



LEEDS
BECKETT
UNIVERSITY

Citation:

Taylor, SM (2016) "Mortality and Mindfulness: How Intense Encounters with Death Can Generate Spontaneous Mindfulness." In: Ivztan, I and Lomas, T, (eds.) Mindfulness in Positive Psychology. Taylor & Francis, London, pp. 126-140. ISBN 9781315747217 DOI: <https://doi.org/10.4324/9781315747217>

Link to Leeds Beckett Repository record:

<https://eprints.leedsbeckett.ac.uk/id/eprint/5917/>

Document Version:

Book Section (Accepted Version)

The aim of the Leeds Beckett Repository is to provide open access to our research, as required by funder policies and permitted by publishers and copyright law.

The Leeds Beckett repository holds a wide range of publications, each of which has been checked for copyright and the relevant embargo period has been applied by the Research Services team.

We operate on a standard take-down policy. If you are the author or publisher of an output and you would like it removed from the repository, please [contact us](#) and we will investigate on a case-by-case basis.

Each thesis in the repository has been cleared where necessary by the author for third party copyright. If you would like a thesis to be removed from the repository or believe there is an issue with copyright, please contact us on openaccess@leedsbeckett.ac.uk and we will investigate on a case-by-case basis.

Mortality and Mindfulness:

How Intense Encounters with Death Can Generate Spontaneous Mindfulness

Abstract: Intense encounters with mortality - such as a diagnosis of a terminal illness or a sudden brush with mortality due to an accident or injury - can have positive transformational effects, leading to what positive psychology refers to as ‘flourishing.’ In particular, intense encounters with mortality may generate a heightened sense of appreciation for life, more authentic relationships and lifestyles, and an increased ability to be “mindful”, in the sense of becoming more focussed upon the present, and more vividly aware of one’s surroundings. (This is termed ‘externally-oriented mindfulness’). This can be seen as a form of ‘spontaneous mindfulness’ caused by a re-orienting of attention, away from the future and the past, and into the present. Examples of this shift are given, and other reasons for its emergence are suggested. The positive effects of encountering mortality are contrasted with the findings of Terror Management Theory. The intensity and directness of the individual’s encounter with mortality may be a significant factor in whether it has negative or positive effects. It is suggested that increasing our awareness of mortality - such as by making a conscious effort to contemplate death - can help us to gain some of the positive transformational effects of an intense encounter with mortality (or IEM).

In 1994, the British author Dennis Potter – well known for plays like *The Singing Detective* – gave a television interview, just a few weeks before his death from prostate cancer, at the age of 59. The interview became famous, due to the serenity and acceptance which Potter displayed in the face of his own mortality. He admitted that, for most of his life, he had been an angry and bitter person, but suggested that had really only been a mask he had used to hide his natural timidity. During the interview, he remarked that he didn't feel sad or sorry for himself, only for the close friends and family who were going to be losing somebody they loved. He said that he was, in fact, happier and more at peace with the world than he had ever been before. He described a new intensity of perception, an increased appreciation of the beauty and vividness of his surroundings, and an increased awareness of the importance of the present. As he remarked during the interview:

We forget that life can only be defined in the present tense. It is is is. And it is now only...That nowness becomes so vivid to me that in a perverse sort of way, I'm serene. I can celebrate life...The nowness of everything is absolutely wonderful...The fact is that if you see, in the present tense – boy, can you see it; boy, can you celebrate it (in Fenwick & Fenwick, 1995, p.201).

Potter described how phenomena he had rarely paid attention to before now seemed beautiful and full of significance; as if it were the first time he had really seen them. Looking through the window at apple blossom in his garden, it seemed to him ‘the whitest, frothiest, blossomiest blossom that there ever could be’ (ibid.).

Research suggests that such a positive psychological shift is not an uncommon response to a direct and intense encounter with mortality. Kastner (1998) studied a group of breast cancer patients and used the term ‘thriving’ to describe their experience. She found that they reported living more authentically, felt a stronger relationship to the ‘divine’, took more responsibility for their own lives, and had a more accepting attitude to death. Other studies have highlighted improved relationships, increased self-confidence and higher levels of spirituality and appreciation for life in cancer patients (Stanton et al., 2006; Tedeschi & Calhoun, 1996, 2004; Tomich & Helgeson, 2004). In positive psychology, the potentially transformative effects of encountering mortality have been examined by Wong (e.g. 2007, 2009) whose ‘existential positive psychology’ emphasises the importance of facing up to and embracing death. This enables the individual to live more authentically and to move towards self-actualisation.

The transformational effects of encountering mortality have also been investigated within the wider context of post-traumatic growth. Post-traumatic growth has been identified across a wide range of traumatic experiences, such as bereavement, rape, stroke victims, heart patients, and the parents of hospitalised children (Sheikh and Marotta, 2005). PTG typically features positive changes such as a new sense of appreciation, enhanced and more authentic relationships, enriched spiritual/philosophical attitudes and a new sense of self-confidence and possibility (Fosse, 2006; Cryder et al 2006; Lindstrom et al., 2013). In terms of encounters with mortality, PTG has been identified following life-threatening experiences such as combat (Maguen et al., 2006); natural disasters (Cryder et al., 2006); accidents (Snape, 1997) and other chronic illness besides cancer (Abraído-Lanza, Guier, & Colón, 1998). Bereavement - encountering mortality through the death of significant others - has also been shown to generate PTG (Bray, 2011; Calhoun et al., 2010).

