suddenly of a heart attack three years after her mother. Though Helen described his death as a "terrific shock", this event did not disturb her in the same way as had earlier deaths. She feels that her grieving for her father was relatively uncomplicated because they'd had an open, direct relationship. She contrasted her 'adult' relationship with her father with that with her mother, which she characterised as 'immature'. Helen and her father had little 'unfinished business' between them. She'd learnt from her father's death that:

"It's not wise to put off saying things.... you need not to put things off, but to try to resolve things".

Helen's near death experience eradicated any remaining fear of death she might have had:

"One of the great advantages that it (NDE) gave to me is that I have never been afraid since of dying, certainly, because it is something I should embrace quite happily when it comes to me".

Moreover, she has helped other people to overcome their fear of death, too. Whenever she has encountered anyone facing either their own death or that of someone close to them, she has offered to share her experience. Without exception, people have told her that this has been helpful. She tells the "not to be afraid, not to worry about what's going to happen". She expresses her confidence that they will be able to cope. She states:

"(Death) is a transition.... it's a stage which we enter".

(ii) *Attitudinal Changes*

Looking back, Helen sees her NDE as a turning point:

"It put me on a different path. It was the most important (thing that happened to me). It started me thinking in a new way.... I'm glad it happened. It started to bring about important changes for me".

At the time of her NDE, Helen was given no help in understanding what had happened to her. She feared that she'd gone into a psychotic state. Only her husband listened; he didn't understand, but he gave her the assurance she needed that she was not crazy.

So, she was left largely to her own resources. She came to the conclusion:

"that there must have been a reason that I'd had that experience and that I could benefit from it and I

needed to find an explanation for it - some kind of philosophical or mystical explanation for it and I needed to find some purpose in my life. That if I wasn't going to die at that point, then there was a reason why I was going to live".

So began a search in which Helen:

"became much more interested in (herself) psychologically - in who (she) was and in what (her) potential was".

Initially, she became involved in:

"encounter groups and the whole humanistic psychology movement - trying to develop myself in that sort of way".

She began talking to people about their philosophy of life. She became involved in counselling young people, and went on a training course at Keele University. A few years after her NDE, she came across an article by Arthur Koestler about out-of-body experiences, which made her realise that she was not unique. Then, in the late 'seventies, she was given a copy of Raymond Moody's book "Life after Life", which she found "quite interesting". By this time, she felt clearer about what her NDE meant to her.

Then in 1979, Helen suffered "a very serious illness" - a viral infection which left her temporarily paralysed. She couldn't move and she could hardly speak. She found this very frightening: indeed she realised that she was being confronted with her greatest fear, which was to be incapacitated:

"That experience made a big shift in my perception of myself and in my values".

Although she did not think that she was going to die, she did see this experience as a reminder of her NDE and of the fragility of life.

She determined

"to get fit and well and to really make sure that I was not wasting my life.... I must not waste my life or misuse my precious time".

Living became more urgent:

"We live our lives as if we've got forever. We haven't. We shouldn't waste the energy, fritter it away".

Very shortly afterwards, she met someone who "pointed me in the direction of Manjushri". *

The timing felt just right for her:

"Going to Manjushri was the key. I was absolutely ready for it. There was a sense of inevitability. Now everything came together.... I found myself doing things I really wanted to do.... I felt myself really in tune with what I was doing and with the people I was with".

Many of the teachings which she received at the Manjushri Institute confirmed for her the sense of there being a purpose in her life, and they provided her with an explanation of her experience in terms of the Buddhist conception of re-incarnation. Death is seen not as an end but as a transition. Helen came to understand her NDE as an example of a 'bardo' state (vide "The Tibetan Book of the Dead").

When Helen was recovering from her illness, she received traditional Chinese acupuncture, which she found very helpful. Later she trained in the technique herself and became a practitioner.

* i.e. The Manjushri Institute: A Tibetan Buddhist Centre in the North of England.

(iii) *Relationships*

Helen told me that her illness had led to a very significant change in her relationship with her mother (who had died two decades earlier). She explained that their relationship had been a very difficult one for her and that she had found it very difficult to talk about her mother, except in a childlike, idealised way. Although she was almost twenty-one when her mother died Helen felt that she had not managed to establish anything like an adult relationship with her. There were lots of unexpressed feelings which Helen had been unable to deal with before her mother's death.

Helen told me that her mother had suffered from Multiple Sclerosis; moreover, when Helen became ill she was the same age as her mother had been when she contracted multiple sclerosis. Clearly, Helen identified with her mother and, up to this time, had failed to establish a secure separate identity.

Helen had to fight the feeling that she was just like her mother and that she was going to die. She understood that she was confronting her greatest fear and the "time bombs in my head about being like my mother".

She realised that she had to confront her fear. She told herself that, in spite of her paralysis, she was *not* going to die, and she *didn't* have MS and she was *not* her mother:

"I am not my mother.... I am me. I'm not going to die.... and I haven't got MS".

Helen faced these fears and beliefs through many sleepless nights in hospital and, eventually she gained:

"A great sense of being liberated from all the injunctions I'd had in my head about my mother".

"I had a strong sense that I was not my mother - because I've so much more understanding, I'm so

much more articulate and I've had so many more experiences to help me".

She described this time as the "point of separation" from her mother. Helen established her individual identity and became able to see her mother in a real way, as a flesh-and-blood person rather than as "wonder-woman".

(iv) *Religious Beliefs*

Helen told me that, while she does not follow any religious dogma, the spiritual dimension is very important to her. It was the search for meaning and purpose following her near-death experience which led her to her spiritual beliefs. She found that the Tibetan Buddhist teachings made the most sense of her experience, of any explanation she came across. So that she can accept what is taught by her Tibetan teachers, even though she doesn't understand intellectually some of the concepts.

Helen has come to believe that the purpose of her life is to learn from her experiences and to gain clearer insights into the meaning of existence. So she has come to view both her NDE and her illness as ways which she has been given in order to develop.

Her illness gave her a greater sense of being able to bring about change in her life and to be more in control of what happens. Now the Buddhist teachings have shown her how she can transform all her experiences into something practical and helpful, both for herself and for others. An example of this is how she can help other people overcome their fear of death by relating her own near-death experience. Helen feels that her experiences - and making sense of them through Buddhist teachings - have helped her to face anything that comes, and to help others to do the same. She believes that what people fear most is death; that the fear of death is what holds people back from taking action:

"What holds people back from using their energy in a productive way? - What disempowers people is fear. And the worst fear is that they are going to die. If you can help people to see that death doesn't mean an end of them.... it's *not* the worst thing. It's no worse than anything else.

Buddhists are wonderful examples. If you've really taken that (i.e. Buddhist teachings about death and re-incarnation) on board, you can be tolerant about death. You can face all those worst fears. You can be compassionate even about someone who is going to kill you. Sickness, pain, suffering are *not* experiences to fear. You can actually embrace them if you can see them in that way".

(v) *Questionnaire Changes*

On the PAQ, Helen recorded a shift in a positive direction of two or more points on the five-point scale on nine of the items. On no item was there a shift in a negative direction.

There was a shift of three points (from 'sometimes' to 'always', in each case) on three items:

4. 'I try to communicate openly with my children (or family)'
14. 'I am able to choose what I want to do'
16. 'Religious/spiritual beliefs have much significance for me'

And there was a two-point shift in six further items:

3. 'I have a sense of personal freedom'
6. 'I communicate honestly and frankly'
7. 'I only do things I really want to'
9. 'I have moments of deep serenity'
13. 'I feel I have something of value to teach others'
15. 'My life has meaning and purpose'

On the Fear Check List, Helen recorded a decrease in fear of two points on three items, namely: 'dead bodies', 'angry people' and 'feeling disapproved of'.

The reason that the change is less dramatic than in other cases is that she recorded relatively low levels of fear to begin with. Now she records 'no fear' on twenty-seven of the twenty-nine items and 'a bit fearful' on the other two.

ADDENDUM - S10 : JAMES

The interview with James took place under informal circumstances in November 1989 at a Christian ashram in Tamil Nadu, Southern India. The report of it is not included in the main body of this chapter because audio-taping facilities were not available and I did not follow the semi-structured schedule of the other interviews. Nevertheless, a brief account of it is included here as James' interview includes some material relevant to our theme.

At the time of the interview, James was thirty-eight years old, an Indian from Hyderabad, brought up in the Roman Catholic faith. Six months previously he had taken premature retirement from the Indian Air Force, where he had been a Wing Commander in charge of Officer Training. He was married, with two children.

In 1982, James was acting as a navigator on an I.A.F. training flight in which the 'plane caught fire and went out of control. From his experience, James knew that the crash which would inevitably follow would probably be fatal. However, the 'plane came down on a lake and he survived.

Following the crash and his unexpected survival, James went through a phase in which he was pre-occupied by disturbing dreams and hallucinations. The Air Force put him first in a psychiatric hospital, and then posted him to a remote station in the Indian Ocean.

During the disturbed phase which followed his encounter with death, James had three dreams which exerted a particularly profound effect on him. In each he dreamed of a guru whom he had never met. He then set about finding these gurus, one of whom he had never even heard of.

Eventually, after visiting all three of these teachers, he became a disciple of one of them and took the vows of a sanyassin, including taking a new name, wearing a simple saffron robe and taking a vow of celibacy.

He felt that God had given him "a second life" when he survived the air crash, and he in turn had devoted his life to God.

James told me that when he was a child he "loved Jesus", but as he grew into a man, he left the church as he saw it as corrupt.

As a young Air-Force Officer, he had a reputation as something of a playboy and his fellow officers named him 'Prince James'. Following his LTE, religion became profoundly important again in James' life - but based on direct experience, rather than on the Bible or the teachings of the Church. He has not returned to the Church, in spite of dedicating his life to God.

The form which his service is taking is that he has founded a Ghandi-like national renewal movement, which is founded on spiritual and ecological principles, and which is focussed on young people. So far about sixty thousand young people are involved - and he has established a model community or 'gram'.

CHAPTER SIX

OTHER SUBJECTS

Discussion

6.1 INTRODUCTION

From reading Chapter Five, it will be evident that many of the points concerning Alan's (Chapter Four) experience of coming close to death, and its aftermath, are echoed in the material of the other subjects in this study. In this chapter, I intend to demonstrate how the similar but diverse experiences of these subjects shed further light on some of the relevant issues.

Many of these subjects, when asked about their attitude to death prior to their LTE, saw it as a distant or external phenomenon, something which might happen to those who were old or sick, but not to them. I argue that the responses of these subjects are typical of the general population in our contemporary society. They illustrate the attitudes to death discussed by Kierkegaard and other existentialist philosophers:

Brian possessed the sense of personal invulnerability which he thought essential to racing motor cycles, and he never thought about dying - either on or off the track. Chloë described herself as "oblivious to death" prior to her LTE and she took life for granted. David said he'd considered death to be "a bit apart" - something which happened to others. The thought of death *did* occur to Eric, but it seemed "so remote that it never occupied much of (his) thinking time". Grace "did not believe in (death)" prior to her teenage illnesses and though Helen had become aware of death from an early age, she did not think it would happen to her as she was not sick. Only Fiona was very much aware of death before her LTE, having suffered in her 'teens the loss of so many of the central figures in her life. For all these people, their LTE constituted a vivid confrontation with their mortality:

Brian's experience following his divorce led to a dramatic increase in his (conscious) death anxiety. Similarly, Chloë's LTE brought her a keen sense of her own mortality and led to a rush of death anxiety which was manifested in various more or less direct forms.

David was confronted with his mortality during his LTE, and he became less afraid of death as a consequence. Eric, too, experienced his heart attack as a vivid confrontation with death: when he regained consciousness and saw all his relatives clustered round his bed it felt "almost as if they'd come to hear the will read"!

Fiona's LTE, which included an out-of-body experience, led to a reduction in her fear of death. Grace's teenage illnesses gave her a strong sense of the fragility of life, while Helen's ecstatic NDE eradicated any remaining fear of death.

So we see that, although all these subjects were confronted with their own mortality, each responded to the event in his or her own characteristic way.

Thus, two subjects (Brian and Chloë) experienced an increase in fear of death following their LTE; three reported a decrease in, or elimination of, their fear of death (David, Fiona and Helen); while the other two reported no change.

The results of this increase in death awareness were a mixture of positive and negative effects for three of these seven subjects (Brian, Chloë and David), while for the other four, the results were predominantly positive.

In Chapter Four, I argued that for Alan it was his increased death awareness, the integration of his sense of his own mortality, which was the crucial factor in the positive personal change which ensued. Is increased death awareness the transformative factor in these other subjects? In these subjects too, death awareness was, I believe, a factor in the resultant positive changes which ensued - a very strong factor in the cases of Chloë, David, Eric, Grace and Helen. I hope to demonstrate this during the course of this chapter.

As illustrated in Chapter Five, the material presented by these subjects is rich and diverse. However, I shall restrict this discussion to just six issues relevant to our theme, and I shall conclude the

chapter by suggesting possible ways of understanding Brian's post-divorce experience and with a consideration of some of the implications of Brian's material for our theme.

6.2 ADJUSTMENT PROBLEMS FOLLOWING AN LTE.

The findings of the present study are in line with the conclusion of Roberts and Owen (1988) who, in their review of the near-death literature, reported that emotional problems are common following survival after coming near to death. As noted in Chapter Four, Alan, Chloë, Helen and James all reported going through a period of emotional disturbance following their near-fatal crisis. And, in the cases of Alan, Helen and James, these were subjects who underwent profound positive personal changes as a result of their LTE.

CHLOE experienced acute problems of adjustment following her sudden, dramatic recovery from malaria. She was afraid to sleep, she didn't want to eat and she became careless of her physical safety. Her life seemed to have lost all meaning. She was depressed and, in addition to free-floating anxiety, she suffered a number of death-related fears.

At first sight, Chloë's increased death awareness following her LTE appears to have had predominantly negative consequences. However, from this dysphoric experience a number of positive developments emerged as she painfully integrated into her vision of herself and her world her awareness of her mortality; or, as she put it:

"put all the disintegrated pieces slowly and gradually together".

HELEN's emotional adjustment following her NDE was complicated by two factors:

- 1) What she'd experienced during her NDE made her feel that she might have been psychotic
and
- 2) She was aware of not wanting to survive, in spite of having a loving husband and two daughters, including her new-born baby, waiting for her.

Moody (1977) points out that it is common for those who have had an NDE to keep their experiences to themselves for fear of being regarded as insane. This was partly the case with Helen: as she explained in the interview, it seemed impossible to describe in linear sense-bound language the things which she had experienced. She felt guilty and confused. How could she tell her husband - the only person whom she felt had tried to listen and understand - that she hadn't wanted to 'come back' and that she felt "depressed" and "deprived" at her survival? And, when eventually, she plucked up her courage to broach her fears with a doctor, she felt fobbed off with an unconvincing explanation. So, she was left to her own resources to deal with her fears as best she could and to make her own sense of the extraordinary things she'd experienced.

Following his unexpected survival in a 'plane crash, JAMES went through a period in which he was pre-occupied by disturbing dreams and hallucinations, which led him to be admitted, briefly, to a psychiatric hospital. Like Helen, he did not receive any professional help in understanding his experiences, but he came gradually to find his own meaning.

I have mentioned that all three of these subjects struggled to make sense of what they had experienced during their LTE and in its aftermath. This is a theme which is taken up in a later section when we look at how, for some of these subjects, the LTE provided a spur to pursue a religious quest.

There is considerable evidence (which my own clinical experience has confirmed) that where bereavement(s) occur during childhood, the response to the child's grief by significant adults will have an important bearing on his/her future responses to death-related events, including LTEs. Consequently, the semi-structured interview provides for detailed questioning on this matter. In fact, this expectation was not born out by these subjects. While the interviews provided no support for this hypothesis, the life events themselves were often seen as being significant in the development of the subject's attitudes to life and death. Indeed, the material presented in Chapter Five makes it abundantly clear that the significance to the subject of their LTE needs to be seen in the context of their life history. Three examples are offered to illustrate this point:

For DAVID, his LTE brought home to him in a dramatic way, his existential situation. David felt that he was fighting for his life as, exhausted, he struggled to get back to the shore. He wanted to live, but he was in touch with despair. No-one heard his cries for help and he was "about giving up". He felt angry that he had to struggle on his own, that his parents were not there to help him. (His father - "the last of my parents" - had died eighteen months previously).

