

## CONSCIOUSNESS ALTERATION AND FEAR OF DEATH

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A nobleman asked Master Hakuin: "What happens to the enlightened man at death?"

"Why ask me?"

"Because you're a Zen master!"

"Yes, but not a dead one!"

Zen Parable

A consistent theme throughout our philosophico-religious traditions, Eastern and Western, primitive and modern, is the attempt to gain some comprehension and control of both the experience of dying and the meaning of death. The speculations, concerns, and fears surrounding the subject of death are obviously central to an adequate psychology of death, i.e., psychothanatology (Kastenbaum and Aisenberg, 1972). Complex death systems, replete with detailed ritualization and rites of passage, are found **in** all cultures. Pattison (1967) specifies three general cultural attitudes: death-defying, death-denying, and death-accepting cultures. Consistent with its Judeo-Christian heritage, Western civilization has been predominantly a death-defying culture.

*Western  
attitude toward  
death*

... death is swallowed up in victory. O death, where is thy sting? O grave, where is thy victory? (I Corinthians 15:54-55)

**In** this tradition individual existence is transcended when one physically dies in the service of a cause, ideology, family, or country. However, in this century, and particularly in American post-industrial society, **it** appears that there has been a radical shift from defiance of death to a position of denial of death.

This change has occurred in the context of the dissipation of traditional value systems and in the absence of spiritual fulfillment. These conditions have compelled the Westerner to confront an existential vacuum wherein he must provide purpose and meaning to a life which is often felt to be little more than an effort to continue existing. From within this automatized life-space, modern man tends to view death as an intrusion upon the scientific quest for immortality (Garfield, 1973). In contrast, as Pattison observes, death-accepting cultures view death as an integral part of the life-cycle necessary to give meaningful coherence and closure to an individual's incarnate existence.

An individual's human existence should be like a river—small at first, narrowly contained within its banks, and rushing passionately past boulders and over waterfalls. Gradually, the river grows wider, the banks recede, the waters flow more quietly, and in the end, without any visible break, they become merged in the sea, and painlessly lose their individual being (Russell, 1956).

#### FEAR OF DEATH

*death of the self*

Man's fear of death has been studied extensively in both philosophy and theology. The primary Occidental assumption has been that the thought of death is fear-evoking, i.e., an aversive or noxious stimulus which elicits an avoidance response. Charon (1964), in an excellent history of man's quest to comprehend life and death, contends that the origin of this fear is in the suspicion that death may constitute a finality, a dissolution of that constellation of personality characteristics known as the self.

It is the very fact that we shall be no more that troubles most men. Death is feared just because it means the end of our existence; it precipitates us, as it were, into nothingness (Charon, 1964).

He asserts that it is this egoic annihilation or 'ceasing to be' that is the true *sine qua non* of death-fear, and hence the most feared component of death.

Given the hyper-rational nature of our culture, the ideal man according to contemporary mythology is one who is possessed of fully conscious willful rational control of himself (Pattison, 1967). With such a premium placed upon self-control, any state or condition which represents a loss of consciousness or control constitutes a threat and will likely induce extreme anxiety. Wei! (1972) among others has argued that our societal ambivalence toward the entire subject of altered states of

consciousness-psychedelic drugs, mystical experience, etc.) stems from this culturally-relative fear of any diminution of rationalistic self-control. Pattison makes the excellent point that, unlike the death-accepting societies of traditional Eastern culture, Western civilization rarely presents any self-acceptable loss-of-control experiences. Thus, when a Westerner confronts the reality of his own death, the seemingly irreversible altered state of consciousness, and faces the ultimate loss of control and rationality, he has no past resources by which to gauge or deal with this internal experience. The individual feels both dependent and inadequate and, as Grotjahn (1960) puts it, "in a sense the ego is no longer master of its own fate nor the captain of the self." One cannot overemphasize the culturally relative nature of these fears of dependency, regression and loss of self-control. Ego dissolution which, for the Westerner, constitutes the core of death-fear may be precisely that state of consciousness so extensively discussed and highly valued by the esoteric core of Eastern religion. In fact, Freud's description of the operation of Thanatos, the death instinct, approximates if not duplicates phenomenological accounts of the Eastern notion of the highest state of consciousness, i.e., *salad, nirvana*.

*fear of ego  
dissolution*

Finally, there is a fear of those internal instincts within oneself that always push us to retreat from the outer world of reality to a primal world of fantasy and bliss. Throughout life, our ego fights against this internal pull to an eternal primordial existence. Freud called it Thanatos-instinct to death. Whatever the theoretical grounds, it does appear that the dying person begins to return to a state of being at one with the world where there is a helpless and timeless existence, where I (the ego) and you (outer world) no longer are differentiated. At this point, one is rapidly approaching the state of surrender to the process of renunciation of life and return to union with the earth out of which we have sprung (Pattison, 1967).

If the fear of death is fundamentally the fear of egoic extinction, or ceasing to be, then perhaps this fear can be influenced by those ego-loss experiences described as basic to various altered states of consciousness. This suggests the possibility that individuals with considerable altered-state experience may have somehow found a means to temporarily experience their own non-being. If this is the case, they might be expected to exhibit a diminished fear of death.

*altered states  
hypothesis*

The purpose of this investigation was to study the similarities and differences with regard to fear of death among members of five American subcultures using extensive clinical interviews. The subcultures were chosen on the basis of expected differences in their experience with altered states of consciousness.

*subjects'  
characteristics*

The groups that were studied included graduate students in psychology, graduate students in religion, psychedelic drug users (LSD-25), Zen meditators and American-born disciples of Tibetan Buddhism. The graduate students in psychology (P) and religion (R) constituted two 'non-altered-states' groups and the psychedelic drug users (D), Zen meditators (M), and Tibetan Buddhists (T) constituted three 'altered-states' groups. This differentiation was verified by observed differences in the groups' physiological responses (galvanic skin response and heart rate) to death-related words and to a death fantasy, combined with scores on a Death Anxiety Scale (Templer, 1969). On each of the measures the non-altered-states groups (P and R) scored higher than the altered states groups (D, M, T), i.e., in the direction of heightened phobic sensitivity to death stimuli.'

