A MEANINGFUL DEATH AS A FUNCTION OF A MEANINGFUL LIFE: AN INTEGRITY MODEL PERSPECTIVE

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ABSTRACT

Life is a process and journey whose end point is death. Without our personal values, we are undefined, fearful, and stressed. Life is about choices, and about whether or not they are able to provide one with a sense of meaningfulness. Our choices reflect the struggle to define ourselves in a manner which often conflicts with those contextual and societal structures that threaten to define us. Life requires courage to know the self and to gain an awareness of those artefacts that confine us. The choice is Hamlet’s “to be, or not to be”—to be alive and living well, or be amongst the living dead. It is our sense of Integrity that provides the relevancy and meaning to our lives, and to our ability to have compassion for others.

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This manuscript was originally accepted for publication in Death Studies, as a part of a special issue on death acceptance. We would like to acknowledge and thank the editors of that special issue for their discussion questions which are addressed in this article.
This paper provides an Integrity model perspective of living well and dying well by offering an understanding and appreciation of the self and of becoming an “I” rather than an “It” (Buber, 1970; Lander & Nahon, 2005). The Integrity model (Lander & Nahon, 1992, 1995a, 2000a, 2005, 2008a), based on the psychologist O. H. Mowrer’s Integrity (Therapy) group approach (Mowrer, 1953, 1964; Mowrer & Vattano, 1976) examines the values structures within the multiple facets of our lives, and whether or not these values provide a sense of a life of meaning or a profound sense of meaninglessness. As clinicians in the trenches, we will offer a theoretical and clinically-based model that has stood the test of time (over 40 years) in helping individuals with the spectrum of symptomatology resulting from the angst and anguish of feeling that their lives are meaningless to the point where many are considering ending their lives by their own hand rather than waiting for the hand of G-d.

Due to the existential and value-based nature of the Integrity model, we are acknowledging and responding to the reviewers’ questions and comments. This recognition of contributors comprises a very high value for us. We feel that is critical to recognize the invaluable input that peer reviewers contribute to the quality of any finished article. In our view, reviewers are unsung heroes; we want to acknowledge and credit them by citing their input in their own voices. This necessitates and invites a dialogic encounter with us. While it may lengthen a manuscript, we hope that readers will appreciate not only the validation of the reviewers but also how they encourage dialogue that invites further clarification of Integrity model.

The Integrity Model: Philosophical Underpinnings

The Integrity model of psychotherapy is an existential, value-based perspective which forms the basis of our philosophy of wellness underlying our work in clinical care, and our health care education initiatives at the University of Ottawa’s Faculty of Medicine. This model evolved from the psychologist O. H. Mowrer’s Integrity (Therapy) Group approach, developed by him from the mid-1940’s until the mid-1980’s. An eminent psychologist, Mowrer served as president of the American Psychological Association from 1953 to 1954, and as director of the University of Illinois’s Lilly Fellowship program examining the phenomenon of guilt from an integrated psychological and religious perspective. He began his work by delving into the psychotherapeutic arena, engaging in 700 hours of psychoanalysis as part of his training (Lander & Nahon, 2005). However, Mowrer felt that this approach did not satisfy him in understanding the human struggle in day-to-day existence and began in the words of Corsini (2001), a “Copernican revolution” (p. 332, in Lander & Nahon, 2005, p. 181) in understanding human nature and the plight of being human. He became a prolific early behaviourist and learning theorist, formulating the two-factor theory of learning, and collaborating with Dollard and Miller in developing social learning theory. A summer study program with Harry Stack Sullivan in 1945 led Mowrer to conclude that...
the cause of neuroses and other psychiatric disorders lay primarily not in intrapsychic conflicts, but rather in interpersonal attitudes and behaviours (Lander & Nahon, 2000a). ... Rather than delving into the unconscious, he began to examine the nature and quality of interpersonal relationships [Hunt, 1984]. ... Mowrer is considered “one of the major figures in the self-help movement” [Hunt, 1984, p. 913].

