Chapter 12
Going Home, the Afterlife, and Other Beliefs About Death

> O Lord, support us all the day long of this troublous life until the shad(ow)s lengthen, the evening comes, the busy world is hushed, the fever of life is over, and our work is done. Then, Lord, in your mercy grant us safe lodging, a holy rest, and peace at the last. Amen.
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> John Henry Newman.
> Wilson AN. *John Henry Newman: Prayers, Poems, Meditations*. 1990.

John Cardinal Newman's "Peace at the Last" prayer, which opens both Chap. 1 and this chapter, is a brief but cogent reminder to make sure end-of-life care addresses not only dying but also whatever comes next [1]. Yet death and a possible afterlife are as foreign to scientifically oriented mainstream medicine as any concepts can be.

The recent hospice and palliative care movements, of course, have focused health professionals' (HPs') attention on care in dying as never before. The medical literature on the topic has grown exponentially, funding agencies have underwritten numerous research and demonstration projects about it, palliative care has become an officially acknowledged medical speciality, and end-of-life care delivery has improved greatly. Yet nearly all this attention has concerned dying itself, not death. The reason may lie with the dominance of science in the modern mind-set. Dying yields to science; death does not. Dying, for example, has been subject to scientific inquiries about advance directives, analgesic regimens, decision-making strategies, do-not-resuscitate (DNR) orders, disease trajectories, prognostic predictions, and cost-benefit analyses. But death stubbornly retains its mystery [2, 3]. "Death is always outstanding," one author quotes Ralph Waldo Emerson as saying. "Our (knowledge) never reaches (it), never possesses it. We are always at the beginning, (asking) … What is death?" [4]. In one recent study, a patient named Cissy who was dying from lymphoma described her view of the problem. Whenever I face a challenge, Cissy said, "I read everything I can … about it— … (T)hat's how I deal with things. (But what angered me this time is) I couldn't find anything on the Internet or in books about (death) from lymphoma … What's involved? How does it happen? What's (the) process?" [5]. Cissy was right: Scant professional literature in medicine, psychology, or sociology addresses death. Those disciplines leave the

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topic largely to philosophy and theology [6, 7], and even their literatures say little. The sparseness of all professional literatures on death is surprising given it is a universal, momentous human experience.

What little professional literature about death does exist includes only a few studies on topics that are merely tangentially related to it or are fully grasped only through personal experience. That literature consists of scholars' speculations and ordinary patients' accounts of "death-like" experiences. Clergy, psychologists, and social workers know this literature; scientifically trained clinicians do not. Still, I believe that all end-of-life care professionals should get to know this literature because it may offer therapeutic benefits for dying patients. Like Cissy many of those patients surely wonder—and worry—what will happen to them at and after death [3, 8]. Knowing the literature, however scant, should prepare caregivers as possible to counsel and comfort patients about what death is. And this literature may also help HPs to define their own views on death and to sustain themselves in the arduous task of delivering end-of-life care.

This chapter divides the literature on death into four sections. The first addresses beliefs about what happens to body and soul at physical death. The second describes near-death experiences (NDEs), which may give insights into the transition that death is. The third discusses meanings that people attribute to death. And the fourth describes contacts between the living and the dead. The format of this chapter differs from the format of most other chapters in the book because this chapter does not use just one illustrative case. One case cannot adequately address death, its many nuances, and its significance. Therefore, this chapter uses illustrative quotes from various studies, cases, and informants. Some quotes come from studies by other researchers; and other quotes, previously published or not, come from studies by my colleagues and me. This chapter does conclude with one short case illustrating contacts between the living and the dead.

Beliefs About the Body at Physical Death

Although everyone dies, we know virtually nothing about the transition that is physical death. We do not know exactly when it happens, why it happens, how long it lasts, or what it is like. It remains largely beyond science. Thus, much of what we think about physical death is conjecture. Even clinical practice, which involves witnessing many physical deaths, pays little attention to them. Clinicians consider their duties to the patient ended once a doctor declares the patient dead and notifies the next of kin, the surgeons harvest any organs for transplantation, the nurses prepare the body for transfer to the morgue, and perhaps the pathologists have performed an autopsy. But the clinicians are wrong: The profound impact physical death has on patients and survivors should prompt clinicians and other HPs who provide end-of-life care to understand the variety of beliefs about physical death. HPs owe it to dying patients, survivors, and themselves to appreciate the significance of such beliefs. Sensitive, insightful care depends on doing so [3, 8, 9].

This section addresses beliefs about the body at physical death. Four specific questions have clinical implications: Does some part of the person separate from the body at physical death? How long does physical dying take? Which signs identify physical death? And does the body retain its senses after physical death? A study by my colleagues and me asked those questions of Euro-American (EA), African American (AfA), and Mexican American (MA) elders. The next sections summarize respondents' answers, question by question, and illustrate their answers with quotes.

Does Some Part of the Person Separate from the Body at Physical Death?

Most Americans believe a person's soul or spirit separates from the body and leaves it at physical death. In fact, 90 % of respondents in our study expressed this belief [3]. That percentage remained roughly the same across EAs, AfAs, and MAs and their gender subgroups. Most respondents (79 % overall) and majorities of all three ethnic groups and their gender subgroups except MA women explicitly described the person's soul or spirit as "leaving" or "going" from the body, being "taken" from it, or "passing through" this earthly life. One MA man described physical death as "the spirit comes out of the body … because God wants it" [previously unpublished quote]. Similarly, an EA woman said, "I think (my dead brother) left his body … as soon as (it) died … (His) spirit is in heaven, and (his) body is waiting (here) on earth for the resurrection" [previously unpublished quote]. And an AfA woman said, "I've always thought, when a person died, their body left them (sic), and (their soul) overseed (sic) everything that was going on … how (the bodies) are handled" [previously unpublished quote].

As the first two quotes suggest, the belief about separation of body and soul at physical death sometimes originates in formal church doctrines. Roman Catholic doctrine, for example, permits stopping life support and allowing death to come whenever the body can no longer support God's purpose for the person—that is, maintaining a right relationship with God and with other people [10, 11]. However, other beliefs about this separation originate in cultural traditions or individual experiences independent from formal religious doctrines [3, 11, 12]. Some people believe, for example, in secular ghosts or similar spirits existing outside the dead body. One EA woman in our study said about her dead mother, "We put flowers once a month at the table … where she sat all the time. Where she had breakfast … we keep flowers on the table because we know she's there … she is not in the cemetery" [previously unpublished quote]. And an AfA man said, "After my father's funeral (he) was at my mother's house and … woke her up. He said, 'Look what (the doctors) done to me (during those resuscitations).' He opened his shirt, and he had two big white burns where they was (sic) hitting him with that electric plate. And (then) he buttoned his shirt and said, 'I got to go.' He disappeared, and

she's never seen him again … (But) about a month after he died, I would be sitting there in my mother's (house), … I could tell he was there … I'd tell him, 'Hey, old man, come on out where I can see you, … (T)alk to me.' … (H)e never did, but I knew his presence was there in that house" [3].

A few people, however, reject the separability of body and soul at physical death. These people insist the two exist only as one thoroughly intermixed entity. Accordingly, then, the soul dies along with the body.

How Long Does Physical Dying Take?

Views on this question divide into two groups. One group considers physical dying a gradual process and the other, an instantaneous one. One extreme view from the first group claims physical dying occurs lifelong. I have heard this view mostly from theologians. Their idea is the body experiences "dying," or physical losses, throughout life. Thus, as long as the body is living, parts of it are also dying. The losses involved may be physical features (such as skin tone, height, or muscle mass) or capabilities (such as visual or hearing acuity, quick reaction times, or memory and abstract learning). A more moderate view holds that physical dying covers not a whole life span but only some minutes, days, weeks, or years. I mentioned in Chap. 5 one study consistent with this view. That study tracked people's declining abilities to perform everyday activities (such as bathing, dressing, and eating) in the year before death [13]. The abilities of patients who died from severe strokes or heart attacks declined precipitously over seconds to minutes. However, the abilities of other patients who died from cancers, chronic organ system failure (such as gradually progressive heart, lung, or kidney failure), or dementia declined and died more gradually over days to years.