The samples were matched as accurately as possible on the basis of age (22-32 years), sex (all males), and race (all Caucasian). The graduate students in psychology (P) attended a small east coast university; the graduate students in religion (R) attended a moderate-sized east coast theological institution; the members of a pharmacologically-oriented, extended family living group (D) were located in New Mexico; the meditators (M) practiced at several Zen centers on the east coast; the members of various Tibetan Buddhist sects (T) also lived on the east coast. Group D subjects had lived in the extended family continuously for more than three years while those in Groups M and T had been involved in their respective traditions on a continuous basis for at least five years. While the study of contrasting groups assures differences in subcultural values, there may still be overlap in the use of drugs and meditation. Hence, the drug usage of members of each group was assessed by means of a questionnaire and those in Groups P, R, M, and T who had used the psychedelics or other psycho-active drugs were eliminated from the sample. Simi-

† This data represents a portion of that collected in a two-year doctoral dissertation research project (Garfield, 1974) at the Department of Psychology, University of California, Berkeley. The entire investigation was directed at assessing the differential responses on measures of conscious and unconscious fear of death across the five groups. The results demonstrated that the phobic responses differentiated the groups in the following rank order:

	P	R	D	M	T
Galvanic Skin Response;	2	1	3	4	5
Heart Rate Fluctuation;	1	2	3	4	5
Galvanic Skin Response,	2	1	3	4	5
Heart Rate Fluctuation-	2	1	3	4	5
Death Anxiety Scale	2	1	3	4	5

w = word association task      f = death fantasy exercise

Differences, statistically significant at the .01 level, existed on nearly all experimental procedures,

larly, those in Groups P, R, and D who had meditated regularly for more than two months in the past three years were also excluded.

#### CLINICAL INTERVIEWS

Clinical interviews were conducted for the purpose of securing detailed self-report data on the subjects' conscious deliberations about death. Specific questions were selected from Bromberg and Schilder's (1933) classic study (*see* Appendix A). More specifically, the primary objective of the clinical interviews was

*conscious  
deliberation*

... to bring forward and record empirical data relating to the problem of death. (I am) interested in the attitude of normal ... individuals toward death. (I) endeavored to find out without reference to any theory what is contained in psychological experience concerning death, . . . with a view towards finding out as precisely as possible the actual extent and nature of these thoughts and emotional reactions ... (Bromberg and Schilder, 1933).

The intent was to expand Bromberg and Schilder's culture-specific line of inquiry by examining the thoughts and emotional reactions of members of the five distinct subcultural groups indicated. Implicit in this attempt was the belief that these subcultures would not manifest a conformity of basic patterns in answers to interview questions, hence invalidating the culture-specific conclusion that the deeper motives directing the answers were uniform enough to allow for evaluation of the data from a common psychologic baseline. It was felt that these deeper motives and subject responses would vary considerably across the population groups due primarily to differential altered-state experience rather than specific group membership. In addition, this would reflect qualitative differences in both the cognitive and affective impact of dealing psychologically with the idea of one's death. Each subject was told beforehand that: a) the interview would be open-ended, and b) the entire proceedings would be tape-recorded. At the designated time, the interviewer approached the subject and stated that he was interested in discussing some of his ideas and feelings on the subject of death. Following this brief introduction, the interviewer endeavored to create an atmosphere in which the subject might express himself as fully as possible. In each case, the interviews were conducted along relatively non-directive lines and ranged from approximately 25 to 75 minutes in length.

*differential  
altered states*

*Graduate Students in Psychology*

*aversion to loss  
of control*

Despite an unusually high level of psychological-mindedness, the basic death-orientation of Group P is *representative* of a large segment of American culture. There is a clear aversion to loss-of-control experience:

As long as I'm the decision-maker, I can handle the image, but when I think of death as a 'Grim Reaper' snatching me from life, or when I think of letting go and losing control, I get very upset. In fact, I have to physically shake my head very hard to get rid of the thoughts and images. It seems like, in theory, I can picture my death as a slow, controlled process, but I can't tolerate thoughts of a rapid decline into nothingness.

and a fear of the process of dying:

I'm slowly realizing as I answer these questions that I am afraid of dying. Death itself and being dead are not threatening to me at all. Why should they be? I can't experience the no-experience of death, but I can extrapolate my experiences to something like what dying would be like for me, *and* that space is very threatening.

The core of these fears is the primary identification with cognitive functioning and the terror associated with a decline in one's ability to cognize and re-cognize one's world in a logico-deductive manner.

The pain would interfere with my ability to think and I can't imagine dying without my mental faculties operating to comfort me.

I suppose dying terrifies me the most since it means the well-function 'me' isn't operating anymore. The thought of my brain deteriorating in a stroke and the loss of my ability to think about myself and the world is the worst fate.

*fear of death  
experience*

In instances where individuals expressed a real aversion to pain, it appeared that the death-fear was directed at the experience of dying. That is, rather than fearing their physical termination or ceasing to be, these individuals were afraid of being cognizant of their own death. This points to an implicit double-bind in that: (1) there exists a fear of losing one's cognitive control, i.e., a loss of mental faculties and the ability to consciously experience, and (2) there often simultaneously exists a fear of 'experiencing' too effectively during the dying process due to an aversion to pain, etc. Individuals in this group were quite explicit about their linear and time-bound view of human life. Their antipathy to notions of life after death as an 'opiate of the masses' and their attachment to the usual 'three score and ten' presented a fundamentally existentialist-like collection of personal philosophies.

My general reaction to life-after-death stories is that they're religious escapism perpetrated out of some social or personal need, Christianity invented heaven and hell to intimidate little children and demoralize adults.

I derive much more comfort from the existentialists, It seems like we're all on some insignificant pebble whirling in the cosmos and this short life is all we've got. The best I can do is to live as fully as possible from moment to moment and not waste my time on impotent metaphysical speculations.

Although defined as a 'problem' by members of Group P, death was rarely approached on a cognitive level, That is, these subjects claimed that little thought was given to the 'problem of death' and they appeared to regard the entire matter as a globally aversive stimulus,

*thinking of death  
avoided*

No, the thought of death doesn't accompany my whole life .. ,if I experienced the thought of death regularly it would be a colossal energy drain that would influence my life in a very negative way, I realize that I'm a finite being with a limited amount of time and I don't need a constant reminder of that sad state of affairs.

It is not clear whether this ideational disengagement is a cause or an effect of the absence of psychologically adaptive strategies, i.e. 'solutions', for coping with the inevitability of physical death. A real clue to understanding this professed reluctance to consider the matter lies in the following response:

I suppose I'm not convinced that words and philosophies are where it's at. Although I'm very sympathetic to the existential position philosophically, I'm not at all sure that words would sustain me in the face of imminent death.