Mowrer (1964b) acknowledged that his work had been inspired by Sullivan’s emphasis on interpersonal relationships, and as such was developed in parallel with other frameworks, including Frankl’s “will to meaning” (Frankl, 1955). These as well as Adler’s (1964) concept of social interest and Jung’s (1933) emphasis on the “importance of ‘human decency’ and the pathogenic dangers inherent in deception” (p. 32) were all based on a breakaway from the traditional Freudian view, embracing instead the importance of interpersonal relationships and the positive aspects of morality (Mowrer, 1976).

Mowrer spoke of the connection between psychology and religion/spirituality: religion’s root word is the Latin word religare, which is also at the root of ligament and ligature. Mowrer suggested that religion (re-ligion) means literally a reunion, re-binding, reintegration and re-connection (Mowrer, 1961a, 1969). ... For Mowrer, therapy called for a return to community through improved communication with “significant others” (Mowrer, 1958; Sullivan, 1953). (Lander & Nahon, 2005, pp. 4-6)

Lander and Nahon (2005) note that Mowrer was an early champion in the articulation of major constructs in psychotherapy including therapist self-disclosure, therapist authenticity, and the role of morality in psychotherapy. His work has been acknowledged as preceding that of both Allport and Erikson (Corsini, 2001).

Nedra met Mowrer at the University of Illinois; he was her mentor and together, they offered

Integrity Groups to students at the University of Illinois, and in the community of Urbana-Champaign, Illinois. Nedra went on to extend the principles of Integrity and evolved the Integrity model. In 1979, we – Nedra and Danielle – began our own collaborative relationship in honouring Mowrer’s legacy in the continued development of the Integrity model. (Lander & Nahon, 2005, p. 4)

In reviewing Mowrer’s body of work, I – Danielle – have been struck by how very different Mowrer’s Integrity Therapy is from the theory, clinical applications and therapeutic tradecraft of the Integrity model, which Nedra has evolved from its beginnings with Mowrer’s Integrity (Therapy) Groups. I have had to do battle with Nedra in order for her to allow me to acknowledge her contributions in evolving the Integrity model from Mowrer’s early formulations to its current theoretical growth, encompassing the individual, couple, family, organizational and international realms with contemporary and challenging issues. (Lander & Nahon, 2005, p. xv)
The Integrity model is the first model of psychotherapy that is (a) value-based, and (b) wellness- rather than just pathology-based, offering a philosophical umbrella for dealing with issues of daily living from a positive, pro-active, and health promotion perspective. The basic tenets of the Integrity model are as follows:

Mental health arises from honouring one’s values and living with integrity, operationally defined as comprising the three-pronged paradigm of honesty, responsibility and emotional closure. Difficulties with life and living result from interpersonal rather than intrapsychic conflicts (Lander & Nahon, 1995, 2008b; Mowrer, 1964). The Integrity model postulates that individuals enter into emotional difficulties:

because they are not living up to their own values; in other words, because they are violating the contracts and commitments that they themselves have made. Stress and anxiety arise not from the dread of hypothetical events, but from the well-justified fear of the consequences of past behaviours …. What psychotherapy calls for is not new or different values, but rather for an increased fidelity to one’s present values. (Lander & Nahon, 2000a, p. 32)

From the Integrity model perspective, guilt is viewed as a healthy expression of a failure to live up to one’s value system. Self-esteem is earned for and by the self by living with Integrity. The Integrity model emphasizes equality between the therapist and the individual in therapy (Lander & Nahon, 2000a, p. 32).

The three components of Integrity are defined as follows:

*Honesty* means “being open and truthful about one’s feelings, attitudes and actions—past, present and future. It involves acknowledging past or present wrongdoings that may have caused problems in one’s life or another’s life”

*Responsibility* means being willing to own 100 percent of one’s “50 percent” in contributing to a dysfunctional interaction with another as the first step in resolving conflict, and being willing to make amends. Responsibility, coupled with “the honest accountability for one’s transgressions, goes a long way toward ensuring that the others in a conflictual situation will be willing to listen” (Lander & Nahon, 2000a, p. 134).