Studies of the after-effects of ‘near-death experiences’ (NDEs) show similar findings. In NDEs, an individual undergoes a series of unusual conscious experiences during a medical emergency (often a cardiac arrest) featuring an apparent cessation of physiological and neurological functioning. According to researchers (Fenwick, 1995; Greyson, 1999), there are a number of ‘core characteristics’ of NDEs which appear in most cases. Typically, the person experiences a sense of separation from their body, a sense that they are moving or gliding through darkness, with an intense sense well-being, or even euphoria. They may experience a ‘life review’ of significant experiences of their lives. Leaving aside the debate about the validity of these experiences (concerning whether they can be explained in physicalist terms, or offer evidence of a more

controversial non-materialistic conception of reality), from a psychological point of view, the most significant aspect of them is their after-effects. Van Lommel (2004) conducted a follow up study of 62 NDE patients and found that almost all had experienced a major shift in perspective and in values. They reported a decreased interest in material wealth and personal success, and an increased sense of connection to nature, together with an increased sense of love and compassion, both for themselves and others. In Van Lommel's words, 'The long lasting transformational effects of an experience that lasts only a few minutes was a surprising and unexpected finding.' (2004, p.118). Similarly, on a life changes questionnaire given by the researcher Michael Sabom (1998), individuals who had NDEs several years previously showed an increase in sense of meaning, capacity for love and involvement with family.

To some extent, these transformational effects may be due to the *content* of the near-death experience, but it is very likely that they are also due to the encounter with mortality itself.

Given modern Western culture's general attitude of denial and negativity towards death, these positive effects might seem surprising. If sex was the great taboo of the 19th century, then death is perhaps the great taboo of the late 20th and early 21st centuries (Niemiec et al., 2010). At earlier times, *memento mori* (literally, 'remember you must die') were widely used to remind individuals of their own mortality. In the 16th century, it was common for scholars to keep skulls on their desks to remind them that they were always close to death, while in the Victorian era it was common for people to wear lockets containing the hair of their deceased loved ones, and mourning veils. But perhaps because of the materialism and youth-orientation of modern Western culture - and perhaps because many people no longer believe in an afterlife - mortality awareness tends to be suppressed. Ivtzan et al. (2015) suggest three further reasons for the death-denying tendencies of Western cultures: the habit of shielding children and family members from the deaths of others; the fact that we have become removed from the process of death and burial now that most deaths occur in hospital settings, with hospital staff taking over roles which were once family members'; and finally, that death is seen as a 'failure' of the medical profession rather than a natural and inevitable process.

However, this attitude of denial means that the potentially transformative aspects of mortality awareness have become less accessible to us, which is unfortunate. As Elizabeth Kubler-Ross wrote, '...the promise of death and the experience of dying, more than any other force in life, can move a human being to grow' (Kubler-Ross, 1975, p. 117).

Spontaneous Mindfulness

One potentially transformative aspect of intense encounters with death (or mortality awareness in general) may be the development of spontaneous mindfulness, an effortless ongoing form of attentiveness.

Mindfulness has been described as conscious attention to one's present moment experience with an attitude of non-judgemental acceptance (Kabat-Zinn, 1994). One further perspective of mindfulness I would like to suggest here is that it has two orientations: an internal and external. The internal aspect is the practice or ability to observe and experience one's own mental processes, emotional reactions and physical experiences. It implies an ability to 'stand back' from the processes, to observe neutrally without being immersed in them. The external orientation of mindfulness involves experience of the phenomenal world. It involves focusing one's attention on one's surroundings, on the natural and man-made phenomena unfolding around us as we move through our lives - on the sky, trees and plants, buildings and streets, animals and other species, other human beings, and so forth.

This does not imply a distinction between these two aspects of mindfulness, or that they should be seen as two different 'types' of mindfulness. In a sense awareness of the phenomenal world is also an 'internal' phenomenon, since externally oriented attention produce 'qualia' (in the terminology of consciousness studies) of internal conscious experience. This is simply a matter of attention. 'Internally-oriented mindfulness' means attending to internal psychological, emotional or physiological processes, while 'externally-oriented mindfulness' means attending to one's surroundings or environment.

This terminology is useful because the development of enhanced 'externally-oriented mindfulness' has been found to be a common after-effect of an intense encounter with mortality (or IEM) (Taylor, 2011, 2012a). At the same time, it is not so clear whether 'internally-oriented mindfulness' is enhanced by an IEM. This did not emerge as a clear theme from the research which will be described below, although it is perhaps implied by characteristics such as an increased appreciation of health and the body, and awareness of a sense of well-being.