Indeed, it is one thing to advocate a total acceptance of individual mortality and quite another to translate that intellectual acceptance into a psychologically comforting philosophy of death. In addition, it would appear that the positivistic and rationalistic biases of post-industrial American culture (as manifested in Group P) and the high tolerances for ambiguity, paradox and paralogical process manifested in Groups M and T are mutually exclusive. That is, the 'solutions' offered by Groups M and T and to a lesser degree Group D to the affectively potent dilemma of personal finitude, appear to tax one's psychologic resources far beyond the limits of traditional methods of logico-deductive problem-solving. Belief in (1) a cyclical model of human life (after-life, reincarnation), and (2) the existence of non-material realities including an apersonal component to the self (SouL, Atman) are experienced as inconsistent with the Western scientific Weltanschauung shared by members of Group P. Perhaps what remains is a logical double-bind situation in the sense used by Bateson, et al, in

*positivistic and  
rationalistic  
biases*

which members of Group P can neither approach, nor avoid, nor leave the field.

*Graduate Students in Religion*

Unlike Group P, members of Group R professed a willingness to discuss death in both its personal and non-personal aspects. They claimed that they thought about death frequently and dealt with the issue through a faith in traditional Christian teachings.

I think about death very often nowadays.... I realize that both the body and soul are immortal and it's just a matter of maintaining my faith. I picture an immortal soul entering the Kingdom of Heaven where eternal rest is finally assured. The experience is one of bliss,

The most salient issue in Group R is revealed in the following response:

I have more trouble lately having as much faith in the Biblical teachings on death. It's not that I picture something else, but I sometimes can't fathom the purpose of such rampant suffering.

Perhaps the willingness evidenced in Group R is a function of the general level of anxiety and indecision surrounding a religio-philosophic belief system under question. The responses of individuals in Group R conveyed the distinct impression that their faith was sometimes insufficient to sustain absolute conviction.

I suppose it's the indecision that's the most anxiety-provoking thing. There's so much confusion even if you strictly adhere to traditional teachings and [ I guess like any other unsure situation, I've got to be apprehensive.

*linearmodel*

Members of Group R appeared to experience and conceptualize human life in terms of a model that was linear but not time-bound. Although a belief in an after-life and in a non-material essence, i.e. soul, are implicit in the Christian tradition, there is a linear irreversibility which magnifies the importance of death many-fold.

There's a great deal riding on the moment of death in terms of a judgment of one's entire life. and it's an awesome prospect.

We are all given the choice of eternal bliss or eternal damnation and the decision is based on our life on earth. Death is the gateway to this after-life and is really the moment of truth.

Although not to the same degree as in Group P, death is seen by the religion students as possessing an external locus. There is also a clear non-personalization of death-related ideation and imagery, i.e. 'Death' rather than 'my death', in their responses. The fear of 'losing time', so frequently expressed by members of Group P in response to question 15, is almost absent in Group R. The part of their religious belief system stressing service to humanity appears to provide a concretized purpose in life which somewhat offsets the existential despair verbalized in Group P.

I would live completely to serve the needs of others and I would try to teach by example. I would use my allotted time to completely devote myself to the study and living of the Holy Scriptures.

The fact remains that individuals in Group R have had much experience in discussions of death and hence are often quite verbal and/or eloquent. However, an apparent distinction existed between the repeating of theological dogma and the expression of personally relevant and affectively potent issues. Whenever an individual experienced his faith in the belief system to be an issue, an often dramatic shift in emotional tone and remoteness of expression was evidenced. This is not to derogate from the worth of the specific content of the religious teachings but rather to offer a possible explanation for the psychological state of affairs in Group R. It may well be that these subjects were falling back upon traditional religious dogma on issues that were under personal evaluation. Certainly their religious teachings provide much psychological sustenance for individuals in Group R. However, retreating to compensatory intellectualization to avoid authentic self-expression and the acknowledgement of psychological vulnerability may account for the large discrepancies between overt and covert fear of death in this group.'

*faith and  
personal issues*

#### *Psychedelic Drug-users*

Members of this group generally responded with extremely creative and highly intuitive personal formulations. For example, one individual responded to question five as follows:

*creative intuitive  
responses*

We're always dying and it's not wise at all to ignore that. If you tune out the bass part of a recording, the music sounds really tinny and metallic-like it's unreal, not authentic. It's the same if you tune out the death part of life-you get some metallic or plastic caricature of humanness.

<sup>2</sup>This refers to a distinction between the clinical interview material and the psychophysiological data.

Their implicit model of human existence appeared to be a linear one as in Group P:

Since I haven't had any experience which would prove anything to me about life after death, I don't believe the whole thing in a personal sense.

*cognitive and  
affective levels*

Yet the personal implications of this linearity were more clearly expressed and far more concretized. Indeed, it appeared that the issue of personal finitude was more than an intellectualized 'neutral fact', but rather an experiential reality which had been at least partially confronted on both cognitive and affective levels.

The word that flashed was intensity. I think I'd feel a deep need to live with way more intensity.... I'm sure I would communicate with more compassion and love to my friends here ... then I'd want to see a dozen beautiful waterfalls, a dozen sunsets and a dozen rainbows.

I'd want to laugh and cry and love and feel all the ups and downs of the death process so that I could translate my experience of dying and give it as a gift to my friends. That way they could keep a valuable part of me after I split for good.

*loss-of-control  
experience*

A particularly important difference between the subjects in Group D and those in the student groups was in their general orientation to alterations in consciousness and so-called loss-of-control experience. Whereas the students had little exposure to such experiences and generally exhibited an aversion to any diminution in cognitive/affective control, the drug-users were far more comfortable with this suspension of conscious self-regulation,

We've all had the experience of dissolving after doing acid, peyote or other drugs. Part of the beauty of psychedelics is that you learn to relinquish control, to stop resisting and fighting the natural flow of things. Dying is just another far-out experience.

The significance of this distinction may very well be in its generalizability to the actual process of dying. It is rare that most Americans experience any form of personally acceptable suspension of self-control. Therefore, when confronted with the loss of intellectual functioning and self-control in the process of dying, there exists no personally relevant experiential reality by which to measure this internal experience. The drug-users, in a manner similar to that developed by Grof, et al., at Maryland Psychiatric Research Center in their work with LSD and terminal cancer patients, may have established some

experiential base from which to assess the experience of personal death. More specifically, these individuals had developed a communal ritual in which each person underwent an intensely realistic 'Acid-death ceremonial', i.e. the experience of 'dying', 'death' and all the personal and interpersonal concomitants.

There was also little evidence in Group O of any fear of loss of bodily function, increased dependency and regression-all directly related to one's level of death-fear. Since distortions of body image are equated not only with loss of function, but often with loss of self-concept, this "narcissistic blow to the integrity of oneself results in shame and feelings of disgrace and inadequacy, for vital parts of the integral self-image are lost" (Pattison, 1967). It is precisely this fear of bodily dysfunction which was frequently expressed in Groups P and R. There appeared to be an authentic sense of comfort in Group D in describing a shift from the world of social-material reality to a primal world of oceanic experience.