Mowrer (1953, 1964) referred to the third component of Integrity as *community*. Lander and Nahon (2000b) refer to the third component as closure of the psychological space with self and other, often shortened to *emotional closure*, which is perhaps the most unique component of the Integrity Model because it is so rarely a natural ingredient of most human interactions. Emotional involvement requires that the ultimate intent of a conflict resolution or, for that matter, of any other meaningful interpersonal interaction be one of “closing the psychological space” between two or more individuals—in other words, increasing one’s sense
Reviewer #1 Comment

Since the special issue focus is on death acceptance, it is important that you discuss how your integrity model is related to death acceptance. Since your model places a strong emphasis on a sense of meaning, it seems only natural to consider the meaning management theory of death acceptance and its relationship with the integrity model. Your statement that the integrity model is the first model of psychotherapy that is value-based could be challenged. First, the Acceptance and Commitment theory (ACT) by Hayes (2005) is clearly value-based. Secondly, Wong’s (1997, 1998) Meaning-centered counselling and therapy (MCCT) is also value-based. It would be helpful to you to at least recognize the relevance of MCCT and ACT to your integrity model. Your integrity model is clearly related to the existential psychology’s emphasis on authenticity and responsibility. Your reference to myth-making is particularly pertinent to existential psychology and therapy. I do hope that you can take my above comments in a revision so that your paper will be better integrated to similar theories on meaningful living and integrity/authenticity. More importantly, the role of meaning in death acceptance will be brought to the forefront.

Author Response

The reviewer’s point is very well taken and reflects a deep resonating compatibility with the basic tenets of Integrity in its invitation for us to acknowledge others who are also committed to examining the role of values psychotherapy. Because of the resonance of the Integrity model with the theory as well as the personhood of Dr. Wong, this was an unintentional oversight as this complementarity for us is a given.

Reviewer #1 has challenged the statement that the Integrity model is the first model of psychotherapy that was value-based, allowing us to clarify that what we meant is that Mowrer’s Integrity (Therapy) group approach, which forms the foundation for the Integrity model, was the earliest. Mowrer, whose transition from strict learning theory to examining questions of morality and values began in the early 1940’s (Lander & Nahon, 2005), acknowledged as noted earlier that his work had evolved in parallel with Frankl’s (1955) “will to meaning” (Frankl, 1955) along with other approaches that reflected a movement away from the Freudian school, “embracing instead the importance of interpersonal relationships and the positive aspects of morality” (Mowrer, 1976). (Lander & Nahon, 2005, p. 6). Furthermore,

One can see from Mowrer’s writings (e.g. Mowrer, 1952, 1953a, 1953b) that he preceded the famous 1957 dialogues between Buber and Rogers (Cissna and Anderson, 2002), both of whom took a stance away from the Freudian perspective of working with neurotics. (Lander & Nahon, 2005, p. 30)

Since that time, there have been several authors who have emphasized the role of values in psychotherapy: Van Deurzen-Smith
(e.g. 1988, 1996, 1998); Wong’s Meaning-Centered Counselling and Therapy (MCCT) (e.g. 1997, 1998, in press), our work on the Integrity model (e.g. Lander & Nahon, 1992, 1995, 2000, 2005, 2008) and more recently, Acceptance and Commitment Therapy (ACT) (Hayes, 2005).

For us, existentialism is about the individual both as a being-in-the-world and in multiple contexts and relational environments. In our own collaborative relationship of over thirty years, there are two voices and value systems that flesh out the collaborative and individual skeleton(s) provided by the Integrity model. Hence, there are times where we do not resonate with each other and speak with our own individual voices (e.g. du Plock, Lander & Nahon, 2008; Lander & Nahon, 2005). As we speak about the outcomes of the travails in finding meaning in life, we are always wary about not comparing the struggles and outcomes of one another’s journeys toward meaningfulness. In this article, we have tried to articulate how we have come to our present operating understandings of life and living, and thus of living meaningfully as well as our understanding of how death dovetails to the degree that it does with this. As clinicians, the “experts” as to the validity of the basic premise of Integrity, values and meaning in providing a personal Global Positioning System (GPS) (du Plock, Lander & Nahon, 2008) for a daily pursuit of meaning in life and death have always been the people in crises whom we have worked with.