Spontaneous mindfulness has been identified as a result of the ongoing regular practice of mindfulness. In other words, once mindfulness has been consciously practised for a certain amount of time, it should become established as a trait (at least to some degree), so that one becomes naturally more mindful, without conscious effort. As Siegel notes, for example, 'What was once an effortful activity to intentionally create a state (regular mindful practice) becomes an effortless intentionally automatic aspect of our personality. We call this a trait' (2010, p.181). Fralich states that just as, for an advanced musician, music becomes "...a spontaneous part of who she is, so too

can our mindfulness become a spontaneous aspect of our personality that flows effortlessly into our lives” (2013, p.37). This spontaneous aspect of mindfulness is also noted in the Mahamudra Buddhist tradition (mostly associated with Tibetan Buddhism), where the practice of mindfulness is seen as leading to an ‘all-round mindfulness’ which is maintained without mental effort or activity.

The development of spontaneous mindfulness makes sense in terms of the evidence that the ongoing practice of mindfulness increases attentiveness, bringing a de-automatisation of cognitive processes (Tang YY et al., 2007; Valentine & Sweet, 1999). Studies have found that mindfulness practice brings increased attentional control and heightened awareness, which can override automatic processing and behaviour (Moore & Malinowski, 2009; Sauer et al., 2011). In one of the earliest studies of the effects of meditation, Deikman (1963) concluded that meditation created a ‘deautomatization of perception’ which led to an increased sense of the vividness and beauty of everyday objects.

However, following an IEM, mindfulness - in an ‘externally oriented’ form - may become established as a trait without a history of practice. That is, the individual may develop a stable, ongoing attitude of attentiveness and receptiveness to the phenomenal world, and to their experience in it, due to a re-orienting of attention away from the future and the past - and from associational mental chatter - and into their experience in the present. In other words, mindfulness emerges as a trait. This leads to a new sense of appreciation of the vividness and beauty of seemingly ‘ordinary’ phenomena which were rarely attended to before. (Significantly, studies of post-traumatic growth have identified characteristics of a shift in attention towards ‘small things’ which were previously considered unimportant, and a greater appreciation of life in general [Tedeschi & Calhoun, 2004; Lindstrom, Cann, Calhoun, & Tedeschi, 2013]).

We’ll now examine some examples of this.

Transformation through Turmoil

In a qualitative phenomenological study, 32 individuals who reported positive psychological transformation following periods of intense turmoil and trauma were interviewed (Taylor (2011, 2012a). The types of turmoil and trauma included serious illness (most commonly cancer), intense stress, disability, bereavement, depression and alcoholism. Eight of the experiences were reported as being temporary - that is the turmoil and trauma the participants underwent triggered intense or expanded states of consciousness lasting for periods of between a few seconds to a few days. The prevalent characteristics of these experiences were an intense sense of well-being, a sense of meaning and relief, intensified perception and a sense of connection (to nature, to other people, or to the world in general). However, after a certain amount of time these participants reported that the

positive characteristics faded. There was a return to a more 'normal' state of consciousness.

However, most of the participants – 24 out of 32 – felt that they had undergone permanent change. Their transformational experience led to what they felt was a permanently transformed state. They reported feeling that they had taken on a different identity, with a different perception of and relationship to the world, a different attitude to life, new values and perspectives and more authentic and intimate relationships. Some initially expected this transformation to fade, but it had not done so. Some reported an extremely intense initial phase which had diminished slightly, settling into a more stable, ongoing state, but with the same basic characteristics. In some cases, it had been decades since their shift, but the state had remained stable and ongoing. For example, one person's traumatic experience happened 25 years ago, another 30 years ago, and longest of all – in the case of an 89 year old man – 60 years ago. One participant described the shift as follows: 'It's like there are two people – there's a before and after' (Taylor, 2012a, p. 36). Another remarked, 'There's no going back. I'm a different person now, for the rest of my life' (ibid.)

A woman who experienced positive transformation after a long period of turmoil following the death of her daughter described the transformation beautifully:

The way it feels is that I've permanently broken through to another state. I've moved up to another level of awareness which I know is going to stay with me. One day, a shift occurs, and a different picture suddenly emerges...there's no going back. It's like the transformation a caterpillar goes through during the chrysalis stage before emerging as a butterfly. (Taylor, 2011, p.55).

In some cases, these experiences were clearly examples of 'post-traumatic growth', taking place gradually over a long period of time. However, the majority of the cases of permanent transformation were described as occurring suddenly and dramatically. These participants could pinpoint a specific moment when a sudden shift occurred, or when a transformational process began. In these cases, the alternate term 'post-traumatic transformation' would be more accurate (Taylor, 2013).

An analysis of the types of turmoil and trauma which triggered these 24 experiences of reported permanent transformation - both gradual and sudden - found that 13 of them involved intense encounters with mortality. Nine of these were direct individual encounters with death – for example, being diagnosed with cancer, or returning from a close brush with death due to a medical emergency or an accident (such as a heart attack or near-drowning). Three others were the result of bereavement – that is, an intense encounter with mortality via the death of a person close to them. One further case involved both bereavement and an encounter with one's own mortality.