*bodyimageand  
fear*

I picture my own infinitesimal speck of consciousness merging with the light and being totally absorbed like a drop of water in a giant ocean.... I can feel myself blending into the death-space as if I were sinking into a pool of liquid marshmallow.

Although at times several of these interviewees, through their remoteness of expression, conveyed the impression that they were not authentically engaging the fact of their own physical death, these responses were relatively few. For the most part, they communicated quite effectively, with few obvious discrepancies between verbal and non-verbal levels.

Another seemingly distinctive characteristic of Group D members was their vehement reluctance to accept any philosophy or religion on faith.

*importanceof  
experience*

The problem is that believing always sounds like a choice to me. Ya' know-pay your money and choose your belief. I either need to know because of something I've experienced or I have lots of trouble believing.

At times there appeared almost a phobic reluctance to deal in the realm of intellectual abstraction without 'experience'. While perhaps this avoids any escapist clinging to theological pronouncements on death, it also discounts potentially relevant approaches based on clinical experience and inference, i.e. the subjective experience of others.

### *Zen Meditators*

The subculture whose communicative style and general demeanor differed most significantly from that of Western culture was the group of Zen meditators. Zen Buddhist psychology emphasizes a maximal sensitivity to or awareness of both internal and external stimuli and a consequent deemphasis of detailed verbal communication. Hence, members of this group tended to offer brief but carefully chosen and precise responses to all questions.

*rejection of  
personal self*

An immediately striking difference between Group M and Groups P, R, and D was in the use, or rather rejection, of the notion of a personal self. Not only was there a rejection of the concept of a static self or sense of personal identity, but even of a 'processional' self of fluid identity. As one individual noted:

The 'I' of ego-consciousness is a social fiction-it doesn't think of death. If 'I' were to think about and picture death, 'I' could not exist in my essential nature.

*reduced fear  
of death*

Implicit in this statement is a phenomenological orientation or mode of being-in-the-world profoundly divergent from that of the West. These individuals regarded cognitive functioning as a tool which, if used to excess, would habitually obscure one's essential nature, i.e. the direct experience and perception of internal and external events. It was as if Descartes' maxim, "I think therefore I am," had been transformed into "I am and, at times, I think." Two consequences of this seemingly selfless mode of being are: (1) a disinclination to frequently 'manipulate variables', i.e. control one's environment, and a preference for experiencing oneself as embedded in, receptive to, and influenced by a universally systemic context; and (2) an apparently substantial reduction in one's fear of personal death:

Since I have experienced the illusory nature of the ego, I am not at all afraid of personality death .... 'Small mind' is just a passing phenomenon. but we are all part of ,Big Mind' which is infinite.

Group M also described a view of personal existence not at all coterminous with physical death. Their model is a cyclical one in which the individual undergoes many deaths and rebirths ('the samsaric cycle'). This 'wheel of death and rebirth' continues until liberation (*nirvana*) is reached and all change is transcended. It is this state of liberation and aiding others in its attainment which constitutes the culmination of Zen Buddhist practice. Consistent with this cyclical view of human existence is the notion of the fluidity and impermanence of all material

manifestations. In addition, there is a de-emphasis of the importance of the material world, including one's physical body, relative to the eternal existence of one's non-material essential nature.

Life is change, all things are temporary and all material manifestations perish. To fear this is to fear Universal Law. When we experience the reality beyond ordinary consciousness, we can put an end to any fear of 'limited' death.

The meditators also exhibited an extremely present-focused temporal orientation and a real aversion to any thoughts or images which obscured their experience of the here and now. As one subject eloquently stated:

*present  
orientation*

The past is a memory and the future is an expectation and I choose only to live totally in the present-in the eternal now.

Consequently, little or no time was spent contemplating physical death as it is not an experiential reality in the present.

The thought of death is not death. The thought of death is an illusion in the present

If I were to spend my last moments contemplating death it would be a waste of those moments.

From a Western perspective this dedication to the practice of Zen meditation (*zazen*) and the attainment of a physiologically and phenomenologically unique state of consciousness may appear strange. At minimum, however, this emphasis on personal experience in the present coupled with traditional Zen Buddhist teachings appear to constitute a belief system powerful enough to successfully defuse the affective potency of personal death.

#### TIBETAN BUDDHISTS

Since the underlying Buddhist philosophy is the same for Groups M and T, there were many similarities in their basic orientation to death. The receptive mode of functioning, the present-centered focus, the view of the self as illusory, the cyclical model of human existence, the emphasis on experiencing one's essential nature and the relative insignificance of the material world are but a few of these basic similarities. While Zen practice with its emphasis on *zazen* appears direct but austere, the Tibetan tradition offers a multidimensional approach with numerous altered-state techniques—meditation, visualization, chanting, breathing exercises and a vari-

*similarities to  
Zen*

*a death system*

ety of practices to induce bodily relaxation, However, the most significant factor when considering physical death is the existence of an explicit 'death system' in the Tibetan culture which employs the philosophical viewpoints inherent in the *Bardo Thodol* or *Tibetan Book of the Dead*. This ancient text offers an in-depth description of the disembodied individual's journey from the moment of death through the after-death states), It essentially reduces the affect-laden quality of physical death by providing a 'map of the territory'. Whether one regards the *Bardo Thodol* as literal and profound, an innocuous cultural delusion, or a psychologically defensive opiate is largely dependent upon the particular cultural perspective of the observer. It is clear that it is a significant factor for the members of Group T.

In the Tibetan tradition there is a guide-a book called the *Bardo Thodol* . . . This guide enables one to avoid the traps immediately following death.

By reducing the uncertain and unknown elements surrounding physical death, it transforms this experience from the logically insoluble and cognitively unmanageable paradox that it constitutes for Western culture into a logically approachable future event.

To successfully deal with the tasks described in the *Bardo Thodol* L will spend much time preparing myself through meditation and visualization.

This is not to suggest that much time is spent thinking about death; in fact, just the opposite is the case.

Thinking or imaging is a power and an obstacle also. If I spend my time thinking about death, I lose the present.

*fear and attachment*

In discussing the fear of death, subjects in Group T often described this fear as the result of an attachment to a narrow definition of life. In Buddhist terms, suffering is the direct result of desire or craving, and hence the fear of death implies an attachment to a restricted and personalized view of human existence.