Dr. Wong’s own journey and contextual work environment has allowed him to hone his neat explication and integration of his insights and wisdom into MCCT, which is more concise than ours. These latest articles are an integrative reflection of his long journey, contemplation and writing in this arena. Reflecting a value of inclusiveness, Wong (in press) describes MCCT as integrating several schools of therapy, including logotherapy, existential-humanistic, narrative, and cognitive-behavioural approaches. Based on this framework, Wong describes MCCT as a positively oriented approach which emphasizes finding personal meaning and a life goal, aimed at enhancing a sense of self-validation (Wong, 1998). MCCT views the therapist as playing a key role in order to “motivate and empower clients in their struggle with their personal problems and in their pursuit of power” (Wong, in press, p.17). “Assuming the role of a coach, the therapist also provides social validation for the clients” (Wong, 1998, p. 429). There are many points of complementarity with the Integrity model. Some differences centre around the Integrity model’s integration of the evil side of human nature, and of the notion that only the client can reclaim their personal power (Lander & Nahon, 2005). The differences may best be seen as reflecting individual journeying towards the understanding and valuing of the power of meaningfulness, as reflected in different nuances of vocabulary. Our focus on the need for the client to claim 100% of their 50% of the responsibility for therapeutic change dovetails with our work in the arena of caregiver stress (e.g. Lander & Nahon, 2009a, 2009b). We have put forward the thesis that caregivers across disciplines and orientations, due to their deep sense of caring and concern, are often at high risk of “over-owning” (Lander & Nahon, 2005, p.
We have proposed that paralleling Buber’s work, Mowrer provided a simple yet profound theory which integrated morality, values, and personal meaning in a tangible, integrative, and operationalized model. ... We believe that Mowrer was able to unite the psycho-biological and spiritual domains through [the] concepts of re-ligare, relatedness and Integrity, providing a holistic model for mental health and wellness. (Lander & Nahon, 2005, p. 182)

We have also proposed that

In our view, Mowrer, while working independently from Buber although along parallel lines, was able to take Buber’s great insights, and unknowingly translate Buber’s sometimes esoteric philosophy into simple, everyday language as to how to conduct therapy and how to live daily life. (Lander & Nahon, 2005, p. 30)

The Integrity Model and Finding Meaning in Life and Death

Integrity and the Journey to be an “I”

The Integrity model focuses on human existence in seemingly meaningless situations where one chooses to be true to one’s value system, often daring to transcend contextual artefacts. Integrity is about daring to have the courage, or grit—which “as one insightful person we were working with pointed out, [is] a component of the word Integrity” (Lander
& Nahon, 2005, p. 184)–to choose the price tags for one’s values; consequently, suffering has meaning rather than being meaningless. It is one’s sense of Integrity that provides relevancy and the ability to have compassion for others. The journey to become an “I” seems at times to comprise a life and death journey to be and to become. The Integrity model focusses on the choice of how to perceive the story-line of living, or, as Neimeyer and his colleagues (Currier & Neimeyer, 2006; Stewart & Neimeyer, 2007) refer to, the narrative, without either the denial of death or the blind pursuit of happiness with its tendency to deny the affirmation of sorrow and despair.

The meaning of life and death are unique to each human being. From the Integrity model perspective, meaning is a function of one’s fidelity to one’s values. Crises in life reflect a clash of values with caregivers, family, friends, society, the media, celebrities, etc. For us, the concept of crises or motivation to seek relief from one’s woes in life reflects an Integrity crisis (Lander & Nahon, 2005) which we reframe as such for individuals in therapy.

These integrity crises reflect a clash of values–internal or external. For example, an internal clash of values arises when two major values in one’s life have been given equal value. The strain and the struggle is to rank one value over the other based on one’s context at a given time. An external clash occurs when one’s values are not ranked the same as someone else’s values.

Amazingly, individuals in the most severe of crises, even to the point of contemplating taking their own lives, find that this way of understanding the intensity of life’s conundrums makes such sense. It is an awareness and appreciation that one’s ranking of a given value is valid for oneself and with it the appreciation that the same may not hold true for others. The next step, to quote Mowrer, becomes “what are you going to do about it?” (Lander & Nahon, 2005, p. 42). Resolutions to crises necessitate the reclaiming of one’s Integrity, one’s “I” if you will, via fidelity to one’s own personal values. Integrity asks that knowledge and awareness lead to action/behaviour arising from the ownership of one’s fifty percent of the responsibility in addressing the conflict or impasse.