Linda Emanuel, a well-known geriatrician and bioethicist, proposes a variation on the concept of gradual physical dying. She imagines opposing forces acting constantly on the body: degradation and decline versus repair and strengthening. Emanuel believes physical dying begins when an organism's degradation and decline consistently outpace its repair and strengthening. As Chap. 7 notes, Emanuel sees physical dying as approaching, but never quite reaching, the asymptote of total physical death. That asymptote marks the point where the forces of degradation and decline completely overwhelm the forces of repair and strengthening and extinguish any remaining life force. Because the dying organism never quite reaches that asymptote, Emanuel must specify a threshold considered physical death for medical, legal, and cultural purposes. She locates that threshold somewhere on the continuum between the persistent vegetative state and total cessation of cardiorespiratory and neurologic functions [14]. However intriguing her idea, I cannot accept its implication that an organism never reaches actual physical death. That implication strains credibility for me. Others may also object that her idea leaves too indefinite the time of death and might portray the physical dying process as far too long. Still, Emanuel's theory

highlights the core implication of all theories of gradual physical dying: Life and death coexist for some part of an organism's life span.

The other group's views about how long physical dying lasts hold that it is not gradual but instantaneous. That is, physical death separates life from death instantly, cleanly, and completely. Such views prompt expressions such as "sudden death" or "the moment of death." Frequent movie portrayals of death as instantaneous (often due to time constraints or dramatic purposes) may fuel this perception. Movies may symbolize such instantaneous deaths by blowing out a candle or turning out a light. Important social and legal procedures depend on this view. Organ harvesting, notification of family, social security benefits, property transfers, and other important matters all depend on considering death as occurring in an instant. I believe most Americans hold that view [15].

The study by my colleagues and me showed only slight differences among ethnic groups about how long physical dying takes. EAs were twice as likely to believe physical dying takes less than a minute (instantaneous) than more than five minutes (gradual), but AfAs and MAs split evenly between the two views [8]. Taking the instantaneous view, one EA woman described her father's death, saying, "We were right outside (the hospital room when my father suffered his cardiac arrest). We knew, when the alarm went off on the heart monitor, it was … the last time we'd see him alive" [8]. Similarly, an MA man explained his mother's soul left her body when "her heart stopped. Once the heart stops, your soul comes out of the body and floats away" [3]. Yet, taking the gradual view, an AfA man described the resuscitation efforts on his father before he died. "(The doctors) started (his heart) three different times," the man said. "So I told them, 'Look, if my dad's heart would quit (again), leave him alone. Don't put his body through that. When a person's mind don't (sic) get oxygen for a certain length of time, he dies … That's what happened to him. He was dead for 25 min before the doctor got his heart going again. They were trying to keep him alive on a machine …" [16]. Similarly, an EA man believed his dad lived for some days after pronounced death. The man, therefore, insisted on riding in the hearse carrying his father to the cemetery. The man explained, "Dad came to me (before he died) and said, 'I get a little scared when I think about dying." (If) I've got to be out in a coffin and buried, will you go the last mile with me?' I said, 'Hell, yes, Dad.' … So on the day of his burial I got in (the hearse) by the driver and lay (sic) my hand on the coffin … I said, 'I'd like to ride here with my dad … Dad hasn't gone. I've still got him with me'" [3].

Which Signs Identify Physical Death?

The cessation of heartbeats, circulation, and respiration has historically identified physical death, prompting doctors' tradition of listening to the patient's heart and lungs before pronouncing death. However, the advent of mechanical ventilators and of cadaveric organ harvesting in recent years has necessitated an additional sign for physical death: the cessation of vital neurologic functions. (Chap. 7 discusses the

specific characteristics of this sign, sometimes called "death by brain criteria.") Either sign alone—cessation of cardiorespiratory functions or of vital neurologic functions—is sufficient to diagnose physical death [17]. Either sign also provides solid grounding for meeting society's practical need to differentiate the living from the dead. Medical science understands both signs, and the physical examination detects them easily and reliably. Clinicians have, therefore, incorporated both signs into everyday practice.

Our study, however, suggested the general public look to *various* physical signs to decide for themselves whether physical death has occurred [8]. Some of those signs relate to the two standard clinical signs. For example, referring to cessation of heartbeats and circulation, one MA man told my colleagues and me, "My mother died (as) her heart monitor kept going down little by little" [8]. Similarly, referring to cessation of respirations, an AfA woman said, "Once that breath is going out of the body … (a person's) already dead" [8]. And, referring to cessation of vital neurologic functions, still another MA man exclaimed about a comatose friend, "After 2 months [in the intensive care unit (ICU)] the doctor said, 'He's going to die.' But he was dead already! The (ventilation) machine was pumping, doing the work for him. He couldn't move his arms … It was a fraud!" [3]. Yet the general public may look to other, nonstandard signs, too, to decide for themselves that physical death has occurred. Some people look to cooling of the body, for example. One EA woman told us, "I didn't feel the coldness of (my dead mother in the coffin) … (S)he didn't belong there … I felt like she was asleep. I was telling her to get up" [8]. And other people may decide about physical death based on a person's inability to move, speak, or recognize people, or the person's gurgling, gasping, or turning the eyes back into the head [8].

Conflicts may arise when different people look to different signs to determine physical death. Observers at the deathbed, for example, may disagree about whether a ventilated patient with a heartbeat but few high neurologic reflexes is alive or dead. One of our respondents talked about such a conflict between him and the doctors when his father died. "It was time for (my father) to (die.) He had to go," the MA man said. "He was suffering a very long time. Over 2 years. By the time my dad died, I figured he was already dead. (The doctors) kept him too long on the machines. He was already dead before they announced him (sic) … a long time before" [previously unpublished quote].

Does the Body Retain Its Senses After Physical Death?

Views on this question also vary. Though skeptical myself that the dead body retains its senses, I first encountered the idea years ago when I interviewed a funeral director for a study on attitudes about autopsies [18]. This MA woman expressed dismay that teenaged relatives of a recently dead man had cracked jokes about him at his open casket. She insisted the man could hear the jokes and felt disrespected. A follow-up study by my colleagues and me suggested that 20–33 % of Americans

share this woman's belief that dead bodies retain some of their senses [8]. Americans appear to think sight, hearing, and touch are the senses retained most often. For instance, one respondent of ours, an MA woman, said about sight that the dead person's soul "lingers above (the body, watching) to see how the family takes (the death)" [8]. Another respondent, an MA woman, said about hearing, "I think people can hear after they die … for a while. Fifteen minutes at least … They can't answer you, but I'm pretty sure … Like when I talked to my (newly dead) father, I thought he would hear me" [previously unpublished quote]. And a third respondent, an EA man, mentioned touch in objecting vehemently to doctors' practicing medical procedures on a dead body. The man said, "(If the doctors) hurt the guy that's dead (sic), he ain't going to holler … (T)hey wouldn't know they hurt him … (The doctor's) liable to get back too far and hit the bone. He won't know he hit that bone. He (might) break the needle, and … (h)e won't know … 'cause the guy's dead" [3, 8].

The Clinical Implications of These Questions

The answers to these questions can have a dramatic impact on how patients' bodies are handled at physical death. Those who believe that the absence of detectable cardiorespiratory or neurologic functions signals total physical death, that it occurs instantaneously, that a patient's spirit leaves the body immediately, and that the dead body retains no senses will consider the dead body an inanimate, nonsentient object. Those people will treat it no differently than a valuable piece of jewelry or furniture. They tend to approve postmortem invasive procedures such as organ harvesting, autopsies, and practicing of medical procedures. Clinicians tend to fall squarely into this camp. In contrast, those who believe the opposite on all four points will consider the dead body a final refuge for an animate, sentient human spirit. These people tend not to approve postmortem invasive procedures. Many nonclinicians tend to fall into this camp. Thus, when people from both camps witness the same patient's death, conflicts may arise over how to treat the body after physical death.