Fear always implies attachment. In Buddhism, we learn and experience that fear is the result of craving and that we can eliminate this craving. If I were afraid of death or dying maybe that was because of my attachment to life or to my body or to my friends.

It was obvious that Groups T and M regarded physical death as having more of an 'internal locus' than did the student groups. However, in much of Buddhist philosophy there is a

repudiation of such dualistic concepts as inner and outer, self and other, and many of the individuals in these groups did not view death as localized at all. This is consistent with their attempt to experience themselves as embedded in a universal system rather than as isolated and discrete personalities.

Several members of Group T mentioned having experienced a profound alteration in the localization of consciousness while meditating or sleeping. These reports described a shift in the center of their conscious experience from within the usual somatopsychic dimensions to a position markedly separate from their bodily boundaries. One subject described this as follows:

I was not limited by my physical body. I could see my body sitting in the lotus position, meditating, but my consciousness could move around the room.

This phenomenon (out of the body experience), which is being investigated by parapsychologists in the West, was discussed rather reluctantly by members of Group T. This was not because they thought it to be odd, but rather that displaying such psychic powers (*siddhis*) was thought to be an impediment to ultimate enlightenment. Several subjects did offer intriguing observations similar to the following:

*psychic powers  
as impediments*

Such experiences can prove to Westerners that there is an everlasting part of human existence which is not bound by time or space. Perhaps such experiences would prove to all people that there is nothing to fear in death.

#### SUMMARY OF FACTORS RELATED TO DEATH-FEAR

It is clear that any extensive specification of sociopsychological factors causally related to the level of death-fear in the five groups is beyond the scope of this investigation. Rather, I will conclude this comparison by offering some of the more obvious and pervasive issues revealed in the clinical interviews. Some of the factors which appear closely related to the level of death-fear in the five subcultures include:

1. Fear of ego-dissolution or loss-of-self experience, cessation of thought, and the permanence of egoic annihilation in physical death.
2. Cyclical versus linear modes of experiencing and conceptualizing human life (both incarnate and disembodied existence), i.e., concepts of death and rebirth, reincarnation, etc.

3. Nature of temporal experience; future orientation and the positiveness of purposive and goal-directed behavior versus primary psychological embeddedness in the present; fear of losing time.
4. Belief in the existence of a non-material, transpersonal component to the self (Self), e.g. soul, Atman; general belief in the existence of non-material realities.
5. Tolerance for: loss of control experience; fluctuation in level of cognitive and affective control; personal orientation to altered state experience.
6. Tolerance for: ambiguity, logical paradox and paralogical process, taxing one's psychologic resources beyond the limits of traditional methods of logico-deductive problem-solving.
7. Fear of the unknown and the irreversibility of the death experience.
8. Fear of loss of bodily functioning; distortions in body image equated not only with function but also loss of self-image.
9. Fear of and capacity for regression; orientation towards a shift from the world of social-material reality to a primal world of oceanic experience.
10. Degree to which death is thought about or experienced during life; development of adequate coping strategies, successful solutions, etc.; faith in personal or cultural philosophic system.
11. Fear of loss of significant others, e.g. family, friends, etc.; fear of separation, loneliness; unresolved personal and interpersonal feelings of an emotionally charged nature.
12. Fear of dependency, passivity (receptivity); equation of mental/physical decline with personal inadequacy.
13. Death possessing an internal versus external locus, i.e. personalization or non-personalization of death ideation and imagery.
14. Self-reports of experiencing a localization of consciousness outside the usual somatopsychic dimensions and time-space continua, i.e. occurrence of out of the body experience.
15. Fear of dying; association among dying, pain and physical deterioration.

TOWARD A THEORETICAL RELATIONSHIP BETWEEN  
DEATH-FEAR AND ALTERED STATE EXPERIENCE

The intriguing issue remains of specifying the relationship between systematic, long-term experience with altered-state

disciplines such as meditation and psychedelic drug use and an individual's fear of death. Given the exploratory nature of this investigation (a careful search of the literature failed to reveal a single other study directly addressing this issue), it would appear that, at best, only tentative suggestions can be offered.

With regard to meditation, Goleman (1974) observed that recent psychophysiological investigations have found that: (1) a 'hypometabolic' configuration of autonomic and cortical inhibition which is opposite to the global hyper-arousal of a stress reaction; (2) initial evidence supports the contention that meditators as a group are more psychologically and autonomically stable, less anxious, more self-actualizing, and appear to experience themselves as profoundly inner-directed; (3) the relationship of meditation to stress has been tested inferentially in terms of habituation of skin conductance responses to tones, and meditators have been found to habituate more quickly, implying a more rapid recovery from stress-related arousal; and (4) the suggestion has been made by several researchers that this faster habituation is indicative of a more evolved mode of functioning of the nervous system.

*psychophysiological  
factors*

Seeman, et al., (1972) found that " ... meditation influences, in a positive direction, measures derived from a widely used inventory of 'self-actualization'; that is, the Personal Orientation Inventory (POI) developed by Shostrom .... " Wesch (1970) reported a significant inverse relationship between levels of self-actualization-as measured by the POI-and death anxiety-as measured by Templer's (1969) Death Anxiety Scale. Given also the increased inner-directedness evidenced by long-term meditators, one might well hypothesize that the level of death-fear varies inversely with the experience of the meditator, i.e, number of years involved in consistent meditative practice. In terms of Deikman's (1971) model of bimodal consciousness, meditation may be viewed as a procedure for cultivating a receptive mode of consciousness. Deikman conceptualized both an active and a receptive mode of psychobiological organization. The active mode is characterized by: (1) a manipulative orientation toward one's environment; (2) physiological emphasis upon the striate muscle system and the sympathetic nervous system; (3) psychological emphasis upon focal attention, electroencephalographic predominance of beta-wave emissions, object-based logic, heightened boundary perception, dominance of formal over sensory characteristics and preference for shapes and meanings rather than colors and textures; (4) phenomenological emphasis upon a state of striving directed towards achieving personal goals, e.g. nutrition, defense, rewards, pleasure, etc.; (5) future orientation.

*modes of  
consciousness*

On the other hand, the receptive mode of psychobiological organization is characterized by: (1) an orientation towards the maximal intake of one's environment; (2) physiological emphasis upon the sensory-perceptual system and the parasympathetic nervous system; (3) psychological emphasis upon diffuse deployment of attention, paralogical thought processes, decreased boundary perception, dominance of sensory over formal characteristics and electroencephalographic predominance of alpha waves; (4) a maximal functioning during infancy with subsequent dominance by the active mode as a result of the progressive development of striving activity; (5) 'here and now' orientation.