Following a thematic analysis of interviews with the participants, a number of primary themes emerged. One of them was an enhanced sense of well-being. Many participants described this in terms of an intense sense of appreciation and gratitude. They felt grateful just to be alive, and that they could appreciate aspects of life that they used to take for granted, such as their health, their friends, nature and simple pleasures such as eating and walking. As one participant noted, 'I'm just so so fortunate to be alive on this planet... I just feel so privileged to be on this earth and to have been given this awareness' (in Taylor, 2011, p.145).

An equally strongly featured theme - reported by all participants - was 'intensified perception.' The participants described a heightened sense of beauty, a sense that the world around them had become real and vivid, and an enjoyment of simply sitting or standing still to observe their surroundings. One person who had survived a close encounter with death through a fall (which left him paralysed) reported, 'Everything I look at has this beautiful and uncanny clarity' (ibid., p. 76), while another person who was diagnosed with breast cancer described how 'The air is clean and fresh and everything is just so vibrant and vivid' (ibid., p.145).

Another participant was diagnosed with cancer and recovered, but still reported an intensified perception four years later. She described this very succinctly and clearly:

It's completely different. I definitely take in things a lot more. When other people see a bird flying they just think it's a normal thing, but I feel like I see it in perspective, as if it's more real. When I'm out in the countryside and I see animals I feel like I really see them. It's difficult to describe, but it's like there's an extra dimension. Water looks different – it's more see through. When you look at a stream you just see the stream moving but I see the layers of the stream and the flotsam and the tones in between (ibid. p.30).

A related theme was a heightened sense of connection. The woman quoted above who underwent 'post-traumatic transformation' following the death of her daughter described this as a 'knowing that you are a part of something far more wonderful, far more mysterious' (ibid., p.183). Sometimes this was described more specifically as a sense of connection with nature. One participant - a successful television writer - experienced turmoil following the death of her baby nephew, and was shortly afterwards diagnosed with breast cancer. Following her diagnosis, and during the course of her treatment, she underwent a major shift of perspective and values. She became less ambitious in her career, less interested in material things, and much more connected to nature:

I have a complete different attitude to nature. I walk every day with my dog, but before I would think of it as a chore, and now it's the best part of my day. After my diagnosis I went to Cornwall for sixth months, and I just spent the whole time by the sea. I felt a really strong connection with nature, feeling a part of it for the first time ever. It felt joyous to be outside (ibid., p.35).

Others spoke in terms of a strong sense of connection specifically with other people. Another participant who was diagnosed with cancer described an 'inner connectedness with other people, with the whole universe, this sense of how we're all related' (ibid., p.146). While the man quoted above who came close to death through a fall described feeling a sense of unity between himself and other people, which he felt other people could sense too.

Another strong theme was an increased 'present-ness.' Participants were less interested in the future or the past. They focused less on future plans or hopes, spent less time ruminating over past events and gave correspondingly more attention to the present. One participant recovered from Hodgkin's disease over 40 years ago - he was diagnosed in his mid-20s - but was still aware of the disease as a powerful positive influence in his life. He described how it 'continues to bring me back to the present, makes me feel that I have to live in the now, to focus on what's really important' (ibid., p.158).

Similarly, the television writer quoted above reported that 'now I live very much in the present' (ibid., p.187) and remarked on how this had improved her relationships. She was more present with her friends, rather than getting lost in her own thoughts: 'Before I'd just follow my thoughts. And because I'm more present with other people, I'm connecting with them more. They've responded to the change in me and become more present as well. So my relationships have definitely improved' (ibid.).

In fact, 'improved relationships' emerged as another strong theme from this study. Participants described how their relationships had become deeper, more fulfilling and more authentic. They reported greater empathy and compassion, a heightened sensitivity towards the feelings of others, and an enhanced ability to respond to them. One person who came close to death by drowning described how he no longer took his parents for granted, and felt an increased affection for them, so that when he saw them he no longer asked superficial questions but was genuinely interested in them.

All of these characteristics - an increased sense of appreciation, heightened perception, increased connection and increased 'present-ness' - can be seen as related to, or resulting from, an increased attentiveness to one's experience. They can be seen as examples of ongoing, spontaneous mindfulness, manifesting itself particularly as 'externally oriented mindfulness.'

Why Do IEMs Generate Spontaneous Mindfulness?

Why do intense encounters with mortality have this transformational effect - and in particular, why do they generate an ongoing state of mindfulness? The reasons for this have already been indicated in the discussion above, but I'll highlight them more specifically here. I will suggest three possible reasons: increased sense of value of life and experience; an increased focus on the present; and a decreased tendency to be immersed in associational mental chatter.