Beliefs About the Soul at Physical Death

Most Americans believe the soul lives on continuously after bodily death. One study found more than 60 % of university students do so [12]. And the study by my colleagues and me found 90 % of elders do so. This percentage varies little by ethnic group or gender. As one respondent, an MA man, told us, "The spirit is always going to exist" [3]. And a respondent in another group's study said, "The real me (sic) is a spirit that lives in this body. That spirit will live on when my physical body dies" [19]. Likewise, another respondent of ours, an EA man, said,

"I believe that our body is just a place … our actual spirit … use(s) it. The body dies, but the soul never dies. So, when you die, it's actually just your body dying 'cause that's when your soul goes out of 'em. (sic) … All you're keeping is a body … with nothing in it …" [previously unpublished quote]. Like this last respondent many others who hold this belief see the soul as encaged in the body during life and freed at physical death.

A few Americans, however, believe the opposite: They see the soul as inextricably enmeshed within the physical body and dependent on it for existence [14, 20]. Thus, the soul dies when the body dies, and nothing of the person remains afterward [14, 20]. One respondent in our study espoused this belief. "(The soul) stays in the body (after physical death)," this MA man said. "It decomposes with time. It gets destroyed underground … I don't think it leaves (the body ever)" [3].

Even those Americans who believe the soul lives on continuously say it undergoes momentous change at physical death. Many people describe that change as moving away from the living and this earthly life [5]. In our study, for example, 79 % of respondents described the soul as "going," "leaving," or "passing"—a movement away that may occur under the soul's own power [8]. One EA man described the soul to my colleagues and me as "leav[ing] this life, and … go[ing] to the next" [8]. Another respondent, an MA woman, said, "[W]e are born, and we die. Jesus is letting us come to this world … (He) lets us stay here a while. [We're] passing through … to the other side" [8]. Yet other respondents described the soul as "taken," implying a movement away due to some external power, usually God. "We're here on borrowed time," an MA man said. "When God tells you (that) you gotta leave, you do. That's when you die. He's going to take your soul away from you …" [8, 16]. "(W)hen the day comes that there's a medical problem," said another MA man, "I would try for (God) not to take me or … not to take me so easily. (I'd) go to the doctor right away" [previously unpublished quote]. A few respondents, however, mentioned the soul's being taken away by an external force that might not be God. One respondent, an MA woman, said, for example, "I had already accepted that (my father) was going to die, … I knew that one day he had to go. My mother the same thing … Somebody takes them, takes us. We can't do nothing. If it's time, it's time" [previously unpublished quote].

Yet some respondents in this study (14–19 % depending on the particular ethnic or gender group) described the soul not as moving away at physical death but as "resting," "sleeping," or becoming "lost" to the living. One respondent, an MA man, said his sister's "soul went … to heaven (where) she's resting" after her long, exhausting fatal illness [8]. Another respondent, an AfA man, described heaven as "sleep for the believer" [previously unpublished quote]. And still another respondent remembered trying to lift her dead mother's body out of the open coffin at the funeral. "She didn't belong there," this EA woman explained. "I just felt like she was asleep. I was telling her to (wake) up" [8]. And yet another respondent, an MA woman, described her pregnant daughter's death in the childbirth of a grandson who survived. "(My daughter's) death took part of my life away," the woman said. "(But) my grandson … lost his mother" [8].

Near-Death Experiences

Direct study of what happens to the soul at physical death, of course, is impossible. But research has examined the next closest phenomenon, near-death experiences (NDEs). They are the altered states of consciousness that result from life-threatening conditions [7]. The assumption underlying research on NDEs is that they trace what happens to the soul in the earliest, still reversible stages of physical death.

NDEs have been reported for centuries. One author claims Plato's *Republic* reports NDEs as early as 400 B.C.E [21]. The Christian Bible reports Jesus raising Lazarus and others from the dead in New Testament times. And reports of NDEs helped spark the spiritualism fad among Americans during the late 1800s [22]. Yet NDEs attracted little attention from mainstream medicine [21] until American physician Raymond Moody published his book, *Life after Life*, in 1975. In it, Moody reported the experiences of 150 people said to have "died" and then returned to life [4, 6, 23]. The book popularized the now familiar description of death as moving down a tunnel toward a wonderful, bright light. More NDE case reports quickly followed in popular and professional magazines. At the same time new life-saving medical technologies such as cardiopulmonary resuscitation, intensive care, and mechanical ventilation created more opportunities than ever before for patients to be revived from brief death [7]. Formal studies began to document remarkably high prevalences of NDEs. For example, a study of nearly 1600 patients admitted to the University of Virginia's cardiac ICUs found that 2 % of all these patients and 10 % of those suffering cardiac arrests had had NDEs by predefined criteria [24]. Other studies found similar prevalences of NDEs: 4–5 % among the general American population, 6–12 % among cardiac arrest victims, and 15–20 % among critically ill patients [6, 7, 25, 26]. Lingering questions, however, include why other resuscitated cardiac arrest victims or critically ill patients do not report NDEs and what, if not NDEs, these patients *do* experience.

People who do report NDEs consistently describe them as pleasant [6, 7]. These people also describe them using some of 16 other characteristics falling into four domains—the cognitive, relating to thinking and reasoning; the affective, relating to emotions; the paranormal, relating to unexplained phenomena of this material world; and the transcendental, relating to phenomena outside this material world (Table 12.1). No one NDE as described exhibits all 16 characteristics, and no characteristic occurs in all NDEs [25]. Moody's famous all-enveloping, bright light at the end of a tunnel illustrates. Two respondents in a study by colleagues and me spoke about that light in different ways. One respondent, an EA woman, said, "(P)eople who have experiences about death … the light … and that … They say, 'I saw people working on my body, and I went down this bright(ly) lit tunnel, and then I was sent back to my body'" [previously unpublished quote]. But another respondent, an EA man, described his own NDE, saying, "The light at the end of the tunnel. That's what everybody says, but there was no tunnel … and no light (for me) …" [previously unpublished quote].

Table 12.1 "Near-death experiences": domains and prevalences of specific characteristics

Domain	Characteristics[a]	Prevalence rates	
		Schwaninger et al. [26] (%)[b]	Greyson [24] (%)[c]
Cognitive	An altered sense of time: accelerated, decelerated, or complete stoppage	82	67
	Accelerated thinking	NR[d]	44
	A review of specific memories or one's whole life	NR	30
	Sudden, new insightfulness	82–90	30
Affective	Peacefulness	100	85
	Joy, happiness	63	70
	An all-enveloping light	63	67
	Harmonious communion with the whole universe	NR	52
Paranormal	Existence outside of one's body	90	70
	Extraordinarily vivid sensory perceptions	54	15
	Extrasensory perceptions	NR	11
	Visions of future events or states	NR	7
Transcendental	An "other worldly" environment	54	63
	Visions of significant religious figures (e.g., God, Jesus, or Moses) or dead loved ones	72	52
	A boundary or "a point of no return"	NR	41
	A mystical encounter (i.e., a spiritual experience not grasped through the senses or intellect)	63	26

[a]Adapted from Greyson [24], with permission; and adapted from Schwaninger et al. [26], with permission

[b]Schwaninger interviewed 30 of 55 cardiac arrest survivors at one hospital. The prevalences reported here derive from the seven interviewees who experienced near-death experiences (NDEs) during the most recent arrest and from four more who had experienced them before.

[c]Greyson interviewed 1595 patients admitted to a cardiac intensive care unit or a step-down unit at one hospital. Of all these patients, 7 % had an admitting diagnosis of cardiac arrest. Nineteen percent reported a total loss of consciousness, and 27 % more reported only partial consciousness. Two percent of all the patients claimed they had died and then returned to life; the prevalences reported here derive from those patients. The rest of the patients had prevalences of one percent or less for each NDE characteristic except for altered sense of time, which occurred in 2 %.