*functional  
orientation*

The functional orientation which determines a particular mode is directly related to the goal of the organism's activity, i.e, whether or not the environment is to be acted upon or whether stimuli or nutriment is to be taken in. Where the primary goal is to maximize the organism's ability to manipulate its environment, the active mode ('making it') as opposed to the receptive mode ('letting it') is functionally most appropriate. The consequences for the individual are twofold: (1) phenomenologically, his experience of being-in-the-world is characterized, in Buber's terms, by the 'I-it' rather than the authentic 'I-thou' relationship; and (2) any perceived diminution of one's capacity to manipulate his environment is anxiously experienced as a loss of self-control and a threat to one's personal integrity.

The ultimate distinction that the intellect makes is the one between 'self' and 'not-self'; the sense of 'I' as distinct from everything else in the universe is the very root of ego-consciousness. Further, in the ego's own terms, all that is not-self is potentially threatening because it has the capacity to undermine the whole conceptual scheme built up so carefully by the intellect. Consequently, persons who have not yet learned to let go of ego-consciousness must necessarily experience the profound sense of isolation that some philosophers consider the normal human condition. Along with this existential loneliness comes the inevitable conviction that one is surrounded by a hostile universe. everything out there that is not-self seems bent on destroying the fragile, isolated bubble of self (Well, 1972).

*an overcoming  
response*

Kastenbaum and Aisenberg (1972) contrast two differing responses to death which are highly consistent with Deikman's active and receptive functional modes. An *overcoming* response to death is seen as highly probable when there exists: (1) a conceptualization of death as an external contingency; (2) a view of the context of the anticipated death as possessing overtones of failure, defeat, or humiliation; (3) a highly de-

veloped need in the individual for achievement and independence; (4) a technological (or magical) prospect for supporting one's objectives; and (5) cultural or group values which require an assertion of power against the devastating or malicious forces of the environment.

However, the individual is more likely to develop a *participatory* relationship to death when: (1) death is conceptualized as possessing an internal locus; (2) the context of the anticipated death carries overtones of honor, reunion, or fulfillment; (3) the individual has a highly developed sensitivity for cooperative behavior, sharing and affiliation; (4) techno-magical props against death are not conspicuous; moreover, there are positively-valued social channels available through which the dying person can express himself and distribute meaningful symbols or tokens; and (5) the culture feels itself to be in a natural and intimate relationship with its environment.

*participatory  
response*

Long-term meditation as well as other altered-state procedures may be viewed as effective tools for enhancing this participatory orientation and the consequent reduction of the individual's level of death-fear. Although little controlled research has been done using psychedelics in the United States since the Federal Government's ban in 1966, an attempt can be made to explain the apparent inverse relationship between systematic use of these pharmacological agents and an individual's fear of death. McGlothlin, et al. (1967), found a significant drop in GSR to stress situations among 72 male graduate students who had ingested LSD-25. These researchers also report some evidence of a more introspective and passive orientation accompanied by a less defensive attitude. They offer the important observation that

*tools for  
reducing death  
fear*

Persons who place strong emphasis on structure and control generally have no taste for the experience and tend to respond minimally if exposed. Those who respond intensely tend to prefer a more unstructured, spontaneous, inward-turning (though not socially introverted) life, and score somewhat higher on tests of aesthetic sensitivity and imaginativeness. They also tend to be less aggressive, less competitive, and less conforming.

While personality factors may thus effect subjective response to psychedelics, the substances themselves may enhance such an unstructured, spontaneous, inward-turning, i.e. a receptive, life orientation. Pahnke and Richards (1966) found that dramatic therapeutic changes followed sessions in which the patient experienced an intense psychedelic peak experience, the phenomenological description of which included the ex-

*transcendental  
ego-loss*

periential categories of (1) unity, (2) transcendence of time and space, (3) objectivity, (4) sense of sacredness, (5) deeply-felt positive mood, and (6) ineffability. McCabe, et al (1972), investigating the 'psychedelic hypothesis', i.e. that the transcendental ego-loss experience is the major vehicle of therapeutic effect, found that

'Self-actualized values' are more frequently increased after high-dose LSD therapy. Psychedelic therapy, especially when employing high-dose LSD administration, appears to be preferable over conventional treatment methods for eliciting 'healthy' behavior,

These researchers concluded as follows:

The present investigation suggests that psychedelic psychotherapy can effect personality change in subjects willing to undergo, and specially prepared for, such a procedure. The especial rapidity with which this occurs seems primarily attributable to the pharmacologically-induced receptivity occasioned by the LSD administration.

*use 1'  
psychedelics*

Therefore, it appears that systematic psychedelic drug use may be instrumental in (1) cultivating a receptive mode of psychobiological organization, and (2) enhancing a variety of self-actualized values. These increases in the level of self-actualization and receptive-mode functioning appear causally related to a more participatory orientation to death and a consequent diminution in the level of death-fear. In more poetic and metaphorical terms, Deikman (1971) advises those about to ingest LSD

not to fight the experience, but to 'go with it', to 'float downstream', and abandon oneself to what feels like 'ego-death', ... Giving oneself up to an unusual experience, abandoning oneself to 'ego-death', is precisely what Yogis and Zen monks are trained to do,

*training in  
ego-death*

It is suggested that it is precisely this 'training in ego-death' which is largely responsible for the decreased level of death-fear in the altered state groups, Kastenbaum and Aisenberg (1972) partially explain this connection in motivational terms by suggesting an intentional 'thanatomimetic', i.e. death-mimicking, component to altered-state experiences.

The individual fully intends to induce a state of suspended animation and this outcome is itself a primary goal (rather than simply the means to fulfill another purpose such as getting one's way in an interpersonal situation). Success is determined largely by the depth and authenticity of the altered state. The person who seeks to induce such a state in himself might have the *cointention* of a) learning how far he can go in controlling his bodily processes,

b) achieving a very special phenomenological slate that he believes cannot be reached by ordinary means, or even c) pre-experiencing death and/or the state of existence after death. Superior practitioners of yoga have been credited with the ability to induce impressive and long-lasting states of suspended animation.

These authors further contend that "any state that bears a resemblance to death can be used symbolically as a death-equivalent or substitute." In a study of the psychotherapeutic effects of psychedelics on terminal cancer patients, Richards, et al. (1972), note the following:

*symbolic death  
states*

Subjects who have experienced the ego-death and rebirth sequence in a psychedelic session usually claim that they feel a very radical change of their attitude towards death as a result of this experience. Those who experience feelings of cosmic unity indicate retrospectively that they have experienced a state of mind where physical death appears irrelevant. In spite of the fact that this experience is so common for a psychedelic therapist, it was rather astounding to discover that these statements apparently reflect much more than a momentary self-deception resulting from altered brain functioning. There could hardly be a better indicator of the profundity and relevance of this emotional insight than its occurrence in patients who are actually facing physical death.