Firstly, intense encounters with mortality may dramatically increase our sense of the value of our experience in the world, which prompts us to pay more attention to it. Life becomes intensely valuable simply because we realise that it is fragile and temporary. The world around us becomes intensely valuable to us because we realise that we are only here for a finite amount of time, and could potentially leave it at any moment. The people in our lives become more valuable to us for the same reason. The same applies to the everyday activities and pleasures of our lives. As Wong & Tomer (2011) suggest, increased awareness of death can alter the individual's time perspective; giving them a view of their lifetime as limited and precious. This sense of the value of life brings about a 're-orienting' of attention. This may be equivalent to what Deikman (1963) referred to as a 'deautomatization of perception. Ordinarily, it may be that subconsciously we don't deem our experience valuable enough to pay real attention to it. But following an IEM, this changes drastically.

Another effect of this increased sense of the value of life - although not directly related to mindfulness - may be a 'life re-evaluation.' People may question the course their life has been taking, and feel dissatisfied with their previous careers, hobbies, character traits and goals. They may feel a strong impulse to follow a more meaningful and productive path, and an increased willingness take risks, knowing that they only have a limited amount of time in this life. This can lead to a new sense of purpose, a desire to put their limited time to good use, to help others or to further their own personal development. Many of the participants of the study (Taylor, 2011, Taylor 2012a) described here exemplified this. After a near fatal heart attack, one person decided to wind down his business, so that he had more time to himself and to his family. After recovering from cancer, a woman sold her business, and trained to be a counsellor, at the same time as giving herself the opportunity to fulfil ambitions that she had always put off before. (For example, she did a parachute jump, went whitewater rafting, and went away for the weekend on her own for the first time.) Another participant described herself as a workaholic - she was an IT Manager for a medical company, constantly travelling around the country, with no real interests or ambitions outside her job. But after her IEM, she realised that she had been neglecting herself for years, and shifted her focus to her own well-being and development. She learned meditation and yoga, studied Buddhism,

trained to be a life coach and ran a Lifestyle Club at the local hospital for breast cancer patients. These findings accord with Wong's suggestion that increased awareness of mortality leads to a more intentional search of meaning in life and more intrinsically motivated goals (Wong, 2007).

The second reason why an IEM may lead to ongoing mindfulness is an increased focus on the present. This is partly related to the increased sense of value described above. A heightened sense of the value of life, and an enhanced sense of appreciation of different aspects of our lives, inevitability lead to increased present-orientation, since the present is the place where the experience which we appreciate takes place. (There is probably a reverse causation here too, in that an increased present orientation brings enhanced appreciation. Both modes may work together in a feedback process, intensifying each other.)

An increased focus on the present is also due to the fact that an encounter with death places the whole of a person's projected future into doubt. The whole edifice of their ambitions and plans may be revealed as a meaningless fiction. The fragility and temporariness of life may make it seem absurd to invest so much attention in such constructs, and to depend on them for our identity or well-being. As a result, psychological attachments to future hopes and ambitions may dissolve away, and the individual may become disinterested in the whole concept of the future (Taylor, 2013). There may a similar reaction to a person's past. The edifice of their past achievements, failures and successes - or their failures or conflicts - may also become meaningless, after they have come so close to losing everything through death. As a result, psychological attachments to the past may dissolve away too. And this orientation away from the future and the past brings an increased orientation towards the present, with a realisation that, in the words of Dennis Potter above, 'life can only be defined in the present tense' (in Fenwick, 1995, p.201).

The third reason an IEMs may lead to ongoing spontaneous mindfulness is that they may have the effect of reducing the amount of time a person spends immersed in associational mental chatter. A great deal of associational chatter is based on the future and the past - thoughts about what we have to do at work next week, daydreaming about achieving our ambitions; or, in the past, thoughts about what we did last week, or reliving pleasant or painful memories. So as the future and the past become less significant, we spend less time ruminating over them.

This may also be connected to the expanded sense of perspective which an IEM often brings. A great deal of associational chatter is centred on worries and anxieties. For example, we may ruminate over whether people respect or dislike us, whether our careers are going well enough, feel guilty that we're not working hard enough or not doing enough exercise, or that we haven't contacted friends for some time or haven't achieved our ambitions. But in the shadow of death, such 'problems' no longer seem so significant. It may no longer seem justifiable to spend time mulling over such concerns. As Wong and Tomer note, 'Death exposes the fragility of life and the futility of

everyday busyness and strivings. Death focuses and clarifies' (2011. p.103). And being less immersed in associational mental chatter means that we are much more likely to attend to other forms of experience - in particular, our experience of the phenomenal world. In Taylor (2012) it is suggested that there are three basic attentional modes which human beings can experience: absorption (when attention is immersed in an activity or entertainment); abstraction (when attention is immersed in associational mental chatter); and awareness (when attention is focussed on present moment experience). These are referred to as the 'Three As' in shorthand. Often more than one of the three modes are in operation simultaneously - e.g. we are often partly absorbed in an activity at the same time as partly attentive to our experience, just as we are often partly in a state of abstraction at the same time as being partly attentive to our experience. At the same time, the three modes can be seen as mutually exclusive. In other words, the more of one's attention is given to abstraction, the less is given to absorption or awareness; and the more is given to absorption, the less is given to abstraction or awareness. Following an intense encounter with death, therefore, a decreased tendency to be immersed in associational mental chatter may mean that attention is more likely to be devoted to moment to moment awareness.