Through this experience, for the first time in his life, David came to accept that he was on his own: that he is responsible for himself, there is no-one else to take care of him.

"No-one's going to do it for me. I have to do it for myself. I am responsible for my own reality and my own meaning, and what I make of what happens to me. It's no use blaming people. Ultimately, I know that my existence is my own creation".

Thus we see that what sense David made of his LTE, how he understood what had happened to him, took its form from his life circumstances and the lesson which he needed to learn at that time.

In the case of ERIC, his heart attack brought a life situation to a head. It gave him the impetus which he needed in order to make a major career change. For several years before his LTE, Eric had not enjoyed his job as a bus-driver. He described himself as unhappy and discontented, but he could see no way out of the situation. He lacked formal qualifications, the local unemployment rate was very high, he valued the security of his job and he felt that he should share the burden of household expenses.

His greatest love was photography but, though he did some photographic assignments on a semi-professional basis, he was afraid to take the risk of becoming self-employed. In these circumstances, he viewed his heart attack as the opportunity to do something which he'd been wanting to do for many years:

"I realised it was something I should have done years before and it takes a heart attack to convince me that I should do it".

FIONA offers a different case: where the effects of the LTE are limited by the overwhelming impact of earlier life events. She describes the death of her father (and consequent emotional absence of her mother) as "completely changing the whole of (her) life". The loss of her major attachment figures relatively early in life (together with the death of her boyfriend a few years later) meant that she "just (doesn't) trust anyone anymore".

Her LTE made no significant impact on this situation. To the time of our interview, she had not managed to establish and sustain a satisfying long-term intimate relationship. Fiona's LTE *did* significantly affect her attitude to death; it gave her a much greater sense of meaning in her life and it led to her interest in 'metaphysics'. However, recently she has come to deny the significance of her out-of-body experience.

Related aspects of the theme of this section which are demonstrated by the subjects in the present study are:

- a) that coming to terms with one's own mortality tends to be an incremental process, which may have begun before the LTE and which may continue after it. Eric illustrates this point with particular clarity. He had "begun to think a lot more about death" after his father died of a heart attack more than seven years before his own LTE and, at the time of the interview, five years after his heart attack, Eric was still in the process of "trying to come to terms with" his own mortality.
and
- b) that the lessons learned from the LTE may be seen as being re-inforced by later life-experiences (e.g. Grace and Helen).

In the case of GRACE, although her teenage illnesses gave her an acute sense of her own mortality, she points also to two subsequent experiences as being significant in the development of her understanding of death. These were: being struck by the absence of her grandma when she went to identify the grandmother's body and being with her father at the moment of his death.

Grace said that after her out-of-body experience, she felt that she was separate from her body. And yet, more than two decades later, the separateness of her grandma's personality from the carcass still came home to Grace with great force to underline the lesson of the earlier experience.

Again, though Grace had become acutely aware of her mortality (that "life is not strongly attached to you") during her teenage illness, the experience of 'breathing with' her dying father over a quarter of a century later, was able to "make death more real" to her and reinforce what she'd learned in her LTE - viz.: that life (breath) is precious and not to be frittered away.

HELEN's LTE was followed twelve years later by a very serious illness which left her temporarily paralysed: unable to move and hardly able to speak. This illness confronted Helen with her greatest fear - to be incapacitated. Although she did not think that she was going to die, she saw it as a reminder of her near-death experience and of the fragility of life. Like Grace, she felt reminded of the preciousness of life and of the importance of not wasting her energy or mis-using her time.

6.4 INCREASED DEATH AWARENESS AS THE END OF SELF-PREOCCUPATION.

A number of subjects in the present study touch on an issue which is of fundamental importance in our alienated and strife-torn world. This is : how becoming aware of their mortality has helped them to see the universality of the human condition, their interconnectedness with others and that others have equal value with themselves. ^a This shift in perception tends to be accompanied by an increased compassion towards, and concern for, their fellows. Flynn (1982) writes of such changes following a life-threatening experience, but he links such 'value transformations' to a life-review during the NDE. None of the present subjects experienced such a life-review, and yet a number of them report such value transformations. In Chapter Four, we saw how Alan spoke of his "concern for all creatures" following his integration of the awareness of his mortality, and Chloë and Eric also touched on this theme.

CHLOE related how integrating her awareness of her mortality has given her a sense of identity with the rest of humanity:

"Every person who is alive, whatever miserable life they have, I still always feel on their plane.... I *am* other people.... and other people are me".

^a This theme is illustrated also in Rosen's (1975) paper on suicide survivors who have jumped off either the San Francisco-Oakland or the Golden Gate Bridge.

Chloë describes herself as having been "very egocentric" before her LTE. But now she recognises that all people are of equal value with herself. At the same time, she is readily touched by the suffering of others.

For ERIC too, becoming acutely aware of his mortality through his heart attack, has led him to care more for others. This is because an appreciation of our own mortality is what links us to others: Eric realises that other people are just as vulnerable as he has discovered himself to be.

Moreover, in the months following his heart attack, he came to see that he was not just an isolated individual, but that he is interconnected with others. He began to appreciate this fact as he became aware how deeply his heart attack had affected the lives of those around him - his partner, his mother, his sister and his daughters.

6.5 INCREASED DEATH AWARENESS AS THE BEGINNING OF A RELIGIOUS QUEST.

As we saw earlier, Noyes (1982-3) views the near-death experience as a classic example of a state of existential crisis, and Ring (1984) sees it primarily in terms of a spiritual awakening. The material presented in the current study would lend some support to both these viewpoints.

For most of these subjects, surviving a near-death crisis raised such existential questions as: '*Why* have I survived?' and 'What is the *purpose* of my life?' And, for some, this search for meaning has taken the form of a religious quest.

In Chapter Four, we saw how Alan's survival following his cardiac arrest led him to wonder whether there is a larger purpose behind his survival. And here we examine how these questions arose with, and were responded to by, three further subjects: Chloë, Fiona and Helen.

Interestingly, none of these subjects would consider themselves to be religious in a conventional sense. Helen belongs to a Tibetan Buddhist sangha, but told me that she does not "follow any religious dogma"; and Alan, Fiona and Chloë did not belong at the time of the interview to any religious group. Alan, Fiona and Helen all expressed an interest in the idea of re-incarnation, and Helen accepts the Buddhist belief in re-incarnation as part of the teachings she received. (The same is probably true of Grace). Emphasising the importance of a spiritual dimension in their lives, with religious tolerance and an openness to the possibility of re-incarnation are all features of Ring's 'core experiencers' (Ring, 1984).

For Chloë, coming close to death led her to seek meaning in her life. Helen describes her NDE as putting her "on a different path" and being a catalyst for change. Whereas for Fiona, her LTE *gave* her a sense of meaning. Thus, the emphasis is slightly different in each case.

Over the years since her LTE, CHLOE has reflected on the meaning of her experience and wondered why she should survive. Clearly she believes that she has survived for a purpose and, moreover, that it is up to her to discover what that purpose might be:

"Why should I survive? Should I still do something worthwhile? What's the plan? I am seeking the meaning of it.... maybe (surviving) makes me special.... What can you do before you die so that you do not regret your life?"

For Chloë, it is vital to ask the meaning of her life and to live in accordance with her perception of that; to live her own personal meaning, as opposed to "following the crowd" ^b Moreover, Chloë perceives this search for personal meaning as a religious quest, which has begun as a response to her LTE.

^b Looking at Chloë's experience in existential terms, she is in the process of becoming an individual. (Ex-sistere means to 'stand out', to 'emerge'- see May, R., "The Discovery of Being" N.Y.: Norton, 1983). She is attempting to live an authentic life (Heidegger) or in 'good faith' (Sartre).

For FIONA, her LTE made her life seem much more meaningful. Prior to this experience, death had seemed a random event - "people die for no reason, by chance". She was struck by the "injustice of life". After her out-of-body experience, she felt that perhaps there was after all "some more complex plan". At this time she became "a lot more inquisitive into metaphysics". Her tentative belief in re-incarnation was re-affirmed and she returned to her earlier interest in Buddhism and joined a local Buddhist group.

When HELEN survived her NDE, there was no outside help available (apart from her husband's invaluable re-assurance that she was not crazy) to assist her in her process of adjustment; and so she was thrown back on her own resources. In considering her situation she reached the following conclusion:

"There must have been a reason that I'd had that experience and that I could benefit from it and I needed to find an explanation for it - some kind of philosophical or metaphysical explanation for it - and I needed to find some purpose in my life. That if I wasn't going to die at that point, then there was a reason why I was going to live".

So began a search which, looking back, Helen sees now as having been a turning-point in her life:

"It put me on a different path.... It started me thinking in a new way.... it started to bring about important changes for me".

Initially, this search did not take an overtly religious form. First she became "much more interested in (herself) psychologically". She wanted to know who she was and what her potential was. She became involved in encounter groups and the human potential movement. She began talking to people about their philosophy of life. She read an article on out-of-body experiences and, later, someone lent her "Life after Life". (Moody, 1975)

Helen's illness in 1979 (in which she was confronted with her greatest fear, and through which she struggled to separate

emotionally from her mother and to establish her own individual identity), reminded her of her NDE and of the fragility of life. The experience of her illness "made a big shift in (her) perception of" herself and of her values. Helen determined to get fit and well and to make sure that she was not wasting her life. It was only at this point that her search took on a more apparently religious form. She met someone who "pointed her in the direction of" a Tibetan Buddhist community.

The Buddhist teachings which she received through the Manjushri Institute have given her a perspective from which to view her life. She believes now that the purpose of her life is to learn from her experiences and to gain clearer insight into the meaning of her existence. She has come to view her NDE and her illness as ways which she has been given in order to develop. Helen feels that her experiences - and making sense of them through the Tibetan teachings - have helped her to be able to face anything which life may bring.

6.6 OUT-OF-BODY EXPERIENCES AND DIS-IDENTIFICATION WITH THE BODY.

Three subjects in the present study (Fiona, Grace and Helen) report out-of-body experiences. In listening to their descriptions of what happened to them, one gains the impression that in each case the OBE facilitated their understanding that they are separate from their body. This process of dis-identification from the body would seem to be an important factor in overcoming the fear of death. For, if I am not my body then the death of the body would not seem to be so crucial. However, the experiences of these subjects illustrates that the matter is more complex. First, while Helen's fear of death was totally eliminated by her LTE, and Fiona's was reduced, Grace's fear of dying was not reduced by her out-of-body experience. Secondly, as we saw in Chapter Four, Alan's fear of death was totally eliminated although he reported specifically that he did not have an out-of-body

experience. These points are illustrated by reference to the examples of Fiona and Grace:

FIONA is explicit about recognising during her OBE that she was separate from her body:

"I found myself on the ceiling looking down on my body.... I realised that the part of me that was really me was up there on the ceiling."

Fiona had been in intense pain prior to her out-of-body experience. And, as with Grace, moving out of the body meant a cessation of the experience of pain which was associated with the body. ^c In Fiona's words:

"I felt very peaceful because the pain I'd had for the last few days before was attached to the physical body, and I wasn't there".

Following this experience, Fiona felt that death seemed both less random and less important:

"If the body is separate from the mind, the death of the body is not that important".

Consequently, her OBE reduced her fear of death.

Whereas Fiona had read about OBEs before her own experience and therefore did not feel frightened, the same was not true for GRACE. Grace described herself as "very, very surprised" when, without warning, she found herself outside her body, looking down on it in the bed. Unlike Fiona, Grace's sense of separation from the body was not complete. She had a strong sense of still being connected to the body:

"attached like a balloon hovering above".

^c For the subjects in the present study, pace Noyes, the defensive function of the OBE appears to be the cessation of pain and/or fear rather than a denial of death.

While Fiona had felt very peaceful, Grace was afraid that she might not be able to get herself back into her body.

At the time of her OBE, Grace was unable to make sense of what had happened to her. However, over the years, she came to see her experience as having been extremely valuable. It had what she termed:

"an effect on my body knowledge.... I could see myself as separate from my body"

N.H. **"You didn't identify with your body after?"**

Grace: **"No, no, not at all.... and, therefore, I could cope with what they did to me, for example, in childbirth".**

This realisation was underlined by a further experience which took place twenty-three years later: that of being required to identify the body of her grandmother. Of this event she said:

"I just saw a carcass, something sloughed off, left behind. The personality of grandma was separate. She looked so different".

Viewing the corpse of her grandmother re-inforced the lesson of the OBE for Grace, in that it gave her:

"freedom from the obsession which some people have with who they are".

She learned that the spirit/mind can "rise above things". However, Grace's experiences have not taken away her fear of death. She is "still frightened of the moment that it floats away". i.e. when her body and spirit part company finally.

6.7 LTE'S AND BUDDHISM.

In an earlier section of this Chapter (6.5) we saw how for a number of these subjects their LTE raised various existential questions and, moreover, that their subsequent search for meaning sometimes took the form of a religious quest. Here, we look at this phenomenon from a slightly different angle, noting that a number of these survivors of life-threatening experiences turned to Buddhism in their search for meaning. It is not hard to see why this might happen:

The doctrine of re-incarnation might prove attractive to those who have lost loved ones or come near to death themselves; the Christian faith with which the subject grew up might prove inadequate to answer the questions about death and suffering raised by bereavements or the subject's own life-threatening illness or accident. And, for those searching for meaning and purpose in their lives, Buddhism offers a comprehensive and psychologically subtle body of thought. Moreover, as we saw in Chapter Two, all the Buddhist methods offer training in death awareness and emphasise the importance of preparing for death *now*.

Nevertheless, though four of the subjects in this study have expressed an interest in Buddhism^d and three of these are currently Buddhist practitioners, the variety of their experiences and responses is evident.

DAVID was already a Buddhist practitioner before his LTE. But his experience of coming close to death through drowning has had an impact on his religious belief. His spiritual practice has assumed a greater importance in his life, and he places greater emphasis on the spiritual community to which he belongs.

FIONA was a practising Christian at the time of her father's death when she was thirteen. The sense of anger and betrayal which she

^d see footnote (b) in Chapter Three, p.39

experienced at that time extended to God and the Church, and she developed a "strong hatred of anything to do with Christianity".

Following her out-of-body experience, her earlier tentative belief in re-incarnation was re-affirmed and she joined a local Buddhist group. However, her belief structure had undergone a further modification in the two or three years prior to the interview. Influenced by her undergraduate thesis supervisor, she had adopted a cognitive psychological view of the OBE, thus denying the significance which she had ascribed to it earlier. Meanwhile she remains on the fringe of the Buddhist group.

Although there is nothing in GRACE's background at all similar to Buddhist thought, she commented that Buddhist notions have never been a problem to her. One might guess that her experience of her teenage illnesses pre-disposed her to be receptive to many of these concepts. For example, she said that her OBE made her aware of the "multiple realities". It left her with a deep sense that "life is not strongly attached to you", so it is important that you do not waste your time. Grace told me that after her OBE she developed her own values which were based on the "notion of death and the fragility of life".

However, it was only after the death of her father, twenty-eight years after her OBE, that she became a Buddhist.

At the time of her teenage illnesses, she had been a practising Christian, but slowly she lost her Christian faith. By the age of nineteen, she had repudiated Christianity as she felt it did not help her to make sense of her experience. In particular, she found the concept of suffering expounded in the Book of Job (viz.: that "God allows you to suffer in order to test your faith") did not help her to make sense of *her* suffering. So she was for many years a humanist.

But the experience of being with her father as he drew his last breath had a profound effect on her. It made death more real for her and brought home to her the importance of living fully:

"you've got breath, so you must use it".

It was at this stage that she became a Buddhist (and indeed, built a Buddhist Centre in the grounds of her home). It was the need to face her own mortality, combined with a strong interest in meditation, which brought her to Buddhism.