They conclude with the important observation that:

It would be a purely academic question at this point to debate whether the changes of consciousness described should be considered a merciful delusional self-deception or profound ontological insight into the nature of universe and man; in any case, they seem to make the otherwise dismal situation of the terminal patient much more tolerable.

Grof (1972) offers extraordinary accounts of ego-dissolution experiences occurring under LSD in his research at Maryland Psychiatric Research Center. As reported by a number of Grof's subjects, these experiences may constitute a basis for partial insights into the nature of death and the process of dying.

In summary, it would appear that the systematic use of meditation or psychedelics can be instrumental in enhancing a shift from a predominantly active mode of psychobiological organization to a mode characterized by an active-receptive modal balance. Therefore, it would appear that to the extent one's fear of death results from the frustration of active-mode functioning, i.e., the failure of logico-deductive methods in dealing with the seemingly insoluble paradox of death, it

*integration of  
altered states  
experience*

will be reduced in those individuals who have integrated the insights gained from systematic experience with altered state systems.

### *Conclusion*

*knowing the  
unknowable*

Many theologians and philosophers have referred to the paradox of death, i.e. that death is simultaneously unknowable and that which must be known. When we consider the degree to which Western civilization has relied upon an active mode of psychobiological organization or Bakan's (1966) notion of agency, i.e. upon those faculties based on rationality and logico-deductive process, to structure and order the world, we are confronted with an exciting possibility in the philosophy of knowledge. Death may indeed be unknowable, given the limitations of a logico-deductive process. Perhaps Freud was right in stating that the ego cannot imagine its own dissolution. However, it may be that the receptive mode of consciousness, or Bakan's notion of communion, provides a mode of knowing or ascertaining information about certain aspects of 'reality' not at all accessible through the logico-deductive process alone. This receptive mode of knowing, taking the form of non-verbal experience or intuition, may subsequently be translated into words for the purpose of communication. This is the message of the split-brain researchers such as Sperry, Gazzaniga and Ornstein who have described the differences between right and left cerebral hemispheric function. They have noted that there are two different modes of knowing characteristic of the two cerebral hemispheres. Right hemisphere functioning is characterized by a receptive mode of psychobiological organization and may allow the organism to address itself to dimensions of reality other than those of the object world knowable through the active mode and logico-deductive process.<sup>3</sup> Perhaps death is 'knowable' through receptive mode function, organized in terms of an alternative logic (or meta-logic) directed at dimensions of existence different than those which make up consensus reality. Deikman (1972) addresses this notion of alternative realities and makes the following crucial observations:

*knowing and  
mode of  
consciousness*

<sup>3</sup> It would be erroneous to imply that cerebral hemispheric function is an either-or proposition. Neurophysiologically, we are constructed as dual-hemisphere organisms structured to process and integrate information. The corpus callosum forms the neurophysiological link between right and left hemispheres and the bridge to inter-hemispheric integration. The important point is that, as a culture, most of us have learned to consider as 'admissible evidence' that information forthcoming through left hemisphere functions, i.e. rational process. This has led to a mistrust of right hemisphere, i.e. intuitive, modes of knowing and appears to be severely limiting our understanding of universe and man as a result.

It may be felt that to talk of other dimensions of reality is to indulge in romantic thinking, but however it may be judged, the idea of other dimensions is not illogical. Considerations of developmental psychology provide the basis for the possibility that the organism has exercised a considerable selection over what features of the world it gives the priority of its attention and the structuralization of its language. That the view of the world thus obtained is relative, rather than absolute, and incorrect in certain applications, is held by many theoretical physicists. Furthermore, it has been noted that a correspondence between the cosmology of mystics and that of contemporary physicists is striking. Such a correspondence suggests that the receptive mode of consciousness may have validity in terms of the "external world" if the sector of reality being considered is different from that of the biological with which we are familiar and in which we developed.

It would certainly seem premature to close our accounts with reality, to borrow a phrase from William James, and furthermore to close our accounts with death, without considering information associated with dimensions other than consensus reality. To quote Laing (1972),

*other dimensions*

'The ego' is the instrument for living in this world, If the 'ego' is broken up or destroyed (by the insurmountable contradictions of certain life situations, by toxins, chemical changes, etc.), then the person may be exposed to other worlds 'real' in different ways from the more familiar territory of dreams, imagination, perception or fantasy. The world that one enters, one's capacity to experience it, seem to be partly conditional on the state of one's 'ego', Our time has been distinguished, more than by anything else, by a drive to control the external world, and by an almost total forgetfulness of the internal world. If one estimates human evolution from the point of view of knowledge of the external world, then we are in many respects progressing. If our estimate is from the point of view of the internal world and of oneness of internal and external, then the judgment must be very different.

#### THE DYING PROCESS

In my work both with the Shanti Project, a volunteer counseling service for individuals facing life-threatening illnesses, and at the Cancer Research Institute, University of California, San Francisco, I have found that dying in American culture can combine powerful ego-annihilating elements, that is, combinations of insurmountable contradictions in life situations, extremely severe chemotherapeutic and radiological toxins, and generally debilitating chemical changes. I have found, along with Osis (1961), that altered-state experiences reflecting ego-dissolution processes do occur in the terminal phases of life. To label these experiences as hallucinatory and dismiss them as information unworthy of consideration or sympto-

*counseling  
service*

matic of the disease process may be tantamount to ignoring an invaluable opportunity. If the various Eastern traditions and parapsychological sources are correct, then the period *just* prior to physical death is one of maximal receptivity to altered-state realities. Members of the Shanti Project have found that working with the dying is indeed a dialectical affair, requiring openness and sensitivity to various kinds of information on the part of both 'patient' and helper.

*psychic  
transformations*

Psychotherapeutic intervention on both personal and interpersonal issues can aid in the resolution of much 'unfinished business' and enhance the likelihood of a subsequent peaceful relinquishing of the social/material plane of reality. In this capacity, Shanti volunteers serve as teachers or, more accurately, as partners or companions. However, when consciousness is altered by the ego-transforming elements of the terminal situation, we are, at times, students fortunate enough to be present at a profound drama of intense psychic transformation. That we are psychologists, nurses, physicians, or clergymen automatically suggests nothing about our sensitivity and receptivity in this situation. To categorize the near-death communications and experiences of the dying person only in terms of traditional disciplinary constructs appears as an unnecessary operational constraint in a potentially powerful learning context. For example, a number of Shanti volunteers have been present until the moment of death and have found that these times appear to be genuinely peaceful occasions.