[d]*NR* = Not reported

Nonetheless, some characteristics occur more frequently than others. Table 12.1 lists all 16 characteristics and their prevalences in two recent studies [24, 26]. Seven characteristics occurred in most NDEs in both studies: an altered sense of time in the cognitive domain; peacefulness, joyfulness, and an all-encompassing light in the affective domain; a sense of being outside one's body in the paranormal domain;

and a sense of an "other worldly" environment and of seeing significant religious figures or dead loved ones in the transcendental domain.

In describing their own NDEs several respondents in the study by my colleagues and me spontaneously mentioned some of the 16 characteristics. (All respondents I quote here happen to be men even though women generally predominate in reporting NDEs [26, 27].) One of these NDEs, which occurred during a cardiac arrest, illustrates an "other worldly" environment, a vision of a dead loved one, and a boundary or "point of no return." "(W)hen I was passed out," said this EA man. "I dreamed … but it didn't seem like a dream. I was going through the chow line … I got my tray full of food … (and) went to a table … (As) I was getting ready to go back (with my tray), I turned around and there stood my (dead) son … He said, 'What are you doing here, Pop?' I said, 'I don't know.' And he said, 'You don't belong here. You go back over there.' I immediately turned around. He was gone … (and) I was back in the (ICU) bed" [3]. Another NDE, which occurred during a car crash with a trailer truck, illustrates an altered sense of time (deceleration), a whole life review, and an all-encompassing light. This AfA man said, "I seen (sic) the truck when he made the turn, and I hit my brakes. My car just started sliding straight towards him. That's when I could see the light underneath the trailer. Real bright. I said (to myself), 'Man, here we are.'… I was seeing my life pass before me underneath that trailer truck. That was the brightest night of my life. I should have been dead, (but) God takes care of me" [previously unpublished quote].

Two more NDEs, one during a "seizure or heart attack" and the other during a coma, both illustrate the characteristics of peacefulness, joy, an "other worldly" environment, a vision of significant religious figures (here, angels, Jesus, and God), and a mystical encounter. "I died for about 45 min," said the first man, an AfA. "It was so sweet down there. I could see the angels. They were all over me … They had wings, … just in black and white … They were the cutest little things … It (all) was beautiful. So peaceful, quiet, and happy" [previously unpublished quote]. And the other man, an MA, explained, "I was … on the other side of … a mountain (from Jesus). I kept asking Him to take me to the other side. I dreamed about myself … I wanted to be over there with Him. I wanted to get down from the mountain … so I could go with Him … I was happy … I was ready … That was when … I asked God, Was He ready to receive me? (Suddenly) I was (back) in intensive care with my kids and the (rest of) the family all crying" [3].

Although the men in the first and fourth examples above said they were dreaming, 82 % of people who have NDEs believe the experiences are "real." I agree about the reality of NDEs for three reasons [23]. First, numerous NDEs have been reported over the years—often by people who surely did not know about them or believe in them beforehand. NDEs, therefore, hardly seem like hoaxes. Second, many NDEs have occurred during similar life-threatening events such as cardiac arrests or accidents. That consistency of circumstance increases the credibility of the events for me. And third, many people reporting NDEs claim the experiences changed dramatically their perspectives on life [4, 25]. Large majorities of such people in one study said NDEs had strengthened their religious beliefs (90 %), increased their appreciation for life (90 %), renewed their sense of purpose (82 %), increased their

ability to love others (72 %), and decreased their fear of death (63 %) [6, 9, 26]. Such momentous changes in perspective defy explanation in other ways.

But accepting NDEs as real requires explaining them. Many explanations already proposed tend to fall into three categories: physiological, psychological, and transcendental [23, 24]. The physiological explanations [25] come from mainstream medical science and posit various causative abnormalities that occur as the brain begins to die [4]. The abnormalities may be seizure-like electrical discharges; the presence of exogenous hallucinogenic medications or anesthetics (such as ketamine); or abnormal concentrations of endogenous blood components (such as a low oxygen or a high carbon dioxide, naturally occurring opioid-like compounds called endorphins, or serotonin and other specialized compounds that transmit messages among neurons). The physiological explanations appear to fit best NDEs during cardiac arrests.

The psychological explanations [25] come from psychiatry and posit the mind's expunging frightening real experiences (such as threats to life) and substituting emotionally pleasant experiences. These explanations resemble those for denial (see Chap. 8). They fit best NDEs during accidents or bodily assaults that do not involve catastrophic collapse of vital body functions (as with cardiac arrests).

The transcendental explanations [25] come from philosophy or the spiritual disciplines such as theology. These explanations posit NDEs' direct link to the soul's experience at bodily death. People have suggested three arguments for this link. Some people argue that one of the most common NDE features, out-of-body sensations, proves that a person's mind, spirit, or consciousness can exist independent of the physical brain and continues on after the brain's disintegration at bodily death [6, 19, 23]. Other people argue that NDEs during cardiac arrests bring us as close as possible to experiencing bodily death without actually dying irreversibly [6]. These people reason that because all physical deaths eventually produce cardiac arrests, whatever happens in NDEs during cardiac arrests must resemble what happens in the early dying process [23]. Still others argue that NDEs offer a glimpse into the afterlife [9, 19, 25] because certain prominent characteristics such as an altered sense of time; the "other worldly" ambience of peacefulness, joyfulness, and light; and the communion with significant religious figures and dead loved ones differ so radically from experiences of this earthly world. Other forms of transcendental linkage may also exist.

Despite many proposed explanations for NDEs, none accounts for all their features [25]. Therefore, while I believe NDEs are real, I do not favor any one explanation over all others. I accept that different explanations may fit different circumstances.

Even so, some patients who have had NDEs or heard about them may want to discuss them with health professionals [26]. Dying patients in particular may want to discuss NDEs and their implications. By training, clinicians are typically best prepared to discuss the physiological explanations; psychiatrists, psychologists, and social workers, the psychological explanations; and hospital chaplains and other clergy, the transcendental explanations. Yet I urge all health professionals to learn something about all three kinds of explanations and be prepared to discuss them

with patients. The transcendental explanations may be the most difficult to grasp but the most relevant to dying patients. Because the transcendental concepts fall outside both the scientific paradigm and most health professionals' training (including that of hospital chaplains), HPs must make a special effort to learn those concepts on their own. HPs should also try to define their own views and to anticipate other views. Then, if patients broach the topic, HPs are ready to respond. They should then communicate receptivity to the topic, a willingness to listen, and respect for the patient's views [9]. HPs should also avoid harsh, demeaning judgments; try to comfort the patient; and involve other professionals as necessary to help.

Overview: The Meaning of Death

As the end of a person's earthly life story, a death derives much of its meaning from the life that preceded it [4, 5, 28]. Moses guided the Hebrews to the Promised Land, but God forbade him from entering it. The Hebrews needed different leaders for the tasks of conquering and settling their new land. God, therefore, had Moses die in an unknown place in the wilderness to make way for those new leaders. Senators assassinated Julius Caesar after he seized supreme political power in Rome. But Caesar's murder only exacerbated Rome's prior political chaos and accelerated the decline of the Republic. The Senate steadily lost power to other ambitious men who emerged to rule Rome as absolute emperors. Madame Curie discovered radioactivity and studied it lifelong only to die from radiation-induced cancer. Still, her research paved the way for many groundbreaking new diagnostic tests and treatments (ironically including some cancer treatments). And Amelia Earhart died trying to fly her airplane around the world in the 1930s. Earhart is remembered today as not only a fearless aviatrix but also a pioneer of new opportunities for women. As these examples illustrate, life context determines much of the meaning of a person's death.