In our interview, Grace compared dying to the process of giving birth. With both you get to the point where you can't stop the process, you've got to go along with it. And both require preparation. She likened her Buddhist practice to ante-natal classes:

"It's a preparation for death and it offers 'adjustment (to death) in a total way'".

Grace described religion as being now the most important thing in her life. She has accepted Buddhist beliefs, including that of innumerable incarnations. But she is "still frightened of the moment when it all floats away" - going past the point at which she "stopped" her out-of-body experience.

In contrast to Grace's experience, HELEN's NDE eliminated all fear of death. On the other hand for Helen, as for Grace, the road from her out-of-body experience to embracing Buddhism, was a long one.

As we saw in section 6.5, Helen began to seek a reason for her near-death experience: she was looking for "some kind of philosophical or mystical explanation" and she needed to find a purpose in living.

This search took her through many experiences, but it was only after she had faced her greatest fear (that of being incapacitated) through being temporarily paralysed, had worked through to a sense of emotional separation from her mother and had established herself as an individual in her own right, that she was "pointed in the direction of" a Buddhist community.

Although she did not discover Buddhism until eleven years after her NDE, she felt that the timing was just right for her:

"Going to Manjushri was the key. I was absolutely ready for it. There was a sense of inevitability".

"Now everything came together.... I found myself doing things I really wanted to do.... I felt myself really in tune with what I was doing and the people I was with".

Helen said that the Buddhist teachings made the most sense of her experience of any explanation which she had come across. Many of the Buddhist teachings which she received confirmed for her a sense of there being a purpose in her life, and they provided her with an explanation of her experience in terms of the Buddhist concept of re-incarnation. Death is seen not as an end, but as a transition. Helen came to understand her NDE as an example of a 'bardo' state (vide: "The Tibetan Book of the Dead").

The Buddhist teachings have shown Helen how she can transform all her experiences into something practical and helpful for herself and for others. She felt that her experiences - and making sense of them through Buddhist teachings - have helped her to face anything that comes and to help others to do the same.

"Buddhists are wonderful examples. If you've really taken that (i.e. the Buddhist teachings about death and re-incarnation) on board, you can be tolerant about death. You can face all your worst fears. You can be compassionate even about someone who is going to kill you. Sickness, pain, suffering are *not* experiences to fear. You can embrace them if you can see them in that way".

6.8 BRIAN

The case of Brian raises a number of issues. Here I shall focus on just two: how might his 1985 experience be understood? And what are the implications for the current study of the material presented by Brian?

Brian's 1985 Experience:

As we saw in Chapter Five, Brian found the experience following his divorce far more frightening than his two life-threatening accidents. In spite of the fact that there was no vital threat to his physical integrity, he was convinced that he was "within microns" of death:

"There is nothing so certain in my life but that I was within a hair's breadth of dying. It was terrifying beyond words".

Psycho-analyst Max Stern's (1966) paper "Fear of Death and Neurosis" may throw some light on this paradox. Stern argues that our fear of death is rooted in the fact that we conceive of our death as a "repetition of a previous situation in which the ego experienced something of its own annihilation" (p.4) - i.e. the infantile experience of the loss of the mother on whom the infant is dependant for survival.

He presents clinical material which links patients' current fears such as "terror of nothingness, fears of drowning, immobilisation or suffocation" with these infantile experiences of abandonment. Also, Stern points out that these infantile experiences of separation from the protecting mother are revived in childhood or adult 'night terrors' (pavor nocturnus).

According to psycho-analytic thought, pavor nocturnus dreams and fantasies are failed attempts at gaining mastery over, by repetition of, the early infantile traumatic situation.

For reports of adults suffering from night terror Stern turns to Jaspers (1963), where he finds "graphic descriptions of the most agonising mortal terror man can bear". (p.19). In these accounts "the dreamer feels saved from dying at the last moment only by a superhuman effort to shake off the fetters of death" (ibid.). Stern comments that there is "no common experience in life which equals pavor nocturnus in its power to confront the individual with the fear of dying".

Also he points out that we find detailed descriptions of such mortal terror in people who come close to physical death:

"The reports stress apathy, a rootedness to one's place; often stupor turns into dozing off to sleep or into loss of consciousness". (p.15)

The parallels between these descriptions and the account which Brian gave of his experiences following his divorce (see Chapter Five) are apparent.

Thus, one suggestion would be that Brian experienced his divorce as an abandonment by his wife and that this evoked earlier infantile experience(s) of separation along the lines which Stern describes. So Brian confused inner experience with outer reality. The similarity between reports of pavor nocturnus and those of some people who have come close to physical death is demonstrated in the passages quoted above and makes such a confusion the more plausible.

There is however an alternative explanation which would make Brian's experience in some ways parallel to that of Alan, and more consonant with other subjects.

As we noted in Chapter Five, a sense of personal invulnerability is considered to be a sine qua non for motor-cycle racing. Hence Brian, whose passion was motor-cycle racing, had an additional reason for repressing the life-threatening aspect of his two motor-cycle accidents. We noted also that Brian's experience following his divorce involved a re-evocation of the accident in 1978. Clearly, his negative NDE was a cathartic experience: **"The pain cascaded out"**. (Chapter Five, p. 85). It can be argued that it was the emotional trauma of the divorce which brought into the open the awareness and terror of death which had been evoked by his earlier experiences, and which led both to an heightened awareness of the preciousness of life and an intensified fear of abandonment and being alone.

Implications of Brian's Material:

Two factors stand out in Brian's material. One factor is that, while his earlier LTEs did not lead to any significant changes in his attitudes and behaviour, in the experience which *did* lead to such changes, there was no evident threat to his physical integrity (although he did believe that he was dying).

The second factor is that the pattern of changes reported by Brian following his 1985 experience - some positive (increased appreciation and enjoyment of life, increased tolerance of others and decreased concern with material possessions) and some negative (increased fear of death and concerns about his health, and feeling "not as complete a person") - is similar to those of Chloë and David, for whom the changes *did* follow upon as an event in which they came close to death.

These points seem to underline the fact that, for these subjects at least, coming close to physical death or believing that one is dying are not predictors of attitudinal change. What all these subjects have in common is that they all became aware of their mortality. It is the integration of this awareness which seems to be the common factor which leads to positive changes in attitude and behaviour.

The points made in this chapter are intended to be illustrative rather than exhaustive. Undoubtedly, the richness of the material presented by these subjects is such that further analysis and discussion would prove fruitful. However, it is time to pass on to the conclusions of the present study.

CHAPTER SEVEN

CONCLUSION

It may seem unwise to draw sweeping conclusions on the basis of such a small and self-selected sample of subjects. Nevertheless, it is worthwhile to delineate the trends which can be observed in the material presented.

There are a number of ways in which the current study replicates findings which are described elsewhere in the literature. For example, *all* the subjects in this study reported significant changes in attitude and behaviour which they associated with a particular LTE. Some subjects reported a 'mixed bag' of positive and negative changes; whereas others perceived the changes as predominantly (or overwhelmingly) positive.

Four or more of the eight subjects reported the following positive changes: a greater sense of meaning and purpose in life (7); increased compassion for others (6); a heightened sense of the preciousness of life (5); greater tolerance for others (5); fear of death eliminated or diminished (4); a decreased concern with material possessions (4).

By contrast, two subjects reported an *increased* fear of death following their confrontation with mortality, and two reported an increase in other fears which are considered to be derivatives of death anxiety.

Also, this study supports the view that temporary emotional disturbance is common following an LTE. There is some suggestion that a period of solitude away from the everyday environment may facilitate the process of re-integration and that the support of people who are prepared to listen non-judgementally may hasten the development of positive change.

The other main findings of the present study are as follows:

- (i) Substantive changes in attitude and behaviour does *not* depend on the fullness of an NDE. Nor does the subject's belief that they were dying differentiate between those who reported greater or less personal change. No subject reported panoramic memory or a life review during their LTE. Rather, for these subjects, it is the integration of awareness of their mortality which seems to be the common factor which leads to change in attitude and behaviour.

- (ii) Each subject responds to the confrontation with death in his/her characteristic way. The significance of the LTE needs to be understood in the context of the subject's life history and stage of emotional development.
- (iii) The hypothesis that adults' responses to the subject's childhood bereavement(s) would be a significant factor in the subject's later attitude to death was not confirmed. However, certain bereavements were cited by the subjects as significant in themselves to the development of their attitude towards death.
- (iv) Coming to terms with mortality may be seen as the result of a single experience (as in the case of Alan); more frequently it is an incremental process.
- (v) For these subjects, coming to terms with their LTE tended to raise existential questions and, in some cases, this led to a religious quest (see also Ring, 1980, 1984). Three of these survivors turned to Buddhism in order to make sense of their experience.
- (vi) For some subjects, becoming aware of their mortality helped them to transcend their ego-centred perspective and to see the universality of the human condition, their inter-connectedness with others and that others are of equal value with themselves.
- (vii) Each of the three subjects who experienced an OBE reported that this experience helped them to dis-identify with the body.

As stated at the outset, this study was conceived of as preliminary and descriptive. In spite of these limitations, the results do suggest a number of implications and also some directions for future research.

IMPLICATIONS

The present study re-inforces three implications which emerge in various parts of the near-death literature:

- 1) I would endorse the plea of Sabom and Kreutiger (1977) and Moody (1977) that patients who come near to death should be encouraged to talk about their experience without fear of being thought mad and also that they should be offered, where appropriate, the support of being given the necessary time and space in which to integrate their experience. This is largely a matter of medical education and raising public awareness.

The current study offers a number of examples where, with minimal support, the subject has come through to very significant positive personal change and emotional development.

- 2) The fact that the integration of awareness of one's mortality does tend to be associated with positive personal change acts as a reminder to psychotherapists and counsellors that working with contingency in our patients' lives and uncovering and interpreting death-related fears can promote emotional maturity and personal development (c.f., for example, Stern, 1966; Yalom, 1980).
- 3) A number of subjects in this study felt more strongly following their LTE that they had something of value to teach others. Alan referred to this in the post-questionnaire part of the interview and Helen routinely does share her experience in order to help those she meets who are fearful of their own death or that of someone close to them.

I think that it would pay us well as a society to give the help which these people need at the time of their LTE, for they have much to teach the rest of us about the (personal and societal) advantages of coming to terms with our own mortality. For example Alan (Chapter Four, p.56) and Kübler-Ross (1974) are correct, I believe, in thinking that we would be both happier and less destructive if we embraced our own mortality.

DIRECTIONS FOR FUTURE RESEARCH

I envisage this study being extended in three ways:

- (i) into a larger-scale study to see if the main finding is replicated - i.e. that integration of death-awareness is the factor common to subjects who experience positive personal change following an LTE. One aspect of this would be the development of a reliable and valid means of measuring death awareness.
- (ii) by re-analysis of the results of other studies in the near-death literature, as an alternative way of assessing the relative importance of integration of mortality among the variables said to discriminate between greater and lesser degrees of personal change.
- (iii) According to the literature (e.g. Jacques, 1976; Stein, 1984) one would expect people in the mid-life transition to be *more* likely to respond to an LTE in terms of increased emotional maturity. (This was the case for the two subjects in this study who experienced an LTE in their forties). Yet the current NDE literature suggests that age at the time of the LTE is *not* a discriminatory variable. An investigation of this apparent anomaly would be a third direction for future research.

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APPENDICES

APPENDIX 1 : Interview Schedule

INTERVIEW SCHEDULE

1. DEMOGRAPHIC DATA

Name:

Date of interview:

d.o.b.

Date of LTE.:

Occupation:

Religious affiliation:

2. DESCRIPTION OF LTE

i) Nature of LTE.:

ii) Did you believe that you were dying?

YES/NO

iii) Verbatim description

Verbatim description of LTE. /contd.....

2. iv) **Did LTE. include an NDE?** YES/NO

If yes,

Core elements experienced:

1. Peace and a sense of well-being

2. Separation from the body

3. Entering the darkness

4. Seeing the light

5. Entering the light

v) **Verbatim description of NDE**

(Please describe in your own words, as fully as possible).

Description of NDE/contd.....

3. ATTITUDES TO DEATH BEFORE LTE.

i) What was your attitude to death before this event?

ii) What was your first experience of death?

e.g. 1) finding a dead bird

2) death of a pet

3) death of a neighbour

4) death of a schoolfriend

5) death of a close family member
(specify)

6) Other (specify)

iii) How did you feel / react?

3. iv) **How did other members of your family respond:**

v) **What other important/related experiences * ?**

How did each affect your attitudes to death and to life?

* in chronological order:

experience

any attitude to change

3. v) Important experiences related to death/contd.....

experience

any attitude to change

4. POST LTE

i) Has your experience affected your earlier attitudes towards life and death YES/NO

ii) If yes: (a) What *positive* changes have there been:

- | | | | |
|--------|----|--|--------------------------|
| e.g. | 1. | Reduced fear of death | <input type="checkbox"/> |
| | 2. | Greater sense of meaning and purpose in life | <input type="checkbox"/> |
| | 3. | Greater enjoyment of life | <input type="checkbox"/> |
| | 4. | More compassion for others | <input type="checkbox"/> |
| | 5. | Less concern with material possessions | <input type="checkbox"/> |
| (s.s.) | 6. | Less likely to commit suicide | <input type="checkbox"/> |
| | 7. | Greater tolerance | <input type="checkbox"/> |
| | 8. | Other (please specify) | <input type="checkbox"/> |

iii) **Verbatim Description:**

Positive changes/ verbatim description/ contd.....

b) What *negative* changes:

e.g. 1. Fear of death

2. Phobias

3. Other (specify)

Verbatim Description

Negative Changes/Verbatim description/contd.....

5. RELIGIOUS BELIEF

- i) How important is religion in your life?
- ii) What are your (religious) beliefs about death?
- iii) Has your LTE affected your religious belief in any way?

YES/NO

If Yes, how?

5. iii) **Changes in religious belief following LTE/contd.....**

6. **How do you make sense of what has happened to you?**

7. **Anything else which you feel is important which we have not covered in the interview?**

APPENDIX 2 : Questionnaires

1

FEAR CHECK LIST

NAME: _____

DATE: _____

AGE: _____

Here is a list of common fears. Please indicate, by ticking the appropriate box, where you stand on each of these fears. Please answer every question as truthfully as you can.

Fill in TWO copies of the check list. First answer how you felt BEFORE your LTE. Then answer as you feel NOW.

	1	2	3	4	5
BEFORE	NO FEAR	A BIT FEARFUL	QUITE FEARFUL	VERY FEARFUL	TERRIFIED
1. Dead bodies					
2. Angry people					
3. Parting from friends					
4. Enclosed places					
5. Feeling rejected by others					
6. Being ignored					
7. Feel disapproved of					
8. Darkness					
9. People with deformities					
10. Making mistakes					
11. Looking foolish					
12. Losing control					
13. Being in charge or responsible for decisions.					
14. Becoming mentally ill					
15. Taking written tests					
16. Being touched by others					
17. Feeling different from others					
18. Being alone					
19. Being in a strange place					
20. Speaking in public					
21. Bad dreams					
22. Failure					
23. Entering a room where other people are seated					
24. Looking down from high buildings					
25. Strangers					
26. Feeling angry					
27. People in authority					
28. A lull in conversation					
29. Crawling insects					

NOW

1. Dead bodies
2. Angry people
3. Parting from friends
4. Enclosed places
5. Feeling rejected by others
6. Being ignored
7. Feel disapproved of
8. Darkness
9. People with deformities
10. Making mistakes
11. Looking foolish
12. Losing control
13. Being in charge or responsible for decisions.
14. Becoming mentally ill
15. Taking written tests
16. Being touched by others
17. Feeling different from others
18. Being alone
19. Being in a strange place
20. Speaking in public
21. Bad dreams
22. Failure
23. Entering a room where other people are seated
24. Looking down from high buildings
25. Strangers
26. Feeling angry
27. People in authority
28. A lull in conversation
29. Crawling insects

	1	2	3	4	5
	NO FEAR	A BIT FEARFUL	QUITE FEARFUL	VERY FEARFUL	TERRIFIED
1. Dead bodies					
2. Angry people					
3. Parting from friends					
4. Enclosed places					
5. Feeling rejected by others					
6. Being ignored					
7. Feel disapproved of					
8. Darkness					
9. People with deformities					
10. Making mistakes					
11. Looking foolish					
12. Losing control					
13. Being in charge or responsible for decisions.					
14. Becoming mentally ill					
15. Taking written tests					
16. Being touched by others					
17. Feeling different from others					
18. Being alone					
19. Being in a strange place					
20. Speaking in public					
21. Bad dreams					
22. Failure					
23. Entering a room where other people are seated					
24. Looking down from high buildings					
25. Strangers					
26. Feeling angry					
27. People in authority					
28. A lull in conversation					
29. Crawling insects					

PERSONAL ATTITUDE QUESTIONNAIRE

NAME: _____

DATE: _____

AGE: _____

Please respond to the following statements by ticking the appropriate box.
Answer all the questions and be as truthful as you can.