Terror Management Theory

A potentially problematic area of these findings relates to Terror Management Theory. TMT suggests that death awareness generates a sense of insecurity and anxiety which encourages individuals to engage in protective or defensive behaviour. As Goldenberg et al. write, for example, 'when one is indirectly confronted their own mortality, the individual engages in defences to enhance their personal value and so to enhance their symbolic mortality' (Goldenberg et al., 2006, p. 155). In TMT, the creation of 'mortality salient' environments - where people are subtly made aware of their own mortality - has been shown to make individuals more prone to status-seeking, materialism, greed, prejudice and aggression. They are more likely to conform to culturally accepted attitudes, and to identify with their national or ethnic groups (Vail et al., 2012). According to TMT, the motivation of these behaviours is to enhance one's sense of significance or value in the face of death, or to gain a sense of security or belonging, as a way of protecting oneself against the threat of mortality. (In actual fact, some TMT research has indicated positive outcomes, although these have been much less prevalent than the negative [Vail et al., 2012].)

How does TMT fit with the findings of this chapter? How is it possible that mortality awareness can bring positive transformation in some cases, and insecurity and anxiety in others?

Part of the answer may lie in Goldenberg et al.'s comment that TMT involves being '*indirectly* confronted' [my italics] with mortality. TMT tasks offer a brief, manipulated and subtle

form of ‘mortality salience’ (Ivtzan et al., 2015). As such, they are only likely to generate a very superficial - and artificial - awareness of mortality, completely different to a life-threatening situation, or even to the serious contemplation of one’s own mortality.

In contrast, it may be that intense encounters with mortality often have a positive transformational effect precisely *because* they are intense. They illustrate the importance of facing up to mortality directly, with an attitude of acceptance. Kubler-Ross (2005) suggested that individuals who are aware that they are going to die go through five stages of grief: anger, denial, bargaining, depression and finally acceptance. According to this model, the positive transformational aspects of dying are only accessible once one has progressed through the first four stages, and reached the point of acceptance. Before then, one is likely to express the anxiety and depression. And since TMT only involves superficial and indirect encounters with mortality, it is highly unlikely that - in terms of Kubler-Ross’ model - a person would have the opportunity to move beyond the initial stages of this process, to the point where positive transformation is possible.

In other words, it may be that mortality awareness only has positive transformational effects when the individual faces up to death directly, with an attitude of acceptance (that is, with a *mindful* perspective). The ‘mortality salient’ environments of TMT are unlikely to generate this mindful perspective and so is much less likely to have positive effects. Cozzolino (2006) suggests that awareness of death can involve ‘dual-existential’ systems: *mortality-induced defensiveness* (as identified in TMT) or *mortality-induced growth*. Similarly, Wong and Tomer (2011) suggest the two existential systems of ‘defensive management’ or ‘meaning management’ in relation to mortality.

The intensity of a person’s encounter with death, together with the degree to which they face up and accept it the reality of their mortality, may be the main factor that determines which of these systems (in both formulations) they experience most prominently.

Facing Death without the Danger of Dying

Is it possible for us to gain access to the transformational power of death without actually encountering it directly? That is, do we actually have to come close to death - through an illness or accident - in order to become conscious enough of our mortality to experience the positive effects described above?

The serious contemplation of one’s own mortality can certainly be very powerful. In Buddhism, ‘cemetery meditations’ are recommended as a way of making oneself conscious of the reality and inevitability of death. In the *Sattipatthana Sutta*, the Buddha tells his monks that if they

see a dead body – one that is newly dead, one being eaten by animals or one that is nothing more than a skeleton or a pile of bones – they should tell themselves: ‘Verily, also my own body is of the same nature; such it will become and will not escape it’ (Sattipatthana Sutta, 2015). In this way, the monk becomes aware of the impermanence of life, and, in the Buddhas’ words, ‘lives detached, and clings to nothing in the world’ (ibid.).

One method of contemplating death I have personally found very effective is the ‘Year to Live’ therapy developed by the poet and author Stephen Levine (1997). According to this, we should imagine that we’re going to die exactly one year from now, and treat the next 365 days as if they genuinely are the last days of our life. During the first part of the year, Levine suggests, we should discuss our attitude to death, including our fear of it. Then we should start to review our lives, developing an attitude of gratitude and forgiveness towards people we’ve known. Later, we should begin to contemplate what will happen to our body after death, then write a will and an epitaph, together with letters and poems for the loved ones we are leaving behind. In the tenth month of the program, we imagine how our possessions are going to be distributed when we die, and consciously ‘let go’ of them. In the eleventh month, we spend more time with relatives and friends, and contemplate their mortality too. And finally, in the twelfth month, we say goodbye to our loved ones, thank our body for its perseverance, and prepare for death.