Of course, certain meanings commonly attributed to a death emerge from the trials of earthly life and from the human hopes about an afterlife. Cardinal Newman's brief "Peace at the Last" prayer, which the first chapter quotes and this chapter repeats as an epigraph, derives much of its consoling power from acknowledging those deeply human trials and hopes [1]. The prayer's first sentence asks God's support throughout "this troublous life until … the fever of life is over, and our work is done." This sentence acknowledges that earthly life with all its trials is short, turbulent, and arduous. The prayer's second sentence asks God's mercy in granting "safe lodging, a holy rest, and peace at the last." This sentence expresses the widespread human hopes for eternal safekeeping, rest, and peace in an afterlife.

Following the structure of Newman's prayer, the next two sections—one per sentence in the prayer—address possible meanings of a death. The first section addresses changes people may expect in disengaging from earthly life and the

second, the visions people may have of heaven and an afterlife. Quotes from prior research illustrate these meanings.

Disengaging from Earthly Life

The changes people may expect in disengaging from earthly life include returning the "borrowed" body, resting from life's struggles, being liberated from specific hardships, incurring significant losses from earthly life (especially human relationships), and leaving a legacy that transcends one's earthly life.

Returning the "Borrowed" Body

Some people see their earthly bodies as their own personal property to do with as they wish [10]. But many others see their bodies instead as a loan or trust from God [2]. This body-as-loan belief implies God expects people to repay Him by returning their bodies when they die. In this vein an EA man told my colleagues and me once, "It's a debt we've all got to pay" [previously unpublished quote]. Likewise, an MA man told us, "We're here on borrowed time. When God tells you (that) you gotta leave, you do. That's when you die" [8, 16].

The indebtedness belief may cause unexpected problems for organ donations or autopsies. People who hold that belief may conclude that by removing or damaging body parts, organ donations and autopsies prevent full repayment of one's bodily debt to God at death and, thus, bar the debtor from heaven. As one respondent, an AfA man, asked rhetorically about organ donation, "Would [God] … welcome me into heaven without … (some) parts of my body?" [29]. And another respondent, an MA man, said about autopsies and other invasive procedures done on cadavers, "I don't like it that one day when I go to God, if I sign a paper for (the doctors) to experiment … on my body … How am I going to permit that just for science … (or) practice?" [29]. The indebtedness belief may, therefore, prohibit some beneficial medical uses of cadavers or cadaver parts. It may also logically prohibit cremations.

Resting from Life's Struggles

Newman's "Peace at the Last" prayer also asks God for "a holy rest" when "the fever of (this) life is over, and our work is done." For many of the sick or elderly, the struggle to survive day to day eventually exhausts their will to live. Harboring more memories than dreams, these people question the wisdom of continuing the fight to survive. They begin to look forward to death as rest for both body and soul.

As an MA man told my colleagues and me, "(T)he body gets so tired of struggling. (You) have worked all (your) life … (You've) had enough, and (you're) ready to go … (Y)ou're expiring your soul …" [16]. And another respondent, an AfA man, said of his dead father simply, "His spirit finally went (to heaven) to rest" [previously unpublished quote].

This weariness with life may prompt what Dr. Joanne Lynn calls "taking to bed," the phenomenon whereby people without an obvious life-threatening illness go to bed to await death. Their lives shrink down to the apartment, the bedroom, or the bed, and it becomes their final sanctuary from the demands of the outside world [20].

Being Liberated from Specific Hardships

Death may also liberate the dying and their caregivers from specific hardships. It, for example, may liberate the dying from hardships due to disease or treatment [16]. One MA man in our study, who attributed the suffering of his dying father to disease, said, "He had Parkinson's disease (and) fell down and broke his hip … It was time for him to leave … He was suffering" [16]. And an AfA woman, who attributed the suffering of her dying friend to treatment, said, She "suffered so … with that life-support (ventilator) on … (H)er kids just let her suffer right on through it … (She) died with that thing on" [16].

Death may also liberate the dying from time's own peculiar tyranny, the constant ticking down of the clock during a terminal illness [5, 20]. Short predicted survival times, say, of only weeks to months may cast a chilling, stifling, dispiriting pall over all remaining life. The dying may feel trapped with death as their only escape from the tyrannical clock.

Furthermore, death may liberate the dying from personal problems, social stigmatization, or political oppression. The personal problems may include insurmountable debts, domestic violence, rejection, blame, or shame. One respondent of ours described her daughter's death as simultaneous liberation from terminal disease, domestic violence, and her husband's infidelity. Her husband "was very mean to her," this MA woman recalled. "He hit her when she was lying down in bed. He would just leave for days. She was dying, and … nobody could find him. He was staying with another girl … (My daughter) was so sick of him." The woman then added, "She went to heaven, … (to escape)" [previously unpublished quote]. The social stigmatizations may include the stigmatization of dying itself. Some family and friends may not be emotionally prepared to face a patient's impending death. They may withdraw, leaving the patient isolated and emotionally bereft. The dying person may eventually abandon hope for reconnecting with them meaningfully in this life but maintain hope for reconnecting in the afterlife. And for AfAs, political oppression may include the vestiges of slavery and Jim Crow laws. Death may, therefore, promise AfAs not only release from those earthly burdens but also a spiritual return to their African homelands and cultural roots [30].

Death may even liberate caregivers of the dying from the hardships of physical care duties, the accompanying emotional strains, and the suspension of their own lives. Though saddened at the patient's death, caregivers may find a certain relief at shedding that heavy load. Still, guilt may plague them when they do shed it. As a result, caregivers may need considerable emotional support and explicit reassurance from HPs and others that the feeling of relief is natural and justified.

Incurring Significant Losses from Earthly Life

One significant loss due to death involves human relationships. Both patient and survivors are affected, but the patient more so because he or she loses all human relationships at once. "I just don't want to be away from (those family relationships)," said a respondent of ours, an MA man. "That's the fear I have (about dying)" [previously unpublished quote]. Of course, the patient who believes in afterlife reunions may avoid the distressing thought of losing all human relationships permanently.

But the loss of an earthly relationship with the patient typically distresses survivors, too. That same MA man told my colleagues and me, The family "fear losing you, not having you around. You get so close to … your (family) … (They) just don't want to accept that you are going to die" [previously unpublished quote]. And Dr. Greg A. Sachs, an experienced geriatrician and palliative care specialist, described a similar distress in "Sometimes Dying Still Stings," a heartfelt commentary about the death of his beloved father-in-law. "Al was being ripped from our midst," Dr. Sachs remembered. "And it hurt like hell." He then added, "Death means someone is lost to us forever" [31]. Some survivors, of course, do not believe death breaks the relationship evenly temporarily. These survivors claim they maintain active relationships with their dead through regular conversations and postmortem visitations on earth. I discuss both those visitations on earth and reunions in the afterlife in a later section of this chapter.

Even more sobering is the possibility of losing everything to death including any form of existence [2, 20]. Some Americans, perhaps as many as 40 %, take that view [12]. As one of our respondents, an EA man, exclaimed, "Death may be … no being at all" [previously unpublished quote]. Dr. Ira Byock, a nationally renowned hospice physician, believes so. He says the dying patient faces losing "everything we know and love." Dr. Byock reasons that life and death are opposites: Life is existence; death is nonexistence. "Life involves activity, purpose, and bringing some order out of the universe's (apparent) disorder," he says. Death, in contrast, is total nothingness. Accordingly, Dr. Byock believes many people satisfy themselves with superficial, mere pathophysiologic explanations of individual deaths and avoid any serious conceptual discussions of death itself. Ironically, Dr. Byock considers the nothingness of death the ever-present "backdrop" of life and the essential substrate for its passion, joy, and meaning [20].

Leaving a Legacy

Death for many people means the occasion to leave a legacy when they die. A legacy allows the dead to leave something of themselves and their lives, to "speak from the grave" [30], to influence earthly human events after death. I believe most Americans want to leave some legacy whether or not they intentionally create one.