Fill in TWO copies of the questionnaire. First answer how you felt BEFORE
your LTE. Then answer as you feel NOW.

	1	2	3	4	5
BEFORE	ALWAYS	VERY OFTEN	OFTEN	SOME- TIMES	HARDLY EVER
1. I communicated openly with my partner					
2. I appreciate the beauty of nature					
3. I had a sense of personal freedom					
4. I tried to communicate openly with my children (or family)					
5. I obtained such pleasure from life.					
6. I communicated honestly & frankly					
7. I only did things I really wanted to do					
8. I lived in the present rather than in the past or the future					
9. I had moments of deep serenity					
10. I stood up for my own personal rights					
11. I had a sense of personal well-being					
12. I communicated openly with my friends					
13. I felt I had something of value to teach others about life					
14. I was able to choose what I wanted to do					
15. My life had meaning and purpose					
16. Religious/spiritual beliefs had much significance for me					

NOW

	1	2	3	4	5
	ALWAYS	VERY OFTEN	OFTEN	SOME-TIMES	HARDLY EVER
1. I communicate openly with my partner					
2. I appreciate the beauty of nature					
3. I have a sense of personal freedom					
4. I try to communicate openly with my children (or family)					
5. I obtain much pleasure from life.					
6. I communicate honestly & frankly					
7. I only do things I really want to do					
8. I live in the present rather than in the past or the future					
9. I have moments of deep serenity					
10. I stand up for my own personal rights					
11. I have a sense of personal well-being					
12. I communicate openly with my friends					
13. I feel I have something of value to teach others about life					
14. I am able to choose what I want to do					
15. My life has meaning and purpose					
16. Religious/spiritual beliefs have much significance for me					

APPENDIX 3 : Quantitative Data

Tables VIII and IX present further details of the subjects' scores on the FCL and the PAQ.

In the case of the FCL, the score 1 = 'No fear', 2 = 'A bit fearful', 3 = 'Quite fearful', 4 = 'Very fearful' and 5 = 'Terrified'. (See Appendix 2).

Table VIII-A gives the scores for each subject 'before' their LTE; Table VIII-B gives the scores for 'now', and Table VIII-C records the changes. Table VIII-C presents the change in two further ways. The maximum change possible is four points, but of course, the size of possible change is limited by the prior level of fear. Table VIII-D records the mean change for each item and Table VIII-E gives the difference in total scores for each subject. (The maximum score is 145 and the minimum score is 29).

Table VIII-D reveals that, in the 'before' mode, the average score for each item ranges from 2.875 (Item 5: 'Feeling rejected by others') to 1.25 for items 4, 8 and 21 ('enclosed places', 'darkness' and 'bad dreams', respectively).

Thus the average level of fear for these subjects on the FCL was not very high even before the LTE. Nevertheless, there is an average reduction in fear for most items. In the 'now' mode, the average score for each item ranges from 2.00 for item 12 ('loss of control') to 1.00, the minimum, for item 9 ('People with deformities'). The size of the average difference between 'before' and 'now' ranges from -1.25 for item 2 ('angry people') to +0.375 for item 14 ('becoming mentally ill').

There was an average reduction in fear on 22 of the 29 items; an average increase in fear on five items ('darkness', 'becoming mentally ill', 'being touched by others', 'bad dreams' and 'feeling angry'). And on two items ('enclosed places' and 'being alone') there was no change.

The average change in those items in which there is an increase is 0.25, whereas for those items in which there is a decrease in fear, the average size of the reduction is just over 0.5.

There was an average reduction in fear of 1.00 or more on six items: Nos. 2, 5, 6, 7, 22 and 23 (respectively, 'angry people', 'feeling rejected by others', 'being ignored', 'feeling disapproval of', 'failure' and 'entering a room where others are seated'). Note that these are all inter-personal fears.

Table VIII-E records the change in total score for each subject. For three subjects (Ss. 2, 3 and 4 : Brian Chloë and David) there is virtually no change in their level of fear. For three other subjects (Ss. 1, 5 and 8 : Alan, Eric and Helen) the overall fear in the 'now' mode is extremely low. (No fear on any item would give a score of 29). Note also that only one subject (S3 : Chloë) has an average in the 'now' mode in excess of 58 (which would be the equivalent of a score of 2, 'a bit fearful', on each item).

In the case of the PAQ, which comprises sixteen 'personal growth' statements, the score 1 = 'Always', 2 = "Very Often", 3 = 'Often', 4 = "Sometimes" and 5 = "Hardly Ever" (see Appendix 2).

Table IX-A gives the scores for each subject 'before' their LTE; Table IX-B presents the scores for 'now' and Table IX-C records the change. Table IX-C, records the change in two further formats and shows that the change is predominantly in the direction of personal growth. As with the FCL, the maximum possible change is four points, but the change possible is limited by the score in the 'before' mode. Table IX-D records the mean change for each item and Table IX-E records the difference in total scores for each subject. (In this case, the maximum score is 80 and the minimum score is 16).

Table IX-D reveals that in the 'before' mode the average score for each item ranges from 4.00 for items 13 and 16: 'I felt I had something valuable to teach others about life' and 'Religious/spiritual beliefs had much significance for me' to 2.625 for item No. 10 'I stood up for my own personal rights'. Note that in the 'before' mode the average score is less than 3.00 on only three items. In the 'now' mode, the average score ranges from 2.75 for item 3: 'I have a sense of personal freedom' to 1.875 for the following six items:

1. I communicate openly with my partner
4. I communicate openly with my children/family
6. I communicate honestly and frankly
10. I stand up for my rights
13. I feel I have something of value to teach others about life
14. I am able to choose what I want to do

Table IX-D also reveals that there was a mean change in the direction of personal growth on all sixteen items of this questionnaire.

In two cases (Items 4 and 13 'I communicate openly with my children/family' and 'I feel that I have something of value to teach others about life') there was a mean change of two points or more. There was a mean change of one point or more on a further nine items.

Table IX-E records the change in total score for each subject. While the *direction* of change is positive in all cases, there is relatively little overall change for Ss. 2, 3 and 4 (ten points or less in each case). This is the same pattern as for the FCL. By contrast, for the other subjects, the total change is over twenty points in each case, and as many as thirty-five for S7, Grace. (This constitutes an average shift of just over two points on each item). A point to be born in mind here is that she was the youngest subject, only sixteen at the time of the LTE.

TABLE VIII-A FEAR CHECK LIST - 'BEFORE'

Item No.	S. No.							
	1	2	3	4	5	6	7	8
1. Dead bodies	1	2	3	2	1	2	2	3
2. Angry people	3	1	2	3	2	3	2	3
3. Parting from friends	1	1	2	3	2	3	3	2
4. Enclosed places	3	1	1	1	1	1	1	1
5. Feeling rejected	3	4	3	1	3	2	4	3
6. Being ignored	2	1	3	1	4	2	4	2
7. Feeling disapproved of	2	1	3	1	4	3	4	3
8. Darkness	1	1	1	1	2	1	2	1
9. People with deformities	1	2	1	1	2	1	2	1
10. Making mistakes	2	2	2	1	2	1	3	1
11. Looking foolish	2	2	1	1	3	2	3	1
12. Losing control	2	5	1	2	3	3	3	2
13. Being in charge	1	1	3	2	2	2	1	1
14. Becoming mentally ill	1	4	1	1	1	1	1	2
15. Taking written tests	2	3	4	3	2	1	2	1
16. Being touched by others	1	1	1	1	1	2	1	1
17. Feeling different	1	3	2	1	2	1	3	2
18. Being alone	1	1	4	2	1	1	3	1
19. Being in a strange place	1	4	1	1	1	1	3	1
20. Speaking in public	1	1	5	3	2	3	3	2
21. Bad dreams	1	1	1	1	1	1	2	2
22. Failure	4	2	3	2	3	3	4	1
23. Entering room....	2	4	2	1	2	2	3	1
24. Looking down....	1	1	4	2	1	1	4	1
25. Strangers	2	1	1	2	1	2	1	1
26. Feeling angry	2	1	1	1	1	1	2	2
27. People in authority	1	1	3	1	1	3	2	1
28. A lull in conversation	1	1	2	1	2	2	2	1
29. Crawling insects	1	1	2	1	3	1	1	2

TABLE VIII-B FEAR CHECK LIST - 'NOW'

Item No.	S. No.							
	1	2	3	4	5	6	7	8
1. Dead bodies	1	1	5	2	1	1	1	1
2. Angry people	1	1	1	2	1	1	1	1
3. Parting from friends	1	1	4	3	2	2	1	1
4. Enclosed places	1	1	3	1	1	1	1	1
5. Feeling rejected	1	2	3	2	1	2	1	2
6. Being ignored	1	1	3	2	1	1	1	1
7. Feeling disapproved of	2	1	3	3	1	1	1	1
8. Darkness	1	1	5	1	1	1	1	1
9. People with deformities	1	1	1	1	1	1	1	1
10. Making mistakes	2	2	2	1	1	2	1	1
11. Looking foolish	1	1	1	1	1	2	1	1
12. Losing control	1	5	3	1	1	2	2	1
13. Being in charge	1	1	1	1	1	2	3	1
14. Becoming mentally ill	2	4	3	2	1	1	1	1
15. Taking written tests	2	3	4	1	2	1	1	1
16. Being touched by others	1	1	1	1	1	3	1	1
17. Feeling different	2	3	1	2	1	2	1	1
18. Being alone	1	4	2	2	1	1	2	1
19. Being in a strange place	1	1	1	1	1	1	1	1
20. Speaking in public	1	1	3	3	1	3	1	2
21. Bad dreams	1	2	1	1	1	1	4	1
22. Failure	2	4	2	1	2	1	1	1
23. Entering room....	1	1	2	1	1	2	1	1
24. Looking down....	1	2	3	3	1	1	2	1
25. Strangers	1	1	1	2	1	2	1	1
26. Feeling angry	2	2	1	1	1	1	4	1
27. People in authority	1	1	1	2	1	1	1	1
28. A lull in conversation	2	1	1	1	1	1	1	1
29. Crawling insects	1	1	3	1	2	1	1	1

TABLE VIII-C FEAR CHECK LIST - 'DIFFERENCE'

Item No.	S. No.								T Value
	1	2	3	4	5	6	7	8	
1. Dead bodies	0	-1	+2	0	0	-1	-1	-2	7
2. Angry people	-2	0	-1	-1	-1	-2	-1	-2	1 p=0.02*
3. Parting from friends	0	0	+2	0	0	-1	-2	-1	7.5
4. Enclosed places	-2	0	+2	0	0	-1	-2	-1	7
5. Feeling rejected	-2	-2	0	+1	-2	0	-3	-1	3.5 p<0.1
6. Being ignored	-1	0	0	+1	-3	-1	-3	-1	4.5 p<0.1
7. Feeling disapproved of	0	0	0	+2	-3	-2	-3	-2	5 p=0.1
8. Darkness	0	0	+4	0	-1	0	-1	0	8
9. People with deformities	0	-1	0	0	-1	0	-1	0	15
10. Making mistakes	0	0	0	0	-1	+1	-2	0	6.5
11. Looking foolish	-1	-1	0	0	-2	0	-2	0	10
12. Losing control	-1	0	+2	-1	-2	-1	-1	-1	7.5
13. Being in charge	0	0	-2	-1	-1	0	+4	0	8
14. Becoming mentally ill	+1	0	+2	+1	0	0	0	-1	6
15. Taking written tests	0	0	0	-2	-1	0	-1	0	15
16. Being touched by others	0	0	0	0	0	-1	0	0	8
17. Feeling different	+1	0	-1	+1	-1	-1	-2	-1	9
18. Being alone	0	+3	-2	0	0	0	-1	0	8
19. Being in a strange place	0	0	0	0	0	0	-2	0	8
20. Speaking in public	0	0	-2	0	-1	0	-2	0	19
21. Bad dreams	0	0	0	0	0	0	+2	-1	8
22. Failure	-2	0	-1	-1	-1	-2	-3	0	3 p=0.05*
23. Entering room	-1	0	0	0	-1	0	-2	0	15
24. Looking down	0	+1	-1	+1	0	0	+1	0	6.5
25. Strangers	-1	0	0	0	0	0	0	0	8
26. Feeling angry	0	+1	0	0	0	0	+2	-1	6.5
27. People in authority	0	0	-2	+1	0	-2	-1	0	5.5
28. A lull in conversation	+1	0	-1	0	-1	-1	-1	0	6
29. Crawling insects	0	0	+1	0	-1	0	0	-1	7

TABLE VIII-C₁ FEAR CHECK LIST - FREQUENCY OF CHANGE

S #	CHANGE IN SCORE								Σ
	+4	+3	+2	+1	-1	-2	-3	-4	
1	-	-	-	3	5	4	-	-	3 - 9
2	-	1	-	2	3	1	-	-	3 - 4
3	1	-	5	1	5	4	-	-	7 - 9
4	-	-	1	6	4	1	-	-	7 - 5
5	-	-	-	-	12	3	2	-	0 - 17
6	-	-	-	1	8	4	-	-	1 - 12
7	1	-	2	1	8	8	5	-	4 - 21
8	-	-	-	-	10	3	-	-	0 - 13
Σ	2	1	8	14	55	28	7	0	