I have used an abbreviated form of this exercise with many groups of students and workshop participants over several years, and consistently found it to be very effective. In my adaptation, students are simply given today’s date next year and told that this is the date of their death. They are given a worksheet and asked to think about - and write down - what changes they are going to make over the last year of their lives, under different categories such as ‘changes to relationships,’ ‘changes to lifestyle’ and ‘changes in attitude.’ They are then told to stand up, and walk around the room sharing their ideas with other students. I have consistently found that this exercise has a powerfully positive effect, generating a sense of the value of life itself and an expanded sense of perspective. Similarly, when King et al. (2009) induced ‘death reflection’ conditions in students they found that it generated an intensified sense of gratitude. Cozzolino et al. (2004) found similar results from a ‘death reflection scenario’ (although due to its graphic and specific nature, this exercise was also linked to distress and anxiety). In contrast to the subtle exposure to mortality of TMT, these exercises involve serious and sustained contemplation one’s mortality - that is, confronting death directly rather than indirectly - which helps to explain their positive transformational potential.

Outside of specific exercises, it is important for us to make a conscious effort to remind ourselves of our own mortality, simply by regularly contemplating the reality of death. Ultimately, we are all in the same position as a person who has cancer and has been told that they may only

have a certain amount of time left to live – it's just that we don't know *how much* time we have left, and it's probable that most of us will have more time than the cancer patient.

In terms of positive psychology, this highlights the importance of avoiding a simplistic dichotomy between the 'negative' and the 'positive.' As both post-traumatic growth and post-traumatic transformation illustrate, negative experiences may possess an underlying transformational potential which can lead to intense flourishing across all aspects of a person's life. This is particularly true of intense encounters with mortality. What may appear to be the most intensely negative aspect of our lives - our own mortality - is potentially the most powerfully transformational aspect of our lives. And this interdependence is reflected in terms of mindfulness: being mindful of the reality of death helps us to become mindful of the reality of life.

References

- Abraído-Lanza, A. F., Guier, C. and Colón, R. M. (1998) Psychological Thriving Among Latinas With Chronic Illness. *Journal of Social Issues*, 54(2), pp. 405–424.
- Bray, P. (2011) Bereavement and Transformation: A Psycho-spiritual and Post-traumatic Growth Perspective. *Journal of Religion and Health*, 52(3), pp. 890–903.
- Calhoun, L. G., Tedeschi, R. G., Cann, A., & Hanks, E. A. (2010). Positive outcomes following bereavement: Paths to posttraumatic growth. *Psychologica Belgica*, 50(1), 125- 143.
- Cozzolino, P. J. (2006). Death contemplation, growth, and defense: converging evidence of dual-existential systems? *Psychological Inquiry*, 17(4), 278-287.
- Cozzolino, P. J., Staples, A. D., Meyers, L. S., & Samboceti, J. (2004). Greed, death, and values: From terror management to transcendence management theory. *Personality and Social Psychology Bulletin*, 30(3), 278-292.
- Cryder, C. H; Kilmer, R.P; Tedeschi, R.G; Calhoun, L.G. (2006). An exploratory study of posttraumatic growth in children following a natural disaster. *The American Journal of Orthopsychiatry*, 76(1), 65-9.
- Deikman, A. J. (1963) Experimental Meditation. *The Journal of Nervous and Mental Disease*, 136(4), pp. 329–343.
- Fenwick, P. & E. (1995). *The truth in the light*. London: Headline
- Fosse, M.J. (2005). Posttraumatic growth: The transformative potential of cancer. *Dissertation Abstracts International: Section B: The Sciences and Engineering*, 66 (3-B).
- Fralich, T. (2013) *Five core skills of mindfulness: A direct path to more confidence, joy and love*. Wisconsin: PESI.