At least seven kinds of legacies exist [15, 30, 32]. Some are protective: The dead live on in their watching over the living and in keeping them from harm. One MA man in our study hoped to "be an angel (after bodily death) and (to) protect my daughter (and) my son … I just don't want to be away from (them)" [previously unpublished quote]. Some legacies are biosocial: The dead live on in the genetics and accomplishments of their children [30]. Others are material: The dead live on in letters, photographs, other personal keepsakes [32], and even tombstone inscriptions. Still others are temporal: The dead live on in remembrances on special days such as birthdays, wedding anniversaries, or death days [15]. Some legacies are creative: The dead live on in their works of art, literature, music, or science. They may even live on in their past administrative accomplishments. Still other legacies are philosophical, religious, or spiritual: The dead live on in their wisdom, examples of piety, or presumed powers to intervene with God for survivors. (Jews have an interesting tradition of "ethical will" legacies, that is, documents containing practical, everyday wisdom for survivors.) Perhaps the most basic, most universal legacies are natural: The dead live on in their decayed body matter, which eventually reconstitutes itself in new forms, animate or not [2]. The ancient Greeks called such natural legacies "pneuma," the spirit that permeates all matter [33].

Visions of the Afterlife and Heaven

Sixty-three to seventy-five percent or more of Americans believe in an afterlife. Most anticipate spending it in heaven [2, 3, 12, 34–36]. According to the scant professional literature on the topic [3], people commonly expect to face and pass God's judgment on their earthly lives and then to go to heaven, reunite with dead loved ones, and commune with God forever [11, 28, 36].

Facing and Passing God's Judgment

In the study by my colleagues and me, many respondents expressed the belief that God will judge their earthly lives after physical death. One EA woman explained in our study, for example, The soul of a dead person floats "around somewhere … until Judgment Day" [3]. And another respondent, an EA man, said, God then tests

your soul "to find out what you are" [3]. Many respondents also expressed the belief that God's judgment determines the soul's final, eternal disposition. What happens after you die "depends on how you behaved on earth," said yet another respondent, an MA man. "If you were faithful, you (go) directly to God …" [previously unpublished quote].

Many of our respondents felt sure they and their loved ones would pass God's judgment and go to heaven [11]. One EA woman insisted to us that God prepares a place in heaven for each person [3], and another EA woman joked that, when her dead mother "got to heaven, she told God to move over. She was going to help Him run heaven" [3]. Some respondents described their expectations for going to heaven in specifically Christian terms [12]. One MA man said his dead mother was "a good Christian. She was a member of the Pentecostal Church. (Church members) would pray for her (as she finally died) … She was ready, and she went (to heaven. The Lord was waiting for her)" [previously unpublished quote]. Another respondent, an AfA woman, said about a dead friend, "When the resurrection comes, she … (will) rise and rise in the bosom of Jesus Christ … (and) will be standing with the King" [previously unpublished quote]. And a third respondent, an EA woman, said about herself, "I may not be the best Christian in the world, but I think I've got as good a chance as anybody else (to make heaven)" [previously unpublished quote].

But what happens to souls rejected for heaven? Respondents suggested some of those souls go to limbo or purgatory. According to Roman Catholic doctrine, limbo is the permanent residence of innocent souls who are unbaptized and thus barred from heaven, or of the righteous souls who lived before Christ. Purgatory, in contrast, is a way station where sinners work off their sins and thereby gain the holiness necessary to enter heaven. Other souls, however, may actually go to hell. Only seven percent of our respondents discussed that possibility. One AfA woman said, "If (people) are good, they go to heaven." But she then added, implying the possibility of going to hell, "You've got to be honest (about your life)" [previously unpublished quote]. Another respondent, an EA woman, said bluntly, The soul "goes to heaven or hell … (You) are rewarded by the good that you do" [previously unpublished quote]. And the AfA woman who talked about her dead friend's rising in Christ's bosom said that on Judgment Day the Christians will be "standing with the King (Jesus Christ, and) the devils will be standing with the devils" [previously unpublished quote]. Still another respondent, an AfA man, described damnation for evildoers as eternal death without hope [previously unpublished quote].

Thus, many Americans expect God's judgment after physical death, feel sure they and their loved ones will pass that judgment and enter heaven, and worry little about going to hell.

Going Home to Heaven

Many people who talk about going to heaven after physical death describe that transition as "going home." If I am very sick, said one of our respondents, an EA

woman, I "just breathe a prayer. If it's God's will for me to die, … He takes me home" [previously unpublished quote]. The idea of going home to heaven expresses a deep, universal human hope. Though seemingly simple, that hope actually incorporates many complex, highly personal meanings. All are emotional, and nearly all are pleasant [37]. Still, the fundamental concept involves returning to comfortable, familiar surroundings to rest forever after the struggles of this "troublous" earthly life. "Going," of course, means movement, either a physical or a mental change of locations. When the soul leaves the dead body, explained one of our respondents, an MA woman, "I don't know if it's in heaven or … in another place … I don't know where it is, but I know that there's a place … for us … (The soul) lingers above, around; and then … goes on. I think it's … a transition … going from one place to another" [previously unpublished quote]. And the heavenly "home" Newman's prayer describes is a place of "safe lodging, a holy rest, and peace." The details of that "heavenly home," however, vary according to each person's earthly life, the environment and experiences of which shape one's expectations for a heavenly home [28, 37].

"Home" in its most concrete earthly sense, of course, refers to a house, a residential structure at a specific address. Yet "home" in its heavenly sense takes on numerous broader cultural, psychological, and philosophical meanings [37]. They include identity, familiarity, rootedness, and continuity [38]; safety, stability, and nurturance [39]; and acceptance, comfort, intimacy, and fulfillment [28]. In such a heavenly "home" the dead can lay down the burdens of earthly life, drop all pretenses, and reveal their true selves to assured positive regard [39].

"Going home" for some may also refer to earthly trips back to the places of one's roots in preparation for physical death. A powerful urge to return to their homelands grips many immigrants who are aging or dying. These immigrants want to end their lives in their original home communities amid familiar surroundings, people, and rituals. Illustrating with Filipino and Cambodian Americans, one author explains that returning to their homelands helps immigrants reassert their core personal and ethnic identities, reconcile various discontinuities in their life stories, prepare for death in culturally meaningful ways, and allow close family and friends to provide end-of-life care [40].

Of course, not only immigrants feel this urge; nonimmigrants do, too. In the movie *Trip to Bountiful*, Carrie Watts, an elderly EA woman, lives with her adult son and daughter-in-law in Houston but has the compelling wish to visit her rural childhood home once more before she dies. Carrie stops at nothing to fulfill that wish. She outwits her overly protective son and angers her petty daughter-in-law by eventually escaping from the Houston house. She travels alone by bus to her childhood hometown, called Bountiful. The audience senses that when Carrie finally sees her childhood home again, dilapidated though it is from years of neglect, she can finally die at peace with herself.

Reuniting with Dead Loved Ones

While physical death seems to sever permanently relationships between the living and the dead, many people believe that severance is only temporary. They expect to reunite eternally with dead family members, friends, and even pets in the afterlife [2]. Some people even expect dead loved ones to greet them at the threshold of death, to accompany them through the transition, and then to guide them on into heaven [4]. Curiously, the hope for reuniting extends only to people the dying person misses, not to others.

Communing with God

This concept expresses Christians' core hope for the afterlife: living anew in God's presence [2, 10]. Some people talk about "entering the church triumphant," taking their places alongside of past saints, or singing God's praises eternally in heavenly choirs. That heaven is total bliss. "Amazing Grace," the famous hymn played at many funerals, expresses those ideas in its last two verses:

> Yes, when this flesh and heart shall fail,
>
> And mortal life shall cease;
>
> I shall profess, within the veil,
>
> A life of joy and peace.
>
> When we've been there ten thousand years
>
> Bright shining as the sun.
>
> We've no less days to sing God's praise
>
> Than when we've first begun [41]

Other faiths may have similar beliefs about heavenly communion with God in the afterlife. Interestingly, among the world's religions, perhaps only Islam envisions such communion in a paradise of sensuous pleasures or a new Garden of Eden [4, 36].