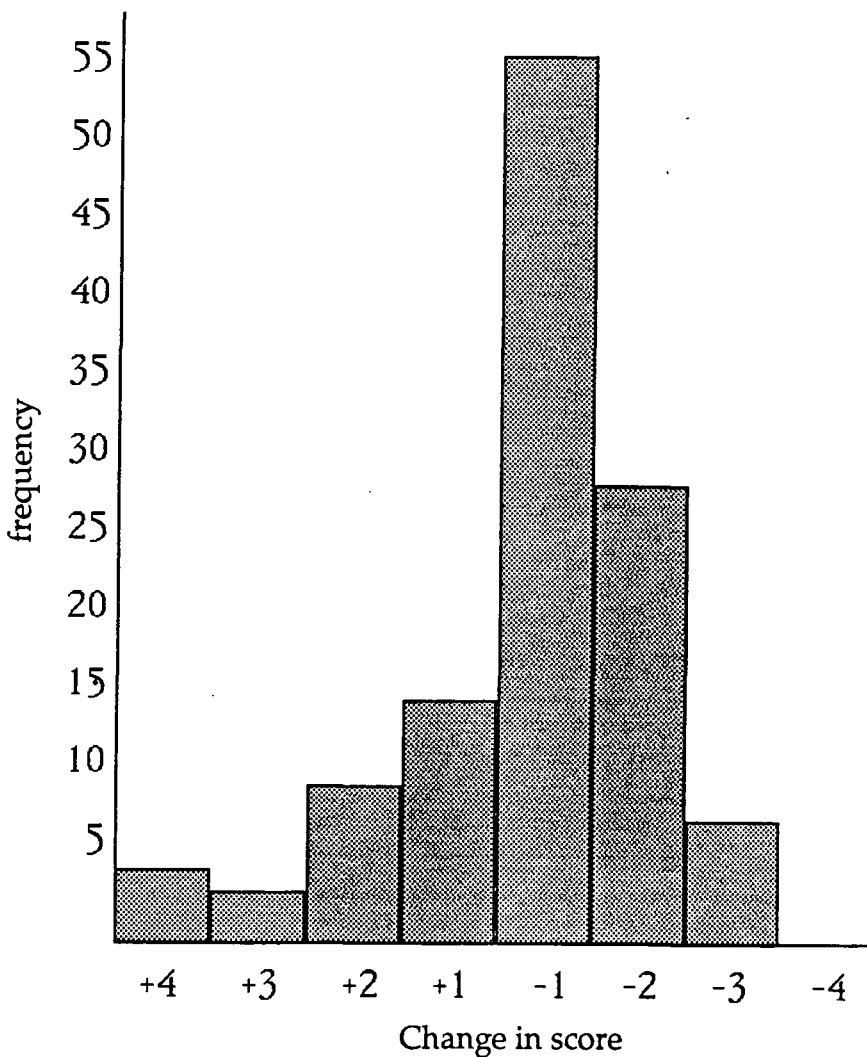


TABLE VIII-D : FEAR CHECK LIST - MEAN SCORES BY ITEM

Item No.	'Before'	'Now'	Difference
1. Dead bodies	2.00	1.625	-0.375
2. Angry people	2.375	1.125	-1.125
3. Parting from friends	2.125	1.875	-0.25
4. Enclosed places	1.25	1.25	no change
5. Feeling rejected	2.875	1.75	-1.125
6. Being ignored	2.375	1.375	-1.00
7. Feeling disapproved of	2.625	1.625	-1.00
8. Darkness	1.25	1.50	+0.25
9. People with deformities	1.375	1.00	-0.375
10. Making mistakes	1.75	1.50	-0.25
11. Looking foolish	1.875	1.125	-0.75
12. Losing control	2.625	2.00	-0.625
13. Being in charge	1.625	1.375	-0.25
14. Becoming mentally ill	1.50	1.875	+0.375
15. Taking written tests	2.25	1.875	-0.375
16. Being touched by others	1.125	1.25	+0.125
17. Feeling different	1.875	1.625	-0.25
18. Being alone	1.75	1.75	no change
19. Being in a strange place	1.625	1.00	-0.625
20. Speaking in public	2.50	1.875	-0.625
21. Bad dreams	1.25	1.50	+0.25
22. Failure	2.75	1.75	-1.00
23. Entering room....	2.125	1.25	-0.875
24. Looking down....	1.875	1.75	-0.125
25. Strangers	1.375	1.25	-0.125
26. Feeling angry	1.375	1.625	+0.25
27. People in authority	1.625	1.125	-0.5
28. A lull in conversation	1.50	1.125	-0.375
29. Crawling insects	1.50	1.375	-0.125

TABLE VIII-E : FEAR CHECK LIST - TOTAL SCORES BY SUBJECT

	S. No							
	1	2	3	4	5	6	7	8
'Before'	47	54	63	44	56	52	71	46
'Now'	37	51	65	46	33	42	40	31
Difference	-10	-3	+2	+2	-23	-10	-31	-15

TABLE IX-A : PERSONAL ATTITUDE QUESTIONNAIRE - 'BEFORE'

Item No	S.No							
	1	2	3	4	5	6	7	8
1. Open communication - partner	4	2	2	2	3	5	4	3
2. Appreciation of nature	4	3	4	3	1	4	5	2
3. Sense of personal freedom	3	4	2	2	1	5	5	4
4. Open communication-children/ family	4	4	3	3	4	5	4	4
5. Pleasure from life	2	4	2	3	4	4	4	2
6. Honest, frank communication	4	3	4	3	3	5	5	3
7. Only do things I want	2	2	2	3	3	2	4	4
8. Live in present	2	2	2	3	4	3	4	3
9. Moments of deep serenity	-	4	4	3	4	5	4	4
10. Stand up for rights	1	1	5	3	2	4	3	2
11. Sense of personal well-being	3	5	3	3	5	5	-	3
12. Open communication - friends	2	4	3	3	3	5	3	2
13. Something of value to teach others	4	3	4	4	5	5	-	4
14. Able to choose what I want to do	2	2	2	3	5	4	5	4
15. Life has meaning & purpose	4	2	4	3	5	5	4	4
16. Religious/spiritual beliefs significant	4	3	5	3	5	5	3	4

TABLE IX-B : PERSONAL ATTITUDE QUESTIONNAIRE - 'Now'

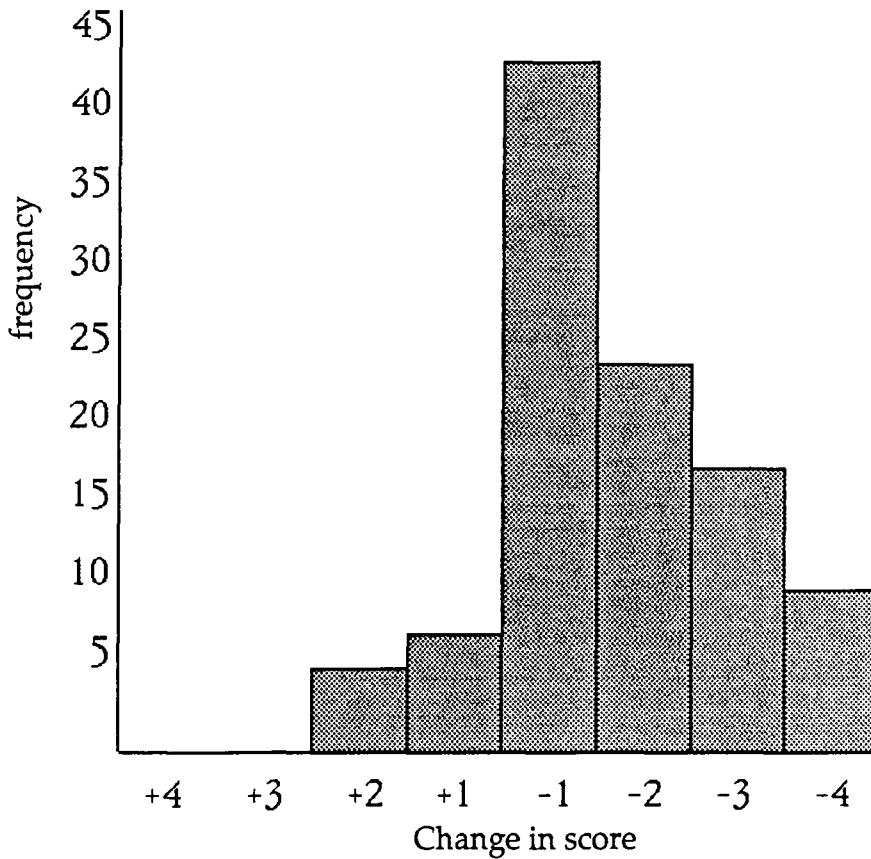
Item No	S.No							
	1	2	3	4	5	6	7	8
1. Open communication - partner	1	1	2	2	2	3	2	2
2. Appreciation of nature	1	3	2	2	1	3	2	2
3. Sense of personal freedom	-	2	3	3	1	4	4	2
4. Open communication-children/ family	1	3	2	2	1	4	1	1
5. Pleasure from life	1	4	4	3	1	3	1	2
6. Honest, frank communication	1	3	2	2	1	4	1	1
7. Only do things I want	2	1	3	3	3	4	1	2
8. Live in present	1	2	4	2	2	3	1	4
9. Moments of deep serenity	2	4	3	2	2	3	2	2
10. Stand up for rights	1	1	2	3	1	3	-	1
11. Sense of personal well-being	1	4	4	3	1	2	2	2
12. Open communication - friends	1	3	2	2	2	3	2	1
13. Something of value to teach others	1	2	3	2	1	2	2	2
14. Able to choose what I want to do	1	1	4	2	1	4	1	1
15. Life has meaning & purpose	1	4	3	2	1	2	2	2
16. Religious/spiritual beliefs significant	2	4	3	2	3	3	1	1

TABLE IX-C : PERSONAL ATTITUDE QUESTIONNAIRE - DIFFERENCE

Item No	S.No								T Value
	1	2	3	4	5	6	7	8	
1. Open communication - partner	-3	-1	0	0	-1	-2	-1	-1	3 p=0.05
2. Appreciation of nature	-3	0	-2	-1	0	-1	-2	0	6
3. Sense of personal freedom	-	-2	+1	+1	0	-1	-1	2	1 p<0.05
4. Open communication - children/family	-3	-1	-1	-1	-3	-1	-4	-3	0 p<0.02
5. Pleasure from life	-1	0	+2	0	-3	-1	-3	0	6
6. Honest, frank communication	-3	0	-2	-1	-2	-1	-3	-2	1 p<0.02
7. Only do things I want	0	-1	+1	0	0	+2	-4	-2	6
8. Live in present	-1	0	+2	-1	-2	0	-3	-1	6.5
9. Moments of deep serenity	-	0	-1	-1	-2	-2	-2	-2	1 p<0.05
10. Stand up for rights	0	0	-3	0	-1	-1	-	-1	6
11. Sense of personal well-being	-2	-1	+1	0	-4	-3	-	-1	3 p=0.1
12. Open communication - friends	-1	-1	-1	-1	-1	-2	-1	-1	0 p<0.02
13. Something of value to teach others	-3	-1	-1	-2	-4	-3	-	-2	0 p=0.02
14. Able to choose what I want to do	-1	-1	+1	-1	-4	0	-4	-3	3.5 p<0.1
15. Life has meaning & purpose	-3	+2	-1	-1	-4	-3	-2	-2	4 p<0.1
16. Religious/spiritual beliefs significant	-2	+1	-2	-1	-2	-2	-2	-3	1.5p<0.05

TABLE IX-C₁ PERSONAL ATTITUDE QUESTIONNAIRE-
FREQUENCY OF CHANGE

S#	CHANGE IN SCORE								Σ
	+4	+3	+2	+1	-1	-2	-3	-4	
1	-	-	-	-	4	2	6	-	0-12
2	-	-	1	1	7	1	-	-	2-8
3	-	-	2	4	6	3	-	-	6-9
4	-	-	-	1	9	1	-	-	1-10
5	-	-	-	-	3	4	2	4	0-13
6	-	-	1	-	6	4	3	-	1-13
7	-	-	-	-	3	4	3	4	0-14
8	-	-	-	-	5	6	3	-	0-14
	0	0	4	6	43	25	17	8	



**TABLE IX-D : PERSONAL ATTITUDE QUESTIONNAIRE-
MEAN SCORES BY ITEM**

Item No	'Before'	'Now'	Difference
1	3.125	1.875	-1.25
2	3.25	2.00	-1.25
3	3.25	2.75	-0.50
4	3.875	1.875	-2.00
5	3.125	2.375	-0.75
6	3.75	1.875	-1.875
7	2.75	2.375	-0.375
8	2.875	2.125	-0.75
9	3.875	2.5	-1.375
10	2.625	1.875	-0.75
11	3.75	2.375	-1.375
12	3.125	2.00	-1.125
13	4.00	1.875	-2.125
14	3.375	1.875	-1.50
15	3.875	2.125	-1.75
16	4.00	2.375	-1.625

**TABLE IX-E : PERSONAL ATTITUDE QUESTIONNAIRE
TOTAL SCORES BY SUBJECT**

	S. No							
	1	2	3	4	5	6	7	8
Before	48	48	51	47	57	71	63	52
Now	21	42	46	37	24	50	28	26
Difference	-27	-6	-5	-10	-33	-21	-35	-26

**APPENDIX 4 : Suicide Survey
and S9 : Ingrid**

Suicide Survey

As agreed at my meeting with the Psychiatric Consultants, I sent a pro-forma letter describing the project to the Nurse-in-charge at each of the five admissions wards of the Psychiatric hospital where I am based. This letter was followed up with a telephone call which brought forth the names of five patients (all women) who might fit the criteria for inclusion in the project (see Chapter 3).

Of these five, I excluded one patient as she had been referred to me already in my clinical capacity; another was excluded because her Consultant judged her to have no suicidal intent. A third patient (a widow in her sixties whose husband had hanged himself) was considered to have had suicidal intent, but was also described as depressed and paranoid; she was discharged from hospital the day after I contacted the ward, and it was decided not to get in touch with her at home to ask her to participate in the research. A fourth woman was still on the ward and agreed to be interviewed (see below, S9 : Ingrid). The fifth was discharged from hospital before I could see her and I decided not to follow he up as an out-patient.

S9 : Ingrid

I saw Ingrid on the ward for a preliminary interview. She told me that she had taken an overdose of up to six analgesic tablets and one or two sleeping pills. She didn't lose consciousness; she lay on her bed for an hour and a half and then she 'phoned a friend. Her friend's father took Ingrid to the Accident and Emergency Department at the local District General Hospital, where she was made to vomit and kept in overnight for observation.

Ingrid said that her overdose was partly a wish to die and partly a cry for help. She told me that after she was made to vomit, she felt better:

"I felt a miracle had happened..... that God had listened to me. My spirit felt renewed".

Now she feels "at one with the trees", that "the best things in life are free" and that "friends are therapy".

Nevertheless, she still feels depressed and might attempt to take her own life in the future.

Ingrid's overdose was ambiguous as to its suicidal intent and as to whether she expected to die as a result of it. My impression of Ingrid in the interview was that she was unable to commit herself either to living or to dying and that there was no lasting change following her overdose.

As she did not fulfil the criteria for inclusion in the project, I did not proceed with a formal interview.

VERBATIM TRANSCRIPT : Alan

S1 : ALAN - VERBATIM TRANSCRIPT OF INTERVIEW

Side A

- NH When was this experience?
- A 28 March..... this year. After the Bank Holiday Monday.
- NH Right..... and your date of birth?
- A 11 April 1942..... a war baby.
- NH And, do you work?
- A Yeah, self-employed. I have my own business. Not started back yet like.
- NH Do you have any religious affiliation? Do you go to church or subscribe to any religious belief?
- A I can't really say I believe to any particular one. When I was a child I used to go to the Salvation Army. Then I went to the Protestant Church, and then I went to the Catholic Church. So I've had an experience of all churches. The only thing is I know that they all believe in the same.
- NH Yeah, O.K.. And you said that your heart stopped for two and a half minutes?
- A Well, that's what they tell me in hospital..... I was dead for two and a half minutes, like. Well, you are not actually proclaimed dead, like... but __
- NH So, you actually knew nothing about it at the time, you say?
- A No, nothing whatsoever.
- NH So, you didn't think: "I might be dying", or __

- A Oh, yeah. When I got in the ambulance, I came out with a funny remark to the wife, I shouted her from the ambulance and they called her to the ambulance and my main concern was about her, believe it or not, and I just said: "make sure all the insurance policies are paid up".
- NH Right. So you *did* believe that you might be dying?
- A Oh, yeah.
- 50 NH Well, could you just say again what you remember about what happened that day?
- A Well, all I remember is that, with it being Bank Holiday, I'd been out drinking with the lads all afternoon - on the beer, being point blank about it - and I got home, had my tea, lay on the couch and I just couldn't breathe, couldn't get me breath, like. But no pains as such, like sometimes I think they are dramatised. You know, like on T.V. you see people holding their heart and collapsing..... I didn't have any of that, but I had a feeling that there was something drastically wrong. Of course, they got the ambulance to come for me; the doctor came and he got me off straight away. He just said: you're having trouble with your heart". He didn't actually say it was bad.
- When I got in the ambulance I shouted the wife, I knew, myself, there was something wrong then, like. And the next thing I knew, I woke up. And it was about - with drugs and everything..... before I actually realised what was happening - I'd say it was about seven or eight days.
- NH So, you are saying that you lost consciousness in the ambulance?
- A Oh, yeah. I'm led to believe I died in the ambulance. The ambulance man brought me to the hospital, and I died again in the hospital. But that was the longest period.

NH So, before you lost consciousness, all you were aware of was not being able to breathe? You weren't in pain?