From the Integrity perspective, anxiety is a symptom, or more accurately, one of those inner voices reflecting the inner awareness of an Integrity and/or value boundary violation. We view anxiety as reflecting an avoidance of a professed personal value. Consequently, we view the concept of death anxiety as reflecting an avoidance of the existential challenge of fully living. The manner in which one organizes each twenty-four hours of one’s life should basically reflect one’s value hierarchy. We understand depression, anxiety, fears, ruminations, and the entire Diagnostic and Statistical Manual of Mental Disorders (DSM-IV) (American Psychiatric Association, 1994)–soon to be DSM-V, lexicon of symptoms and their classifications, as resistances and defences against the risks and price tags of one’s unique pursuit of a meaningful life. The only manner in which this pursuit can be achieved–simply yet often with difficulty and challenges–is by living in accordance with one’s personal value hierarchy–in other words, with Integrity.
Meanings and meaningfulness are unique to each individual and reflect a life journey of often repeated visits in and out of the crucible of the existential abyss (Lander & Nahon, 2005), whereby the self re-forms and re-molds itself, ever-strengthening one’s identity and the meaningfulness of one’s existence. As existential therapists, we find it professionally humbling to be allowed by the other into this sacred arena of fear, angst, terror, and the absolute knowing of what the self must do in order to live and live well. The Integrity model gives the power and the responsibility to the other for the choice of how to affirm the self. The therapist’s role, rather than coach or guide, is more one of a consultant as to whether one’s choices are meeting the definitional requirements of Integrity, in other words (a) the need for honesty, responsibility, community and closure of the psychological space with both self and others and (b) the ownership of one’s fifty percent and fidelity to one’s value hierarchies that often require a re-evaluation and a re-ranking of values based on time and circumstances.

Despite the odds of environmental constructs, societal artefacts, and one’s historical journeys, the self always knows what needs to be done. From the Integrity model perspective, the DSM-IV clusters of defensive patterns reflect ways of hiding from the self and its wisdom (Lander & Nahon, 2005) as to what is personally right and efficacious in order to live well, meaningfully, and even with a sense of joy of being true to the self despite circumstances that most others may view as a meaningless and untenable existence. Consequently, only by living a meaningful life can one find a sense of meaningfulness in approaching or contemplating a meaningful death (Nahon & Lander, 2008c). Even at the last minute, one can find meaning in one’s life.

**Reviewer #2 Question A**

The authors seem to imply that the individual has always a clear knowledge of his or her values, and while also inclined to do the wrong thing (“evil”) knows what the right thing to do is. In their own words: “the self always knows what needs to be done”. This seems questionable as many people many times in their life don’t appear to know what needs to be done and may be, for this reason, at the mercy of others who are offering “solutions”. Meaninglessness, in other words, may result not from one to being faithful to his or her system of values but from not having a clear system of values in the first place or from doubting any system of values (nihilism).

**Author Response**

This is an excellent point. An important component of the Integrity model is that we do work with individuals to help them identify their values, including those subtle, underlying values that guide their daily actions—in other words, making the covert values overt. Another aspect of the Integrity dialogues involves at times helping individuals to differentiate between the voice of health versus that of the “dark side”, a concept that is elaborated later in this article.

From the Integrity perspective, one organismically really does know what is right and wrong for us as individuals based on our own value systems. In our view, this is the
true seed of one’s discontent. For Mowrer and for us, “the degree of stress, dis-ease, and symptomatology reflects an individual’s violation of their personal value system which, depending on the degree, is what others call mental illness and we call an Integrity crisis” (Lander & Nahon, 2005, p. 28). We view confusion as one of the major defences against the responsibility for action that arises from knowing what it is that one really must do. How often has one heard or even said when talking with another about a present dilemma “I know, I know”? Knowledge without action has no integrity, and the self does know. Daring to know seems to be one of those tasks in the journey of life whereby one must face the existential challenge of giving up the machinations in not knowing and thus in not being responsible (as in the old adage that “ignorance is bliss”). The irony, with its concomitant narcissistic injury, is that one discovers that this knowledge as well as the actual solutions really were all along within our grasp. To quote Captain Hook, “that’s where the canker gnaws” (IMDb: The Internet Movie Database, n.d.).