Contacts Between Survivors and the Dead

Survivor contacts with the dead have long had a place in popular cultures. EA beliefs about such contacts trace back at least to medieval times. People in Europe lived then under constant threat of sudden, unexpected deaths from injury or infection. Because life existed in the shadow of death, the two states seemed inextricably linked [15]. The suddenness of many deaths naturally made survivors

hope for, even expect, uninterrupted contact with the recently dead. Survivors often claimed to see, hear, or feel the dead much as before their physical deaths. The English language between the twelfth and sixteenth centuries adopted the term, "ghosts," for the dead who actually reappeared in earthly life. The new materialistic science of the seventeenth to nineteenth centuries, however, came to consider physical matter as the only reality, and ghosts and contacts with the dead as mere illusions, deceptions of the mind. According to science, the spirits of the dead could exist only in memory or the imagination [33]. Bertrand Russell, the brilliant twentieth-century English mathematician and philosopher, is quoted as saying in this vein, "When I die, I shall rot. And nothing of my ego will survive" [30]. Nonetheless, widespread belief in visitations by the dead has persisted among EAs into modern times [27]. Marley's ghost, for example, appears in Dickens' still popular nineteenth-century novel, *A Christmas Carol*, to warn Scrooge about the dire consequences in the afterlife if Scrooge continues his miserly ways.

AfAs also have long-standing cultural beliefs in ghosts and contacts with the dead. Dead AfA ancestors, whom one writer calls "the living dead," can present to survivors as "shades or vapors" of human forms. These beneficent ghosts work under God's supervision to serve the living as "moral beacons" in personal crises [15]; guardians of the family; a stabilizing, cohesive influence in the wider community; and witnesses to an afterlife [33].

The percentages of modern-day survivors who report contact with the dead are remarkably high, ranging from 27 % of randomly selected Americans [42] and 28 % of Massachusetts firefighters or policemen who have attended the dying in the field [19] to more than 50 % of English widows from Leicester [32] and 63 % of Nevada adults in a telephone survey [43]. These survivors consistently say the dead initiate the contact [15]; it consists of either a vague awareness or a distinct sensory perception—visual, auditory, tactile, or olfactory—of the dead person's presence [32, 43]. The contact occurs most often during the first year after the death but may recur for many years afterward. Some widows have experienced contact with their dead husbands for as long as 26 years [32]. Yearning for the dead may prompt the contact [43]. One author claims, in fact, that surviving spouses of only happy marriages receive visits from their dead spouses [32]. (I give an exception, though, later.) The vast majority of survivors contacted by the dead react positively to the experience: 86 % find it comforting while only 14 % find it upsetting or frightening [42].

To characterize postmortem contacts further, Klugman and colleagues conducted that Nevada telephone survey [43]. Respondents, mostly EAs and women, answered the question, "Do you have a connection with someone who has died?" Those who answered yes were then asked to describe the connection. The dead person was often a parent or grandparent. The time since that person's death ranged from 1 month to 57 years with a mean of 10 years. Almost all respondents reported two or more contact experiences; the mean number was eight. Majority experiences included dreaming of the dead person, hearing music he or she liked, talking with him or her, sensing his or her presence, and sensing he or she was acting as a guardian angel (Table 12.2) [32, 43]. Higher percentages of unmarried respondents

Table 12.2 Helpful questions for encouraging survivors to describe their contacts with the dead

Questions	Typical prevalences for yes answers (%)[a]
Do you dream about the dead person?	85
Do you talk with the dead person?	70
Do you ever just "sense" or "feel" his or her presence?	55
Do you think the dead person acts like your guardian angel, watching over you to protect you?	54
Do you ever see him or her?	38
Do you ever feel the dead person's touch?	25
Do you ever detect smells (e.g., particular perfumes, foods, flowers, or workplace chemicals) indicating the dead person is near or reminding you of him or her?	15–26
Do you ever hear sounds the dead person is making (e.g., his or her voice or footsteps)? Do you ever hear sounds that remind you of him or her (e.g., favorite songs)?	14–82
Do you ever notice the dead person has moved the objects around you? For example, the dead person might raise or lower the volume dial on the television, switch lights on or off, or open or close a window.	7–18

[a]Adapted from Tables 3 and 4 in Klugman [43], with permission

than married ones experienced each kind of contact, and higher percentages of women than men experienced each kind except for detecting smells associated with the dead person (such as favorite perfumes, foods, or flowers). While more than half of respondents with a bachelor's degree or less education had had such contacts, over a quarter of respondents with a graduate degree had also had them.

In the study of dying and death by my colleagues and me, many respondents described contacts with their dead. AfAs provided most of the examples. One AfA woman was referred to psychiatry for seeing visions of her dead aunt. "(The psychiatrists) ask me all these questions … Do I see things? Yes, I know when (my dead auntie) is present, … she sits on my bed 'cause you can feel the impression of somebody when they (sic) flop down on your bed. I know when she comes back because too many things are falling and dropping around the house. When something's wrong, she will come back." This woman then added, "I have a friend … (whose dead) husband comes back all the time. He lets her know when something ain't right. Her (dead) mother does, too … to warn (her)" [3]. Another AfA woman said about her dead brother, "I think about him a lot especially on Veterans' Day. He was in the service … I talk to him. I say, 'Oh, I wish you were here.' or 'Do something (for me)'" [previously unpublished quote]. And an AfA man described one of his dead father's visits to his mother. "He came and sat down in the chair (next to my mother's bed). He was sitting there watching her; she was laying (sic) there in bed asleep. When she woke up, … she said, 'What are you doing?' He said, '(J)ust seeing if everything's all right.' Then he talked to her (for) a few minutes and left" [3].

MAs and EAs also provided some examples. One MA woman said about her dead mother, "At night I hear her saying, 'Open the door.' I open (it, but) nobody's there … I just get up and pray for her. (T)he Holy Spirit, … (is) calling me to pray for her … because I am probably thinking of her and not letting her rest … (I)f you think on (the dead) too much, you need to pray for them so they may (have) peace …" [previously unpublished quote]. And an EA women said about her dead mother, "We put flowers … at the table where she sat (for breakfast). We know she is (there). She can see (the flowers), and she smells them" [previously unpublished quote]. Still another EA woman said about her dead brother, He "was killed when we were young … I dreamed about him (for years.) … (W)hen I would, I felt like I had had a visit … like we had had some time together" [previously unpublished quote].

While most postmortem contacts are positive, a few are negative. Two respondents gave examples of negative contacts. An AfA woman said, "Only (the ghost of) somebody who gives you problems like an old drunk is going to let you see (him) … I'm not going to live in (some) house(s) 'cause you're liable to hear somebody (like that) walking in there … A haunting. When you die in sin, your ghost will come (back) in sin" [previously unpublished quote]. And the MA woman who described her daughter's being beaten by her husband and dying alone in childbirth said, The ghost of my daughter "is still after him … because he was very mean to her … (N)ow he sees (my dead daughter) on the door every night. He can't sleep because she's there … (H)e knows what he did. He's guilty" [previously unpublished quote].

I believe that with postmortem contacts as with NDEs, the sheer numbers of reported cases make them unlikely to be hoaxes. But medical science remains skeptical. The problem for medical science is its sharp distinction between the worlds of the living and the dead [15]. The living belong strictly to this physical world; the dead belong, if at all, strictly to some other world. By rejecting any meaningful interactions between the two worlds, medical science becomes unable to explain the reports of postmortem contacts. It, therefore, tends to dismiss the experiences as merely disordered thinking [44].

As a result, medical science looks to psychiatry for explanations based on the concepts of hallucinations (experiences due to confused processing of sensory stimuli by the brain) or illusions (imagined experiences falsely believed to be real) [32]. Two explanations predominate. One, favored by Freud, attributes postmortem contacts to severe grief. Freud reasoned that the mind deceives the survivor into thinking the dead person is still alive. The survivor feels compelled to find the dead person and to reestablish the lost relationship. Freud concluded that grief ends only when the survivor accepts the reality of the death, detaches emotionally from the dead person, and relegates him or her to past life [45]. Then the postmortem contacts stop [15, 32, 42]. The other explanation, favored by more recent psychiatrists, attributes postmortem contacts to such psychiatric disorders as neuroticism, anxiety, and postmortem adjustment problems [42]. Some data support these associations, but they may not be causal. Potentially confounding associations exist, for example, between postmortem contacts and liberal religious views [44]. Thus,

those religious views, not the psychiatric disorders, may actually cause the perceptions of postmortem contacts.