A No, no. I don't remember any pain, whatsoever. I *may* have had pain, but I can't *recall* having any pain, which is a good thing, really. Because, a realisation of pain, you never want it again. Pain is a terrible thing, like. I can't recall any pain, whatsoever.

NH And you were saying about a peaceful ____

A I was very relaxed, even when I got in the ambulance. I was surprised, but err, other people - well, I'm saying "other people" - if I would have realised it myself, I suppose I would have panicked, but I did have an inclination in my mind that I was going to die, for some reason or another. I just wanted to leave the wife and kids all supported with insurance. I was more bothered about that than what I was about my own life, at the time.

NH So, your concern was for them, rather than for what was happening to you?

100 A Yeah, at the time. But years ago - it's hard to explain really, I'm trying my best - if I thought..... if someone was to say: "you are dying at four today". Now from 10 o'clock in the morning till four o'clock - which it's just gone 10 o'clock now - I'd be really shook up about it. It'd be like a sentence. But I could accept that now. If someone said to me today, I could just say: "Oh, O.K." - because I'd know what I'd be going into. I don't know whether you can understand that. I could accept death now, if death was to knock at my door, I could accept it. But, years ago if somebody said: "Well you're dying and you've got three months (or whatever it is) to live", I'd either err..... In them days I'd be panicking. I'd either em, like..... in them days I'd be feeling sorry for myself, panicking - well, I'm saying years ago; nine months, 10 months ago I most probably would have been the same: "Well, I've got this to live for. I've got that to live for". - I'm just not bothered any more.

NH And you put that down to how you felt in the ambulance?

A Well, not necessarily in the ambulance, but when I came out of it all, and my memory was coming back. I've stepped back into where I was in hospital and how I got to hospital. And I even recall signing myself out of hospital - which was a silly thing, because I didn't really know what I was doing. And yet, I realised what I'd done, but this was at a later date. I thought: "you fool", because they ended up signing me into here.

I went home and, err - I'm saying I was concerned about the wife while I was in the ambulance. But when I went home I was accusing her of all sorts, because I'd seen two suits hanging up in the bedroom and I'd forgotten - literally, completely forgotten - that I'd bought those suits, they were mine. And I was blaming her for having someone else while I was in hospital. I wanted to get rid of all my feelings, kind of thing. I suppose that was the way of putting it. Consequently, with all the trouble at home that I had that day, with signing myself out, they put me in here.

NH Could you go back to when you came round - in the hospital, presumably?

A I remember coming round. But I also remember talking a lot of rubbish - being straight with you, like. I was trying to have sensible conversations with people who were coming to visit me like - how can I explain it? - I say: "Oh, and what about" - say I had a mate called Fred - "What about ___" and I'd think "What's his name?" I couldn't recall how it was. Just complete loss of memory.

150 NH And how long did that go on for?

A Oh, I'd say approximately two weeks, when I was in here. In fact, I still have, even now, things that I talk about to people which I've know all my life, and I've know some people all my life, and for the life of me I can't think of their name. I

just stop dead. If I stop thinking about it, ironically enough, it comes back to me.

NH So it does sometimes come back?

A Yeah, well, I think about other things, and while I'm thinking about other things, I'll say: "Oh, aye, yeah - Joe Bloggs". His name comes back then, like.

NH Is there anything else you remember about either just before you lost consciousness or when you woke up?

A No, only that I can honestly say it was like a sleep, but..... how can I put it and be quite serious? - it was a peaceful, restful experience. When I was completely out of it, like, it was very, very restful. And that's all I can say, you know, I mean, I didn't think anyone - well, through my experience,..... and I suppose other people that you've spoke to have had the same experience, I don't know - but there is absolutely nothing to be frightened of in death, whatsoever, I'm not saying that we're re-incarnated or..... and I've read thing in the paper where people see things..... it may have happened to them, I don't know..... I may not have been dead long enough, I don't know.....

NH But did you have a sense of peace and well-being?

A Oh, yeah, yeah. No worries whatsoever. Well, I can put it truthfully: it was a nice experience. And, as I said before, if that is what death is all about, I'm not really bothered, you know. I'm not saying there isn't nothing there in another world, because I do - in my own mind - believe in God, I believe in Jesus. But I didn't actually turn round - and people pray - I didn't actually turn round and say: "God be with me" like and "Watch over me" and "Jesus Christ, what have I done?"

I didn't actually worry about that. I was more concerned about my wife at the time, than what I was about myself. Because she's the one that's got to stay behind and she'll be

the one that's suffering like, she's lost me and then she has to, all of a sudden, keep herself, whereas I've kept her since I married her. It would have been a vast new experience for her. I wouldn't have been here. I couldn't have done nothing about it. My time would have been having a nice long rest, I don't know.

200 NH Just on what actually happened at the time, you experienced a sense of peace, but you didn't experience what some people experience when they ____

A I didn't see no..... I didn't lift above myself -

NH And see what was going on?

A No, no.

NH And did you experience entering the sense of darkness?

A Err, I can remember - it's a funny thing really, because you can't remember - you can remember dreaming when you're asleep, but all I can remember is a complete, absolute..... and its blacker than black, what I've sen..... it was just complete peace. But there was no flashing lights or.....

NH No lights?

A No..... nobody to meet me..... no relations.

NH No entering the light?

A Nothing like that.

NH So you've heard about these experiences?

A Oh. yeah, I've read about them, like obviously other people have, you know. But I've never experienced that. Because I get people asking me how, even, you know, did you see any light.....?

- NH Although, that sense of peace is actually part of that experience. Its the first stage.
- A Is it? Oh, it was a beautiful peace, like. And I said, may be I wasn't dead long enough, I don't know, but I don't think I could have been dead any longer (laughs).
- NH Oh, yes. You were saying that before this happened, you had a fear of death. Could you tell me something about that?
- A Well, err, I don't know how you can really put that, I mean. Or, you read in the papers about accidents happening and so many people killed - including this boat that's just been done in London, you know. People were drowned..... Well, years ago, I would have said, well, not even years ago, *last* year I would have said: "Oh, my God, that's terrible, that". If they've experienced what I've gone through, they've had nothing to be feared of. It's happened -
- NH Yes, it's difficult to remember, I guess, how you felt before your heart stopped, but what I'm asking you about is to try to remember how you felt about death before this experience.
- A Well, the only thing I can say - and really mean - is I don't remember being born..... I absolutely don't remember being born, I don't think any human being does because they're at least five or six before they recall anything - maybe a bit younger, if they are fortunate, like: you know what I mean? But they don't recall absolutely nothing, its blank to them, even though they are a few years old. It seems as if a spirit's not entered them, if you know what I mean. There's nothing there. Although they are alive and they're running about and everything. I don't think any human being can turn round to me and say: "Oh, I remember being born". Well, all I can say to anyone is : "You won't remember dying". You'll go back to exactly what you were. You don't remember nothing for them few years - I don't know whether you do. I could ask *you* a question: "When do you recall your first recollection of life?"

NH It's difficult. Because it's difficult to know what's actually memory and what people have told you. I think maybe - well certainly, when I was four ____

A Well, you've had four years of absolutely nothing. That's what I'm saying. You have been alive for four years, and yet there has been nothing there. Going back into death is exactly the same. You won't remember what you had. You might even - which I certainly hope so, because there are certain parts of the Bible which I do believe in - I might even come back and resurrect or whatever, but not as me. I believe I could come back in somebody else, as another child or, you know. But it's a pity like, if it's true that, it's a pity you can't remember what you were last time, so you can learn by your mistakes.

NH Can you remember your childhood?

A I can remember the very first person that came through my door, and I was at the top of the stairs, and I looked at this woman. And later on in years, I found out it was my real mother. I was adopted. And that was the first recollection of my life, that. I remember this ginger woman walking through the door and well, I thought she was my mother then; greeting her and everything. And she stayed for tea with us. Well, later on in life, I found out that all that was pre-arranged, so that she could see how I was growing up. I was adopted, you see, to the B___ family, like. That was it, like. That was the first thing I remember. But I think it takes a jolt to make you realise, like.

NH How old would you be then?

A I'd say I was about four or five myself, when that happened.

NH What I'm going to ask you now is something about your early experience, and that is: can you remember how you first came across the idea of things dying?

- A I think it's when you are a child and you have pets, rabbits and things like that.
- NH And they died?
- A And they died, yeah. Then people tell you: "Oh, they're dead now. They are gone. You won't see them again". So recollection of death is through pets and, later on in life, you realise that it happens to human beings.
- NH Yeah. Did you have a rabbit that died?
- A Oh, I've had everything when I was a child - dogs, cats, rabbits, mice - white mice.
- NH Can you remember when one of them died?
- A Not specifically - oh, I can, yeah. I would be about 11 or 12 then. I had a dog, Laddie, his name was. And I was highly took by this dog. And I remember that dying, but like.....
- NH Can you remember how you felt?
- A Oh, I was broken-hearted, really cut up about it.
- NH How did it affect you?
- A I don't really know. I couldn't say how it affected me. I wanted another dog more or less straight away to, like, take its place. But you always find - even dogs have a different character to what human beings have. One is never like the other. I mean, I breed dogs now. I've got Jack Russells now, like. And each one of them has its own character.
- NH When you were broken-hearted did you show your feelings?
- A Oh, yeah. Me Mam knew and me Dad knew that me dog had died. They knew I was broken-hearted about it.
- NH Did you cry, do you remember?

300 A Oh. yeah, I must have done. I was very cut up about it. I lost another one a few years after. I'd be about 15 or 16. I'd just got all dressed up to go to a dance or something. And I remember this dog getting up and coming over to me. And it wouldn't leave me, like. In the end I said: "Go on, lie down, I'll be back later". And I went to this dance, and when I came back it had died.

NH This was another dog?

A This was another dog.

NH What was that one called?

A I'm trying to think of its name now. It was a cocker spaniel.

NH But you'd be 16 or 17?

A Yeah. I was broken-hearted about that one as well.

NH And going back to Laddie, how did your Mum and Dad respond when you were broken-hearted? Did they let you be, or did they say: "snap out of it"? or.....

A Well, no. In their own way they tried to comfort me. More often than not because I was a pet family, they were as well - And I always ended up with another pet to try and take over from the one that had gone. But it didn't necessarily err..... when I was a child had to be the same err..... you know.

There was a time when I had rabbits as well as a dog, you know. I missed them all, really, I think you do. You get attached to pets, and when they go you say: "Well, I'm not going to get another", but you always do. You get another, like.

NH Do you have any unpleasant memories relating to death from your childhood?

A Yeah, I remember me grandfather dying. When the person told me, like, I just looked at him and broke down over it. I was really cut up about that, like.

NH How old would you be then?

A Err, 19..... But I wasn't crying one minute, and then I just broke down. And within I'd say half an hour, I remember sitting with some mates and I was laughing and joking. Not taking the mickey out of me Grandfather's death, but I just forgot about it half an hour later.

NH So, your Mum and Dad, your adopted Mum and Dad, they err..... in a way, tried to distract you, did they? By giving you another one to take its place?

A Yeah.

NH I wonder if any of these deaths - your cocker spaniel or your grandfather - did they affect you in the long term? Did they affect your attitudes towards life and death at all?

A I think they may have done, but I can't recall them doing. But they obviously must have done like, through me life. Because when I was younger I had that attitude - although I was frightened of death - that I didn't care a damn for anybody, you know. I became..... not selfish, but..... how can I put it?..... I looked after myself, if you follow what I mean. I can't explain..... I thought of me mates, and I'd give them anything..... but..... I can't think how to put it..... I wanted to preserve meself before anybody else.

350

I can remember an instance, which was in the newspapers, of two children at C_____ Bay - that's where I was brought up, like, and they were apparently drowning, like. And I was a pretty strong swimmer, only for being a kid. I were pretty strong. And I ended up saving these two kids. But, the thought of death never entered me mind.

- NH Right. So you risked your life to save these children, but without thinking about it.
- A Yeah..... It never entered me mind. Well, when I say "children", I was a child meself, more or less. But I think the lad was about two or three years younger than me, like.
- NH How old would you be?
- A Then I'd say about 14, summat like that. It was a big thing for me like. It was only a little article in the paper. Me first...(laughs) I hit the news.
- NH A very brave thing to do.
- A Well, you don't realise it at the time. You don't think of what's actually going to happen to you. I think, myself, during the war, people saying this man was a hero, that man was a hero. They do it on the spur of the moment. They don't realise what's going to happen to them. If they - get away with it, they've done well; if they got killed, they were still a hero, even though they got killed. You don't actually think about what you are doing at the time. It's like me or you now. We are both sensible human beings - at least I *hope* I am. But if we were by that bus stop outside there and there was a child next to us and it started running across the road, your first reactions would be to rush and hit that child out of the way, *trying* to save yourself. But you might end up getting the wagon going over you. But at least you'd have saved the child. And these things do happen, like. It's an instinct. I think the human being has an instinct to save lives - sensible human beings, anyway, have an instinct to do that, like.
- NH So, although you said you didn't give a damn for anybody, in fact, when it came to the crunch, you actually did - in this case - risk your life. And when you had your own heart attack you were actually thinking about your family.

A Yeah, yeah. You do have a tendency to think of other people before yourself. That's what I'm saying about the bus. It's in general, that. Yer know. Yer get women who have a tendency to scream - that's their first reaction. Whereas a man would have a tendency to run out and push the child out of the way, or even drag 'em out of the way.

NH I know that's true. I actually saw an accident where that happened.

A Oh, it's quite true. A woman would freeze and, for some reason or other, they just scream, they don't react. I don't think they react as fast as a man, like.

NH Now, we've talked about your two dogs and your grandfather dying. Have you had - before your own heart attack - have you had any other experiences related to death?

A Oh, me mother. Me father, when me father died, I didn't care a damn for him, to be honest with you. Although he brought me up good as a child, he did something that destroyed my image as regards marriage and human life, because he left me mother - me adoptive mother - and, instead of making a clean cut and going with this other woman - he just lived down the road. Now, I seen my mother looking at him everyday and she was crucified, more or less, herself, yer know.

That was a big shock when she died, I was actually with her when she *did* die.

NH What was that like?

400 A Oh, she went peaceful.

NH What was it like for you?

A I didn't believe it at first. I thought she'd come back in a minute. They asked me to go into this other room in the hospital; and they said you can go back and have a look at her;

and when I went to have a look at her, she was dead. I couldn't believe it, that it had happened, you know. She must have obviously gone through the same experience as me, because she went ever so peaceful.

NH Did the experience of being with your mother when she died - and her having a peaceful death - did that affect your fear of death at all or your attitude to death in any way?

A No, I think I was still a bit frightened of going then, like, but I think, in them days, as I say, I was not selfish but 'preservant' is more or less the word, like. I'd started to make money and I'd started to do things and I wanted to be here to spend it.

NH So how old would you be when that happened?

A Oh, she died about eight years ago, nine years ago.

NH Right. Now, you've already mentioned some positive changes in your life about what happened to you in terms of your fear of death is much less than it was, now. In fact, you'd say you didn't have any fear of death. Has it affected you in any other sort of way?

A Not really, no. Because, I said, when I came out of hospital, as I said - especially when I left W___ (psychiatric hospital) - things were coming back to I say, "What a lucky lad I am", like. But, err..... at the same time, you know, the fear of death has completely left me. I'm not frightened of going *now*. But it's got me that way that I seem to be slipping into my old ways as regards, well, drinking, smoking, and things in that react. I want to enjoy life to me full.

NH Well, that's a good example of what I mean. Do you feel that you are enjoying life -?

A I do, now, yeah, more, yeah.

NH Has it affected your sense of meaning of life or sense of purpose, or anything like that?

A Yeah, I often - this is quite true, and all - I often stop thinking like well, with being *slightly* religious - not religious in any sense of catholics, protestants, and all of that, but I do believe in God in my own way. And I think, like, well, has He put me back here to do something. I have thought of it that way, like, you know. Am I back on this Earth..... is it to enjoy myself or am I here for a purpose? Which is nice to think. I may just be back here because I'm back here, if you follow what I mean.