*the near-death  
experience*

These observations appear to complement the work of Noyes (at the University of Iowa College of Medicine) on near-death experiences. Noyes (1972), in studying individual recollection of near-death experiences, found that the psychological pattern can be broken down into three chronological divisions: resistance, review, and transcendence. At first, the individual realization that death is imminent precipitates a violent struggle to gain control of the situation for survival. If the potentially lethal danger is not overcome, the individual may surrender to a feeling of passive resignation which in turn leads to a sensation of profound tranquillity. It is at this stage, sometimes called the 'life-review' stage, that the individual may watch his own death with a feeling of detachment. At the same time, the individual may experience a rapid flash of memories from the past, a rapidly accelerating film-strip in which images of the past flash before the person's mind. While approximately one-third of Noyes' subjects have experienced this review stage, a smaller number of approximately 25% come still closer to death and enter the third stage, that of transcendence. Here the individual feels as though he has slipped beyond restrictive temporal boundaries and beyond the boundaries of self.

Quotes from those who have experienced this transcendent phase resemble the following: "It was the most perfect state of easeful joy that I ever experienced," wrote a nearly drowned poet. "There was no sadness or sickness from which I wished to escape." A Swiss geology professor who had nearly been killed in a 66-foot fall from a mountain peak related the following:

Everything was transfigured, as though by a heavenly light, and everything was beautiful without grief, without anxiety, and without pain. I became ever more surrounded by a splendid blue heaven with delicate roselike and violet cloudlets.

Noyes has noted that typical descriptions of this transcendent state include flashes of light, visions of ecstasy and the presence of an outside force. In a number of instances, individuals experienced a sense of fusion with nature and a clear transcendence of ego boundaries.

Perhaps as our understanding of the dying process increases it will be possible to facilitate the type of transcendent experience discussed by Drs. Grof(1972) and Noyes (1972) without the use of pharmacological agents. Perhaps some individuals could be guided through the sequence of ego-death and rebirth described by both researchers. Rather than viewing an tance of death as similar to the resignation of a beleaguered army accepting defeat, might we not entertain the hypothesis that for some individuals realistic acceptance of death may be intimately related to transcendent experience? Can therapeutic strategies be developed utilizing the trance-like state which at times occurs in the terminal phases of fatal illness, i.e. those alterations in consciousness associated with the disease process and its treatment? Various techniques, such as hypnosis or Jungian and psychosynthetic imagery might also be therapeutically useful with the dying person. Needless to say, these issues require much detailed and thoughtful consideration before any attempt at clinical application is made. It is important to note that imposing one's preconception of an 'appropriate' death or 'death-style', whether it be Dylan Thomas' "rage against the dying of the light," or Aldous Huxley's 'death of Lakshmi', appears to be a very limited approach. The effective companion becomes part of the process, taking his cues from the dying person, rather than hiding behind chological, psychiatric, theological or medical models.

*facilitating  
transcendent  
experience*

*the effective  
companion*

Keleman (1974) stresses the need to work through completely any ambivalent feelings in every 'little dying' we encounter in life. From the death of significant others to the shattering of hallowed self-images, all such powerful changes can be used as rehearsals for one's eventual physical death. He goes on to

*natural winding  
down*

claim that the organism has a sense of excitement about dying that resembles the excitement with which it faces other challenges from the unknown. Keleman further suggests that the human species has a built-in genetic program for dying which is an integral part of its total developmental program. With the actual approach of death, this excitement can build to the point of something like orgasm. He notes that these feelings are obscured in a disembodied culture which emphasizes an identification with rational process, while using the flesh as a mere instrument of the psyche. One could further speculate that part of this hypothetical genetic death-program governs the 'easeful death' so often witnessed by those who minister to the dying. Borrowing the notion of 'negentropy' from physicists, the peaceful culmination to the dying process may be seen as a natural and genetically programmed winding-down of the human psychobiological totality. As ego attachments are relinquished in this process of disengagement, fundamental changes in ego boundaries may occur. For some, this blurring of ego boundaries (or even ego-death) *may* be intimately related to the occurrence of spontaneous transcendent experiences reported by Kubler-Ross (1975, personal communication), Noyes and others. Certainly this is consistent with the Eastern view concerning the increased likelihood of enlightenment experience immediately prior to death.

*beyond the ego  
boundaries*

It already appears that conceptualizing the dying process only in terms of mind/body processes is incomplete. There are occasions when the experiences of the dying person and/ or the therapist-companion involve "an expansion or extension of consciousness beyond the usual ego boundaries and the limitations of time and space" (Grof, 1972). For the helper, these occasional glimpses of the transpersonal further clarify an already intense form of 'karma yoga'. For the dying, these events may serve as vital information prior to intense psychic transformation.

#### APPENDIX A

Please answer the following questions as *honestly and authentically* as you can. Feel free to answer them in whatever order you choose, but do not omit any of the questions. Answer in as much detail as you desire and take as much time as you wish.

1. How often do you think about death?
2. What ideas and pictures come into your mind when you think about death? Do you think about death or being dead?

3. Is your own death probable to you?
4. Do you have the impression you suppress thoughts about death?
5. Does the thought of death accompany your whole life like the bass accompaniment in music which you do not want to hear?
6. Can you picture yourself dead? How?
7. Are you afraid of dying? Of death? Of being dead?
8. Did you ever wish you would die or that you were dead? In what situation? Did you ever think of how your relatives or persons you love would act and feel when they see or hear about your death? [f so, how?
9. Are your thoughts of death ever connected to an erotic situation; do you bring death and love in connection with each other? Do you think of death during, before, or after sexual intercourse?
10. Do you believe in a life after death and how do you imagine it?
11. How do you react to religious teaching about death and life after death?
12. Do you dread the thought of seeing a corpse?
13. Do you have fantasies of how it feels to be actually dying? What do you imagine you see and hear?
14. Did you ever imagine yourself dead at an early age?
15. Did you ever think how you would act if you knew you were to die in a given time?
16. Do you think of death when you are ill? Do you think that you suffer while dying?
17. Do you think that your attitude toward death and dying has changed in the course of the years? How did you feel about it as a child and as an adult? Did a disease change your attitude?
18. Try to remember when you heard the words death and dying for the first time? At that time what connotation did these words have?
19. When did you see something dead for the first time? Was it an animal-rat, bird, etc.s-or a human being?
20. How do you regard the death of a younger person, an old person, an infant?

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