- Frias, A., Watkins, P. C., Webber, A. C., and Froh, J. J. (2011) Death and gratitude: Death reflection enhances gratitude. *The Journal of Positive Psychology*, 6: 154-162.
- Goldenberg, J. L., Hart, J., Pyszczynski, T., Warnica, G. M., Landau, M. J., and Thomas, L. (2006) Terror of the body: Death, neuroticism, and the flight from physical sensation. *Personality and Social Psychology Bulletin*, 32: 1264-1277.
- Greyson, B. (1999) Defining near-death experiences. *Mortality*, 4(1), pp. 7–19.
- Ivtzan, I., Lomas, T., Hefferon, K., & Worth, P. (2015). Second wave positive psychology: Embracing the dark side of life. London: Routledge.
- Kabat-Zinn, J. (2004) *Wherever you go, there you are: Mindfulness meditation for everyday life*. London: Piatkus Books
- Kastner, R. S. (1998). Beyond breast cancer survival: The meaning of thriving. *Dissertation Abstracts International: Section B: The Sciences and Engineering*, 59(5-B).
- King, L.A., Hicks, J.A., & Abdelkhalik, J. (2009). Death, life, scarcity and value: An alternative perspective on the meaning of death. *Psychological Science*, 20, 1459–1462.
- Kübler-Ross, E. (1975). *Death: The final stage of growth*. NY, NY: Simon & Schuster.
- Kubler-Ross, E. (2005) *On grief and grieving: Finding the meaning of grief through the five stages of loss*. New York: Simon & Schuster.
- Levine, S. (1997). *A year to live*. New York: Three Rivers Press.
- Lommel, P. and van Lommel, P. (2004). About the Continuity of Our Consciousness. *Advances in Experimental Medicine and Biology*, pp. 115–132.
- Maguen, S., Vogt, D. S., King, L. A., King, D. W., & Litz, B. T. (2006). Posttraumatic growth among Gulf War I veterans: The predictive role of deployment-related experiences and background characteristics. *Journal of Loss and Trauma*, 11, 373-388.
- Moore, A. and Malinowski, P. (2009) Meditation, mindfulness and cognitive flexibility. *Consciousness and Cognition*, 18(1), pp. 176–186.
- Niemiec, C. P., Brown, K. W., Kashdan, T. B., Cozzolino, P. J., Breen, W. E., Rosenblatt, A., Greenberg, J., Solomon, S., Pyszczynski, T., & Lyon, D. (1989). Evidence for terror management theory I: The effects of mortality salience on reactions to those who violate or uphold cultural values. *Journal of Personality and Social Psychology*, 57, 681–690.
- Sabom, M. B. (1998). *Light and death: One doctor's fascinating account of near-death experiences*. Grand Rapids, MI: Zondervan
- Satipatthana Sutta (2005). Available from <http://www.accesstoinsight.org/tipitaka/mn/mn.010.than.html>. Accessed, 12/4/15.
- Sauer, S., Walach, H., Offenbächer, M., Lynch, & S., Kohls (2011). Measuring mindfulness: A Rasch analysis of the Freiburg Mindfulness Inventory. *Religions*, 2(4), 693-706.

- Sheikh, A. I. & Marotta, S. A. (2005). A cross-validation study of the posttraumatic growth inventory. *Measurement and Evaluation in Counseling and Development*, 38(2), 66-77
- Siegel, D. J. (2010) *The mindful therapist: a clinician's guide to mindsight and neural integration*. 1st edn. New York: Norton, W. W. & Company.
- Snape, M. C. (1997) Reactions to a traumatic event: The good, the bad and the ugly? *Psychology, Health & Medicine*, 2(3), pp. 237–242.
- Stanton, A. L., Bower, J. E., & Low, C. A. (2006). Posttraumatic growth after cancer. In Calhoun & Tedeschi (Eds.). *Handbook of posttraumatic growth: Research and practice* (pp. 138-175). Mahwah, NJ: Erlbaum.
- Tang Y.Y., Ma Y., Wang J., Fan Y., Feng S., Lu Q., Yu Q., Sui D., Rothbart M.K., Fan M., Posner M.I. (2007). Short-term meditation training improves attention and self-regulation. *Proceedings of the National Academy of Sciences*, 104: 17152-17156.
- Taylor, S. (2011). *Out of the darkness: From turmoil to transformation*. London: Hay House.
- Taylor, S. (2012a). Transformation through suffering: A study of individuals who have experienced positive psychological transformation following periods of intense turmoil and trauma. *The Journal of Humanistic Psychology*, 52: 30-52.
- Taylor, S. (2012b). *Back to sanity: Healing the madness of our minds*. London: Hay House.
- Taylor, S. 2013. The peak at the nadir: Psychological turmoil as the trigger for awakening experiences. *The International Journal of Transpersonal Studies*, 32 (2), pp. 1-12.
- Tedeschi, R. & Calhoun, L. (1998), *Posttraumatic growth: Positive changes in the aftermath of crisis*. Mahwah, NJ: Lawrence Erlbaum Associates.
- Tedeschi, R., & Calhoun, L. (2004). Posttraumatic growth: Conceptual foundation and empirical evidence. *Psychological Inquiry*, 15(1), 1–18.2006
- Tomich, P. L., & Helgeson, V. S. (2004). Is finding something good in the bad always good? Benefit finding among women with breast cancer. *Health Psychology*, 23, 16-23.
- Vail, K. E., Juhl, J., Arndt, J., Vess, M., Routledge, C., & Rutjens, B. T. (2012). When death is good for life considering the positive trajectories of terror management. *Personality and Social Psychology Review*, 16(4), 303-329.
- Valentine, E. R. and Sweet, P. L. G. (1999) Meditation and attention: A comparison of the effects of concentrative and mindfulness meditation on sustained attention. *Mental Health, Religion & Culture*, 2(1), pp. 59–70.
- Wong, P. (2009). Existential psychology. In S. Lopez (Ed), *The Encyclopaedia of positive psychology* (pp. 361-368). Chichester: Blackwell Publishing Ltd.
- Wong, P. T., & Tomer, A. (2011). Beyond terror and denial: The positive psychology of death acceptance. *Death Studies*, 35(2), 99-106.

Wong, P. T. P. (2007). Meaning management theory and death acceptance. In A. Tomer, E. Grafton, & P. T. P. Wong (Eds.), *Death attitudes: Existential & spiritual issues*. Mahwah, NJ: Lawrence Erlbaum Associates.