NH So, you're not sure about that. But you've wondered whether there might be a purpose ___?

A There might be a purpose that I was put back, yeah. Because they originally, you know, they asked me wife to fill the forms in for my organs. They asked the wife to sign all the forms and she said: I won't do it yet". As soon as she said "I won't do it yet", the doctor shouted: "We've got 'im going again, 'e's back". She's told me that since. So, I must have been well on the way to going like, you know.

NH So, it really was a close call.

A Oh, aye, yeah. Even the doctor said: "it's marvellous how you *did* come back". But I think they also say that to everybody. I think that becomes a part of a statement eventually for a doctor to say:

450 "Well, you're very lucky to be here" and all this lot. He may have meant it in more terms to me than other people, if you follow what I mean. They told the wife that there was nowt down for me, you know. And I was back again.

NH I'm thinking about whether your attitudes have changed at all, or your relationships to other people or how you feel about other people. Is that any different?

A Oh, yeah. Well, I don't think it's because of my illness, like - well, I'm saying; heart attack's not an illness, really - I have more time for people now. I can listen to people more, you know. Whereas at one time I'd say: "Oh, don't bother me about that", like, I will sit and listen. I think I've got more time, and more so for me grandchildren, I think. I've more time for me grandchildren than what I had for me own.

NH And by "having more time for them" do you mean just that you actually have more time because you are not working, or that you have more concern ____

A I have more concern for 'em. Whereas, if I was doing writing or anything like that with me own kids, if they came round, I used to shout to the wife: "Get 'em out of here, I can't concentrate while they're here". Well, now it would be the opposite way round. I'd put the paper down and spend time with them until they got fed up with me and then I'd return back to the paper. Do you follow what I'm saying? Whatever I'm doing I'd return back to it.

NH And is that just the last five months?

A Yeah, more so, yeah.

NH How about..... has it affected your attitude to money and material possessions at all? Are they more important, or less important, or just the same?

A Well, it's a survival game again, isn't it? Money, I need. I've got to have money to survive, yer know. It's just one of those systems in the world today.

NH So, it's just the same?

A Yeah, yeah. If I thought for one minute that I was going to go - tomorrow - I'd spend every penny I had on me and the wife. I would. I'd just spend it, like. Because its something that I can't take with me, and I'd just have a good time, I suppose.

- NH So, would you say you were more tolerant of people now?
- A I think I am, yeah.
- 500 NH I suggested a few changes that there might have been since your experience. Can you think of any others?
- A Not really. About the only other thing is I seem to be more tolerant with me wife now, as well, where I wasn't before. Mind you, she had a more nasty experience than what I had, when you stop to think about it. Because she must have realised that she's losing everything she'd 'ad, really. How can I say?..... it's made me appreciate her more, that she *is* me wife, because she's stuck by me you know, through thick and thin, like.
- NH Right. And has the relationship between you changed?
- A It's grown, if anything. It's grown more.
- NH In what way?
- A We don't argue as much as we used to do. I think I used to start a lot of that, if I stop to think about it. My attitude to life was selfish in the respect, like, that if I went out, I'd go out with the lads, and she'd be at 'ome watching the kids, you know. I was, like, selfish in that respect. Whereas, I used to turn up seven days a week and she'd be stuck in the house, like, seven days a week. I might take her out on a Saturday, or something like that. But I used to think it was a big thing, that. But now I take her out any time she wants to go.
- NH So, you appreciate her more?
- A Oh, yeah. A lot more. In fact, there's times I turn round now and say: "I'm going to the pub, d'yer wanna come?" - whereas I wouldn't do that before. I was more interested in being with me mates.
- NH So, do you spend more time with your wife now?

A I stay in, now. I'm doing something I've never done before, like. I stay in Monday, Tuesday, Wednesday and Thursday. I go out Friday night for a game of dominoes. I *do* have a couple of pints. I've told 'em that, whether they like it or not, like. But not bitter, lager, anything like that. I've changed me drink, I've even gone onto mild, and I quite enjoy it - as a social drink, I mean, as a social evening. Not drinking like I used to do for the *sake* of drinking, just to more or less say: "I can drink *more* than you". Because that's how it got, like. It got that way ____

NH So you say you actually *enjoy* your drink more, now?

A Oh yeah, yeah. I enjoy it a lot more than what I used to. Because it used to get that way, like, that I used to drink just for the sake of drinking. It only used to take one of us to turn round and say: "I don't want a pint this time, I'll have a whisky" - and before you knew it, you were on doubles. You know what I mean? And, before you knew it, like, there was bottles going out.

I used to drink heavy. But I don't drink like that any more. I don't drink shorts at all, you know. I'm just happy with - in fact I enjoy it a lot more - just a few pints of mild. And I still get the same kick out of it.

There's no way I can go in a pub and drink lemonade or orange. I couldn't do that. And I realise that it could fetch it on again. But I'm prepared to take the risk. I want to enjoy what I've got rather than sit around the house being miserable and being fed up and eventually get aggravated and start taking it out on my family. I'd rather go out and enjoy it.

NH So, would you say that your priorities have changed at all, what you put first in your life?

A Oh, I put me wife first, in honesty.

NH Which you didn't used to?

A Well, I did, but in my own way. It's hard to explain. I wouldn't want to lose her, and yet I'm happy for the way she's been with me. She's stuck by me, like. In a lot of respects I've stuck by her. There was a time we nearly went through a divorce, me and her. And it never bothered me, it never bothered me whatsoever. And the next thing, we made it up, and things got a little bit stronger then. But there's a bonding now that I never had before.

NH Now, we've been talking about the positive changes since your heart stopped. Have there been any negative changes? Have you had any increase in fears or any way your life is worse than it was?

A No, not really, no. Whereas at one time if I couldn't pay a bill - or like I've got me own 'ouse now, it's mortgaged and there's different things that's got to be paid - insurance and things like that. I can't pay 'em at the moment because like I'm on the sick, if you know what I mean. Well, going back, that would have worried me to death. You know, I would have been really concerned and that would have been my top measure. I would have had that on my mind all the time. Whereas, now I don't even have to think about it. If I owe, I owe, and that's the end of the story, because it's just not worth worrying about..... None of us is going to be on this world - this is my philosophy - none of us is going to be here long enough to worry about it.

NH So that's to do with you realising that life is short, is it? Just enjoy it, don't worry?

A Oh yeah, yeah. I wouldn't worry now like, you know. I mean I had one fellow with the car. He rang me up and it's a loan company that took over from the finance company from where I got the car from and he kept pestering me, you know, for the first couple of weeks I was 'ome, like: "You've not made a payment this month" and this, that, and the other. And eventually I turned round and said: "Well, if you carry on and ring me again, you can rest assured, whether you take me to court or not, you won't get *any* payment," I said, "And

if you keep mithering me and I have another heart attack, that means *nobody* gets paid. So I wouldn't worry about it. like" - And he's never 'phoned me since.

But I have full intentions to honour me commitments to life. Don't get me wrong. I'm not going to say: "Oh, why worry about it?" and run away from me responsibilities. But when you've not got it and yer can't pay it..... Yer know, there are some awful people in this world that do pressurise you, over buttons - and I mean, literally, buttons. Its just not worth worrying about money.

NH I'm just wondering whether other people have noticed changes in you?

A Oh, I think they have, yeah. There's a few people, I think.

NH What sort of things would they say?

A Well, I don't know, you'd have to ask them, but I have had it said by me mates, like: "You've altered a bit, you, in your ways, like" - and that's all they've said.

NH They haven't said how?

A I've never chased it up and said: "What do you mean like? Why, like?"

600 NH I just want to ask you a little bit about your religious beliefs, which we have touched on from time to time. How important would you say religion was in your life?

A Well, it's very important, like. But not to the extent where I go to church on Sundays, things like that. That is not of importance to me because I've always been, as I've said, I've been to two or three churches when I was a child, like, well, in my younger days, as a youth and they always seem to worship for the same thing like, you know.

I think it's nice like, that someone that's in trouble, regardless of what troubles, can go somewhere and always talk to - they believe that there's something there, well I do - but they're literally talking to nothing, if you know what I mean.

NH So you do believe -

A Oh, yeah. Because it helps. It helps, for some reason or other. I can never explain it, like. You seem to be relieved after you've had a talk and what have you. Although there's nobody there. We call it praying but, as a matter of fact, you're talking to something you've never seen and most probably *will* never see. But because you believe in it, for some reason or other, spiritually, you feel O.K. after.

NH So, you do pray, then?

A Oh, yeah. I think everybody does, you know, at certain times, like.

NH What are your religious beliefs about death, then?

A Well, that I don't know. I really can't say. I'd like to think that there was a heaven and what have you, but also thinking that if I believe in a heaven there's got to (be a hell).....

Side B

(A

speaking)

.....Well, nobody does, do they? I mean err..... how can I put it..... you read about religious people themselves. Eventually, they get caught out and they've committed a sin, you know. Even religious people themselves have done it, like - priests and vicars have done it. Committed a deadly sin by knocking off with somebody else's wife, you know what I mean? They must believe in hell, and yet they go and do these things. So, I don't know really how to express it. I'd like to think like, that when I *do* go that there is something there, but I'd also like to think like - it's nothing to do with religion - but it's to

do with re-incarnation, as well, like and I'd like to think that there could be re-incarnation, you know. I'd like to think that, like.

NH Yeah. Has what you believe changed since your experience five months ago?

A Not really no. I'd go as far as to say, mentally, it's a little bit stronger. My beliefs are a little bit stronger, mentally. But, as I said before, I don't think any one proves to be a good man by going to Church and doing things like this, because I think a lot of them are hypocritical.

NH Yeah, I was thinking more of whether your beliefs about what happens when you die have changed at all since coming so close to death yourself.

A I don't know. As I say, I never experienced seeing anything. If, maybe, like other people, I would 'ave been floating above my own body, or I would have seen a tunnel, or I would have heard voices. Maybe, then - I would have said dead strongly, then, "yeah, there is something there". You know, but..... as I say, I don't remember nothing when I was born and I think, possibly, I might go back the same way and not remember anything when I'm dead.

NH I was wondering, when you were talking about it before, you know, when you were talking about after you came round *because* your heart had stopped for so long that your memory was affected. I wonder whether maybe you are saying that things happened to you during that time which you don't remember?

50 A They could have done. I know what you are saying. Things could have happened and maybe didn't register, because I lost a lot of oxygen, apparently, out of my bloodstream. And straight away, I'm led to believe, it affects your brain power and this, that and the other, you know.....

NH I'm just wondering also, how do you make sense of what's happening to you, you know? Have you any ideas as to *why* you had a heart attack, or what it was all about? Or, in religious terms, how do you make sense of it?

A No. I don't put it down to religion. I put it down to it's life. It's just a basic cycle of life: we are all born and we all die, whether we like it or not.

And, it's immaterial really, which particular way you do go, you know. You can either be killed in a plane crash, drowned in a river, run over by a car. I mean, what difference does it make? You still go, whether you like it or not.

There's nobody actually bought life, is there? I mean there's Howard Hughes, was one man that tried it. And Walt Disney's froze: 'e's 'oping to be brought back again, like. But it would just never 'appen. When your time is up, your time is up. It's a simple saying and it's true. We come from nowhere, and I think we go back to nowhere.

But I do believe in a God who's like..... Jesus Christ has convinced me more than anything else, really, because nobody's written history books about people without their being, how can I say? actually happened.

There's too much in the Bible for me, and there's too much in scriptures, to prove that Jesus Christ was alive. I mean, everybody says: "Oh, yeah, Caesar was 'ere - he was definitely 'ere, Caesar because you read about it". And yet, Jesus Christ was about the same time and they have a doubt that 'e was 'ere, like.

NH Yeah. Going back to what you were saying: death is just a part of life; it can happen to anyone ____

100 A It's a cycle, I think.

NH Yeah. Some people say: "Why did this happen to me?" That's not part of your ____

A It's not just them, is it? I mean, an animal, funnily enough - you see it on the television now about African animals killing each other off and, for some reason or another, when you see them killed - it's a cycle of life to them. Some get away from it; they run a bit faster, you know what I mean, and others get killed by the lion, as if to say, you know, it's just accepted. Whether you like it or not, you've got to accept it because it happens. And we're only the same. We're all animals. Human beings are animals, and we put death on the streets ourselves, anyway. We do, don't we? I mean, like, if the banks was to get robbed in St. H ___ or W ___ today, and somebody was shot, we'd read about it one week. We'd forget about it the week after. And, especially in a hundred years, nobody would ever talk about it. It's all forgotten with.

But if you were to write it down, which they did do, like, about Julius Caesar or Pompous Pilate (sic) or any of them - we all believe they were here, because it was written down. And one man crops up, Christ, and the things that happened when he was on the earth. I believe they must have happened, they must have been true. Because somebody has not gone through a lot of trouble to put it down on paper, to try and prove to the rest of humanity that it was there, it did 'appen.

NH Yeah, yeah. Well, I've asked you a lot of questions about what's happened to you and your beliefs and so on. Is there anything that I haven't mentioned that you think has been important for you?

A No, not really. I can't say there is, no. I would like to - (smiles) selfish again - I would like to think that the short time I'm on life, because, obviously the older I get, the shorter my time is..... Nobody wants to toss a coin and say: "How long have I got, like?" But I would like to think that I could live the rest of my life peacefully and happily - financially..... because, putting it in a nutshell, financial is, like, the biggest bearer.

150

I'd like nothing more - the wife knows it - than a little cottage - you know what I mean? With a bit of a back yard for breeding me dogs, and things like that. And having to say: "we don't need money anymore" - but that's an impossibility because, wherever you are on this Earth, you need money to survive. Well, not necessarily money, but an item to swap for something else that you need..... I don't know whether you can understand that? I'd like to think that - before I *did* die that I could accomplish that..... I'd like to accomplish something before I went, if you know what I mean and say right now, we've got this we're settled down - even if I only had five or six years of my accomplishment, my goal in life has been achieved.

NH And your goal is.....?

A Well, just be happy, like, for the last few years of my life. There's a lot of things in society that knock yer in the head for happiness, anyway. You pay - I mean it comes to political views an' all- I don't even bother with politics anymore because I think they are a waste of time - but, you pay your national insurance stamp, yer know, you pay that all yer life, and everybody has the belief when you're younger: "Oh, sixty-five!" (rubbing his hands together) "Made! I'll have a pension, I'll have everything when I'm sixty-five" - it's lucky if ten percent live to see that sixty-five of the human race - that's the way I look at it now, so I take it, like that it's a big fiddle. So I'd like to - now that I've had a heart attack - push everything forward, instead of working until I get retirement and things like that, and just achieve a goal - if I can do that in twelve months, I will do - you believe that. I'm in business now and that's my main goal now. To achieve what I wanted to achieve when I retired, but I want to achieve it now and enjoy the rest of my life.

NH So you mean earn enough money to retire?

A Yeah, basically, yeah. I don't mean a millionaire..... just enough to feed us and to do what we want and to have a little cottage or, well, not necessarily a cottage, but somewhere with

a bit of land out of the way, I mean. That's a goal in life for me.

NH What sort of business is it you run?

A Constructural engineering..... And I have been a very lucky man at that - I fell three times.

NH Have you?

A Aye.

NH Seriously?

A Oh yeah, yeah. Oh, aye.

NH You've had a few escapes?

A In life, yeah - she calls me "the cat" - I 'ave, yeah.

200 NH Did you injure yourself at all.

A I did me arm last time - it's all deformed up here, like (shows it). But I've got a big claim going through for this. It might be the winner of me goal! (laughing). And, I did me spine in, as well (demonstrates)..... so there's a claim going through for that. Mr. Rex M___ of L___ will give me a big cheque for that, I hope.

That was caused by somebody else, actually. It's been proved without a doubt that it was caused by somebody else. So that might be me goal achieved, I don't know.