These medical scientific perspectives obviously conflict with the spiritualist perspective of most survivors who claim to experience contacts with the dead [7]. These survivors are convinced that their contacts are real and need no external validation or scientific explanation [32]. In fact, the contacts may seem so real that survivors sometimes use the present tense to refer to the dead as though they were still alive [32]. The spiritualist perspective offers two explanations for postmortem contacts. First, the continuing bonds theory of grief asserts that the survivor does not delete the dead person completely from memory or relegate him or her strictly to the past. Rather, the survivor uses perceived postmortem contacts, perhaps unconsciously, as a way to extend the relationship with the dead person into the future [43]. Second, death highlights the basic human need for stability [39], continuity, and meaning [4, 40]. One author believes we, humans, are driven to fashion such stability, continuity, and meaning even in the destabilizing, discontinuous, and seemingly meaningless experiences of death. We use perceived postmortem contacts to do so by creating ongoing "dynamic relationships" with our dead. This author, therefore, urges us to incorporate "permanently and deliberately" such relationships into our future lives [5, 15].

Unconsciously facing this task, some dying patients and their survivors may want to discuss with HPs the possibility of postmortem contacts between the living and the dead. HPs should be willing and prepared to do so if only to ease the grief of separation [27]. Yet patients or survivors often hesitate to broach the topic for fear of being considered crazy. HPs might, therefore, invite patients and survivors to talk about the topic if they wish. HPs might introduce it by mentioning that many people have reported such experiences, by giving some examples, and by stating that such experiences should be taken seriously. HPs should also emphasize that such experiences do not indicate that the people who have them are crazy [42, 43]. Then, with a dying patient, HPs might ask, "Do you hope for contact with your family and friends after you die?" and "What form do you think that contact might take?" Or, with a grieving survivor, HPs might ask, "Have you had contact with (the dead person) since he or she died? Would you like to talk about the experience?" The questions used by Klugman and colleagues in their survey can serve as helpful prompts in discussions with survivors. I suggest starting with the topmost questions in Table 12.2 because they have the highest rates of positive responses. Of course, regardless of their own personal views HPs should listen intently and support patients and survivors emotionally as they describe their expectations and experiences [3, 5, 27].

A Case

Mr. T. died from diffuse prostate cancer approximately 18 months after its diagnosis. His disease course followed the typical terminal trajectory of cancer—that is, a slow functional decline over many months followed by a rapid decline over the

last few months. He suffered moderate pain (despite hospice care), nausea, and fatigue in the days just before death. He also saw visions of his parents who had died over 25 years before. They talked with him and encouraged him to join them in the afterlife [4]. After the doctor had declared Mr. T. dead, Mrs. T. held and comforted him in bed for about an hour in case he might be afraid or still feel pain.

Late one evening soon after the funeral, Mrs. T. was dozing alone in her easy chair. Mr. T. suddenly called from the next room, "Margaret! Margaret!" His voice was clear and vigorous as it had been before he became ill. Mrs. T. got up to look for him. But, when she reached the next room, Mr. T. had already disappeared. Several weeks later Mr. T. returned. Mrs. T. was again sitting alone in the evening when Mr. T. stood before her. He wore the same sweater and pants as in a photograph on the nearby desk. And he looked healthy and comfortable—contrasting sharply to how he looked when he was dying. He said, "Margaret, I'm OK. Everything is fine. Don't worry. I have no pain." He then disappeared as suddenly as he had appeared. He has not visited her since.

Mrs. T. firmly believes she did not dream Mr. T.'s visits. Yet she has hesitated to tell others about them because she fears being considered "crazy." She did finally mention the visits to her adult children. She described being especially relieved to learn Mr. T. is suffering no more pain. Although her children did not know what to think, they listened supportively and accepted Mr. T.'s postmortem visits as real for her. Mrs. T. later mustered the courage to disclose the visits to her widows' grief group. Several other women surprised her by disclosing similar postmortem visits from their husbands. Those descriptions helped Mrs. T. feel "validated" [27], but several years later she still feels too intimidated to tell her doctor, pastor, or grief counselor about the visits.

How, then, does the T.s' story illustrate beliefs and experiences concerning death and the afterlife? For one thing Mr. T. seemed to reunite with his long-dead parents shortly before he died. He talked with them, and they encouraged him to join them in the afterlife. Furthermore, just when Mr. T. died, Mrs. T. held him and talked with him for a long time after the doctor declared him dead [32]. Mrs. T. obviously believed Mr. T. could still feel and hear perhaps because she still considered him alive (despite the lack of breathing, heartbeats, or responsiveness) or because she thought he retained sentience in death.

As an accomplished, college-educated career woman, Mrs. T. seemed an unlikely recipient of postmortem visits. Of course, she might have been asleep on both occasions and simply dreamt those visits from Mr. T. [45, 46]. But other circumstances of hers matched those of other widows who have such visits [27]. She was grieving Mr. T. after a mostly happy marriage in the later years [32]. His visits occurred early in her bereavement [27, 32]. And each occurred when she probably felt her grief most, that is, when she sat alone reading or watching television in the evenings as she and Mr. T. had done together for years.

Mr. T.'s visits also showed some typical features of postmortem contacts. First, the dead person, Mr. T., initiated each contact [32]. Second, Mrs. T. experienced auditory and visual components, both modestly prevalent in postmortem contacts [27]. Third, Mrs. T. balked at disclosing the contacts for fear of being labeled

"crazy" [32]. And fourth, the contacts may have prompted Mrs. T. to reimagine her relationship with Mr. T. in spiritual rather than earthly terms [5, 15, 45, 46].

Finally, Mr. T. left Mrs. T. many legacies [32, 46]: a comfortable inheritance; important keepsakes such as letters and photographs; special days on the calendar such as their wedding anniversary, Memorial Day, and Veterans Day (Mr. T. had served in the military during World War II) for remembering their life together; stories he had written about his life; and, of course, the existence of children and grandchildren. He may have also made postmortem contact to leave Mrs. T. a protective legacy: he relieved her worry that he still suffered pain.

Mrs. T., of course, misses Mr. T. greatly and the close companionship they shared especially after their children had grown and both Mr. and Mrs. T. had retired from their jobs. Mr. T. sometimes still seems alive to Mrs. T. She occasionally even talks about him in the present tense [32, 45]. Once, for example, she wondered aloud whether the late family dog, who had bonded closely with Mr. T., had found him in heaven and was sleeping with him again as the two had done in earthly life. When Mrs. T. is especially lonely or depressed, she often says, "I just want to go be with him." Still, as a devoutly religious woman, Mrs. T. believes she will join Mr. T. in heaven someday, and they will enjoy God's presence together forever [32, 45].

Summary Points

1. Though largely inaccessible to medical science, the experiences of physical death and the afterlife are an important concern for many dying patients and their survivors.
2. The meanings of physical death differ from person to person. Possibilities include returning the "borrowed" body to God, resting from life's struggles, incurring significant losses (especially of human relationships), and leaving a legacy; and facing (and passing) God's judgment, going home to heaven, reuniting with dead loved ones, and communing with God forever [15, 30, 32].
3. All health professionals who provide end-of-life care should be prepared to discuss such beliefs with dying patients and their survivors [11]. To do so effectively, health professionals should know their own beliefs and a broad range of other possibilities.
4. Health professionals should treat respectfully all patient or survivor beliefs about physical death even when those beliefs differ from the health professionals' own. Still, when such beliefs suggest underlying psychopathology, health professionals may need to refer those people to clergy, psychotherapists, or similar professionals [9].

To Learn More …

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