I don't want much out of life, now. Whereas we all do in youth, I think. You want a Porsche or a Rolls Royce - we all want to achieve a goal of having loads of cash but, I know it might sound daft - you say: "fifty grand", like, but fifty grand today it's here or there, isn't it, like? - over a five year period, or something like that. If I could make a fifty grand and put it

in the bank that would do me. I'd achieve then - out of just having that amount of money.

And I'd love to, well, I'd like to do what millionaires do, just turn round to the wife and say: "come on, let's go over to Paris this weekend" - something I've never had the chance to do. I've been unfortunate, really, that I've only had one holiday in my life - and that was in Rhyl.

That's the only thing I've ever had out of life, and that's why I want to achieve something now. We went to Amsterdam last year, me and the wife - that was the first time I'd ever been abroad. I've been to Paris with the lads, like, for the Aga Triumph (sic). I'm going, again for the Aga Triumph - racing, like. But, now, not err to squander money or..... I mean this time I'm going to look round Paris, literally. I'm not going to the races. I'm just going to walk all round Paris and see what Paris is about and say: "Oh yeah, we went there, I went there and think..... it was easy come, easy go in my life at one spell, although I was frightened of dying, at that particular time. It was a gay life I wanted. I thought that was the ins and alls of everything.

Last time we went to Paris was last year, and the basic thing about enjoyment was a bar. All I wanted to do was to get in a bar with the lads, and that was it, I'd seen Paris, I thought: "Well, I'm wasting me time". I think it was with dying, that's made me realise: "Well, that's not the goal of Paris", yer know. "Get round it! Have a walk round it, see it", yer know. Even "Get to the back streets of Paris and see what Paris is about". And for once, start educatin' me brain, that this is what Paris is about. I mean, a bar. We might just as well go to B___ and sit in a bar and you have exactly the same achievement in that bar as what you will in Paris, or Rome, or even Russia. If you've sat in a bar, drinking, you've just got the same achievement.

NH So would you say you've more interest in things?

A
250 I'm more interested in seeing the world now, yeah. I want to see things that I've seen on television. I mean, I take it for granted now, Egypt, you know. I take Egypt for granted or what I've seen on television. But I've never actually *been* there and actually touched, you know, things, like, and say: "Oh yeah, I went there. I touched that". I've done nothing with my life, really. I've never achieved nothing. The only thing I ever achieved was buying my house and, as I say, that's the only thing I ever achieved in my life. It seems silly. What a waste! Now, I'm going to start doing it. If I have another five or six years and I've enjoyed myself, I'm not bothered. They told me "stop smoking". But I know, and the wife knows, and the kids know, that there's nobody more bad-tempered than me when I've not got a smoke..... I tried it. You know, and yet, I did without it at hospital, and the wife keeps saying: "Well, you did without it for two weeks in the hospital". And I say: "Yeah, but I was sedated then. I was under drugs. I didn't realise I didn't want to smoke then". The drugs were doing an effect to me as what cigarettes were, more or less.

But I like a smoke, and I like a drink and I've even told the specialist at W___, yer know. And he says: "Well, as a matter of fact, in a round about way, you are killing yourself". I said: "Well, as a matter of fact, in a roundabout way, I'm killing myself every day that I live, aren't I? Because everyday that I *do* live is a little bit nearer to my death, anyway. So what have I achieved? I might as well *enjoy* my life and at least have the wife's peace of mind; she can say when I do die: "Well, at least he enjoyed himself; he didn't you know - 'ang about the 'ouse or like a wheelchair and all this caper, you know. He did enjoy himself while he was here". And I'd rather have people say that than look after me actual life. Because, if I've got anything now through smoking and drinking, I've got it anyway. I'm 47 and I've been drinking since I was about 16 and smoking since I was about 16. So, if I've got anything, I've got it anyway. And, if the old heart collapses, at least I know I'm going to go happy. (laughing).

NH Right, well I think that covers the questions I wanted to ask you. The other thing I'd like you to do while you're her is just to fill in a couple of brief questionnaires (instruction re: questionnaires).

300-400

QUESTIONNAIRES

NH So, I was also wondering whether any of those (accidents) made you think anything about life at all, or whether you thought you could have been killed or whether you just forgot about it ____

A Well, I did, I just forgot about it at the time. I ended up in hospital - three times for falling.

NH Each time you fell? But you just broke bones, you didn't do anything serious?

A Only this one like and my spine - I fell through a roof, which was caused by somebody else, obviously: well, I'm saying 'obviously'. It's been proved without a fact that it was caused by somebody else. But I've never bore any malice towards the person that caused it, being honest with you. I know the person himself. And he had deep regret - I know this - in life. It affected him more than what it did me..... it got to him: Jack C. his name was. It got to him more than me. But err..... that's another instance, like. You get some erectors, when they're talking in the cabin, they come out with statements like: "me life flashed in front of me". ____ It's just a form of words, that is. You don't actually see nothing, you don't actually feel it when you hit the deck.

NH You lose consciousness before you hit the deck?

A No, you don't feel nothing. It's true that. You just bounce. You can actually hear your bones breaking. I actually heard my bones breaking, me, when I landed. And I knew something had gone wrong, you know what I mean? I literally shoved this arm straight up here. It's like a little arm

I had until they pulled it back..... I'd smashed all the joints up, you know, where the bone joins; you've got two bones in the bottom, one in the top. Well, I'd smashed all the joints up there like.

NH Yeah. So how far did you fall in these falls?

A Well, I think the highest one was about 28 feet; the smallest one was about 12 feet, when I broke me ankle. With that one, they all heard that, when I broke me ankle. All the lads heard that. Just like a crack and a snap. And I tried to stand up. I got up, tried to stand up and me leg just gave way from me and I said: "there's something wrong with me ankle".

When I went to the hospital they X-rayed it. I'd completely smashed the bone straight in two, you know. You don't feel nothing - that's what I say, there's no fear..... I've never been 'it with a car or anything like that, but I wouldn't be frightened of being hit with a car..... I don't know whether, you must have in your youth, have you ever had a fight when you've been at school, or something like that?

NH Yes, yes.

A And you're terrified of someone hitting you because you think of the pain. But when they actually *do* it to yer, yer don't feel nothing. It's later on that you feel the bruises and the pain. But when it actually 'appens, you don't feel it, yer know. It used to amaze me, that. I used to say to myself, when I was at school: "I could flatten 'im. Anytime I want, I could flatten 'im". And I used to worry about hitting him, hurting him, more than 'im hitting me, hurting me. And that's God's truth, that. I used to be terrified of hitting a bloke before he hit me. It was only then I'd retaliate. I always used to wait for them to hit me first. I used to think to myself years after: "What a fool, you've been, like. Why 'ang about?" You know what I mean? But it doesn't get you anywhere in life, that violence. It gets you nowhere.

I got stabbed as well, you know. I didn't tell you that, did I?

NH No, you didn't.

A I got stabbed at W___. And I died then.

NH You died?

A Yeah, I died in the hospital. They brought me back. Lack of blood or something, it was. I lost that much blood. I was on the verge of death then.

NH When was that?

A That was at W___ General. Well, the one that shut down.

NH Oh, yes. The Infirmary.

A The Royal Infirmary (sic)

450 It 'appened down the side the Longford It used to be the Longford Hotel. I was only a youth then, like. I wasn't married then. I was courting, like; two of them (chuckles). Courting like two at the same time, like. But it 'ad nothing to do with that. These lads just come and started being brave, like. And one of them took a smack out at me and I retaliated. There was four of them and I was getting the better of it - I couldn't believe it myself, but I was, like. Two mates run to my assistance, kind of thing, you know what I mean? And this one that I had on the floor, I thought: "What am I doing, like, hitting this fellow, like? He's finished". And I let him go. And the next thing I know he's just come up. And 'e got me there and the back of the neck. Just there. I don't know whether you can see it?

NH Oh, yeah.

A That one went straight in, right through, near enough, to me throat, that one. I was losing so much blood..... it was just pumping. I'm not sure, I couldn't swear on it, like, but I heard the mention of "they nicked the jugular vein", or something. Then, it was an experience, then..... I remember

sweating in the hospital. And that just went blank. It was a similar experience to a heart attack.

NH Similar in what way?

A Well, it went dark. But not as black - I can honestly say that and mean it - it didn't go as black as what it did this time. Because this time it was literally nothing. It was just complete silence, black and everything. But *then* I could hear doctors talking although I was..... black ___ I could still 'ear them talking round me, like, when they was stitching me up, and what 'ave you, you know what I mean?

I don't know whether that's of any consequence, you know what I mean. It's brought..... I can honestly say, without any fear of contradiction, without trying to lead you astray, or give you any bull, that I respect life now a lot more, but I'm not frightened of dying.

NH But that's since the last time?

A Yeah.

NH The ___ yer being knifed, yer being near to death when you were a kid, that didn't affect your attitude?

A No, no. It made me worse, actually, yer know. Because I was always on a defensive attitude, then, to life. Like a..... now, well, my partner, Frank A___, he's my partner like in business - he used to be like jump forward and very aggressive and shouting and bawling. And I used to retaliate with Frank. We were always arguing. Whereas now, even he's admitted it, I just say: "What are you shouting about? Cool down! Come down! Think! We aren't here to argue. Come down". - I wouldn't have done that, like, before the heart attack. No way would I have done that. But I cool him down, now, because I know I've got to cool myself down at the same time (laughing). You know what I mean? I don't want another heart attack. I don't want nothing to start that going.

But, we've turned out better mates, as well. Turned out better - business-wise. Everything's turned out better. He seems - even his wife's said it - I seem to have cooled *him* down. He thinks now, before he shouts.

NH So you're getting on better with your partner, too?

A Oh, yeah. Whereas at one time, like, Frank, he'd say things and, yer know, he used to upset you. And twenty minutes later he'd come in and apologise. He doesn't even say 'em now. He thinks before he talks. He stops, has a think, and then says things. It's.....we're coming back on our feet now, business-wise, profitable-wise. We should be alright.

NH The Company's going O.K.?

A Yeah. Well, all I do - I'm not working, as I said - but all I do, I call into the office - because I've nothing else to do - only call in the office and see how things are going. And most of our clients are through me, anyway. And they're glad to hear me on the 'phone. But I'm not actually making an income out of it. But I know that at the end of the year, I will be.

NH So the business is ticking over?

A Oh, yeah. It's going a lot better, too. I can *thank* this (heart attack) really, for my attitude to life now, and also some of me friends. Because I seem to have brought them down with me, like.

NH So how could you sum up your attitude towards life now? You are interested in more things, you don't lose your rag so often?

A No, no. I've cooled off tremendously to what I used to be, you know. - I think my life started from my childhood because being adopted and then me adoptive parents splitting up, you know. I think I owe a lot of hatred in life to what happened to me when I was a kid.

NH You were quite young when your parents split up?

A Yeah, I was 11, yer know. And it didn't help matters when I used to see me Dad walking past and cocking his nose up at *me*. I 'ad nothing to do with it, yer know. So, I had an angry attitude in me life towards life in general. Yer know, I didn't care about people then. I wasn't frightened of nothing, but I was frightened of dying. But, as I say, you don't actually think that you're going to die. It's only when you get to my age now - I'm only 47, I know - but I'm realistic, now, towards death. Yet, I didn't think it was going to happen to me. Like when I got stabbed, I didn't think it was going to happen to me. But I accept things that do happen in life now like yer know. It's made me wake up a bit and it's - well, my philosophy to life now is: "It's nice to *be* nice".

Yer know, if someone was to shout and bawl at me in a pub years ago - well not years ago, but - I used to jump up and say: "Eh, I'm still not old enough that I won't smack you in the nose". But now, I just turn round and say: "What's up with you? Just come down a bit, like, - What are you trying to prove if you lay on me?" - I talk 'em out of it now. But I didn't have the sense in the past to talk people out of it. I wanted to prove, all the time then, that I was better than them like, on a violence basis. But now that's gone. It's gone through the window.

I used to at one time to be able to cut me own dogs' tails. This last litter of pups, I've 'ad to get a mate in to do that, I can't do them.

NH Why is that?

A It turns me sick, now. I've gone all squeamish. It's hard to believe, that, but it's true. I've gone squeamish like, of cutting the dogs' tails, now. There was a time when I used to walk in, oh, the big, hard man, and I used to do them myself, you know. Cut the dogs' tails. But I don't do them now. I get me friend to do 'em now, this time, like. Even he turned round and said: "What's up with you?" "I don't know. I'm

squeamish about doing it now". I feel as if I'm hurting something that's done no harm to me.

NH So you are concerned, now, about harming -

A I'm concerned about life in general, about everybody in life. Because we're not here long enough. No-one's here long enough.

550 But when you are in your teens, you never think that you're gonna die. You don't think you are going to die. But as you're getting closer to it, and you be realistic to it and accept it, everyone would be happier in the world today, they would, if they accept it, that they are going to die (rather than) trying to live like a hero that they are never going to die. It'd be a happier world, because everybody would be nicer to everyone else. And I honestly think that could happen. I'd like to see it happen anyway, you know what I mean? I know I babble on a bit like.....

It is true, I've got more time as I said for me kids..... I've more time, more so, for me grand-kids..... And I've more time for me wife. I've never had so much time for me wife as I've got now, like. Because I want them to see the best in me - I've always shown them the defensive attitude, and the wrong attitude. Whereas now, I've got plenty of time for 'em and I've thought it's about time I started giving them back now what they've given me, in life. Well, that's more valuable to me than money; but that's why I'd like to think that I drop lucky and just make a few grand so I could say "Right. I'm out of it completely, now". I've got enough money to survive on, and I'll die 'appy and, whatever's left, she can 'ave.

But I've never 'ad no respect for that before. There was a time I wouldn't even take an insurance policy out. It was a good job I took this one out! (laughing). It is.

I could write a book on my life, being honest with yer. I could do, I could do. I think, when I think that, that everybody

could including yerself. Because we've all had experiences that would be nice to pass on to other people.

Whereas, like one of your questionnaires there, like about: "Do you think you know something that might be to someone's advantage, you know, experience-wise?"

I could pass on a lot of experience now. But I never 'ad the time before. I used to 'ave that attitude: "Well, I learnt the hard way - you learn".

It's much nicer to ____ but, do they listen? That's another aspect about it.

NH

But you'd be interested now, to teach other people?

A

Oh, if I could, yeah. If they'd listen, yeah. By all means I'd learn them by my mistakes. You know what I mean? I mean, I remember me Dad like, when he *was* with us - he was a very good fighter, as a matter of fact - boxer. He sparred with Randolph Turpin, actually, Ronnie B____, yeah. He did a lot of sparring with him. And he used to say, like, because I used to idolise him at one spell! He used to say to me: "Those that run away live to fight another day". But I never seen the aspect of what he was actually telling me. He could have stopped there and hit somebody and won his fight, but what else has he won? Yer know, he's lost his respect from other people because straight away they're going to say: "Oh, Ronnie B____'s a bloody boxer, what's 'e 'it that fella for?" And I learnt, then, as it went on in life - and more so after this heart attack: "those who run away live to fight another day". It's right. And the pen *is* mightier than the sword.

If someone was to say to me now: "I want to flatten you after, like", and all this lot, I'd just say "Well, alright, carry on, do your thing, but expect the solicitor at your house, or the police at your house, tomorrow, and I'll see you in court".

600

They stop, then. They think: "Hey, this fella'll take me to court if I lay on him".

- If you tell 'em that's what you're going to do, the truth to start off with, no violence comes out of it. The way to get out of an argument or any aggression is to talk about it and get it out of your system.

This place learned me a lot - I think it did, yeah.

NH What did you get out of *that* ?

A I was quite surprised that some of the - well, the *male* nurses, even, had time to talk to you and they did have time to get into your discussions proper. But others were just 'ere as a job: "we are just doing our job". They didn't want to even talk to you - you know what I mean? But it did learn me a lot here, especially when I looked round and I seen that there was people a lot worse than me..... a lot worse than me. I'd rather have a heart attack than be a mental patient, because I know that in a society today they are looked after, they are not treated all that bad, they are looked after. The days of being locked up and locked away have gone. So I'm not really frightened of being.....

END OF TAPE.