Nihilism itself can be seen to reflect a profound value system. It is a valuing of nothingness. Every position or philosophy of life reflects an underlying value system. For example, we have proposed that the psychopath’s lack of anxiety and stress in not due to their lack of values, but rather to the fact that they may be in complete harmony with their own values—which may in turn be diametrically opposite to our own (Lander & Nahon, 2005).

If someone came to us seeking help due to death terror, and described themselves as being nihilistic, we would ask them to clarify what the source of their angst is, and how this ties in to their feelings about nothingness. Since they are seeking our help, we are assuming that they are in an Integrity crisis which means a clash of values, and thus they would need to examine which of their values are in conflict. We would invite them to examine how their experience and pattern of daily living could be aiding and abetting their Integrity crisis. Do they truly value nothingness, or do they hold a hidden value of a hope for more?

**Myths Regarding Death and Dying**

The individuals we have worked with resist and do not fit the mould often encouraged by previous health care professionals including therapists, with regards to death and dying. For example, Kübler-Ross’ (1969) patterns of detachment as a prelude to death reflect a strong, value-laden underpinning to a theory which has profoundly influenced how we both conceptualize and intervene with the final stages of life. Jenna comes to mind as a case in point.

**Case Example: Jenna**

Jenna had been diagnosed with cancer of the tongue, a very quick-growing cancer, when she was in her mid-thirties. A mother of two, Jenna was a warm, caring, intelligent and creative individual, as well as a rebel. I–Nedra–worked with Jenna from an Integrity model perspective. This included talking...
about integrity, values and meaningfulness as well as the use of visual imagery in an auto-genic training context in order to support her immune system and her value of fighting and of not “dying like a good little girl” as doctors and staff had encouraged her to do in what they told her would be the little time left.

Jenna did not want to die within the month to six weeks allotted to her. She fought and defeated the medical profession, fulfilling her hope to live and live well until her second daughter (then a few months old) had reached the age of three or more years if possible, when Jenna felt that there would then be sufficient memory traces left of her for her daughter. Her husband fought for her right to work with me despite a psychiatric label that more or less supported others’ view that it would be a waste of time, of a bed, and of medical and pharmaceutic interventions when there were so many in better shape with seemingly better odds for survival. I always back a fighter as I feel that the work is already half done and the rage is a phenomenal source of creative energy; all that is needed is to direct it with Integrity.

Jenna and I joined forces in an amazing journey. Jenna’s number one value became that of defying the books and the doctors who adhered to their dictates. Jenna’s will to fight for her daughter to have memory traces of her translated into an amazing mobilization of her immune system that, despite some brief visits to the hospital, allowed for a resilience so astounding that it baffled her doctors, her family and her friends—but never the two of us. Needless to say, a bond was forged between us, and when Jenna was no longer able to come to the hospital on an outpatient basis, I made home visits. Thankfully, the psychiatrist in charge—not the initial one—quietly sanctioned this. At times, I would change Jenna’s tracheal insert, and we would do our talking and visual imagery. Jenna would speak or write to me depending on her strength. Afterwards, I would go downstairs and have tea with Jenna’s parents, brother, friends, or husband—whoever was “on” for doing what each one felt was meaningful to do during this time. They would take the lead, and we would chat. It was not long until they would talk about the amazing and, remarkably, the joyful experience that it was for them to be there for Jenna, agreeing that it was a community-building for Jenna and for them.

Periodically, I would go on holidays or conferences, and this was not really a problem for Jenna. Jenna would continue to make a journal for each daughter, read to them out loud, or someone would read while everyone hunkered down on the bed. With an impish grin, Jenna would inflate a surgical glove and tape down all but the middle finger when I would warn her of an intended vacation. Once, after she had had a “major bleed” and recovered, I went on a two-week family holiday and of course, I got the “glove”. Her family doctor was called in and noted that Jenna was not eating as well as she used to; the family was told that Jenna was disengaging in order to die. I returned and was informed of this, and of the fact that, due to this, her “nose hose” had been removed. I had such a “hissy fit” that even I was surprised! I explained to her doctor that it was July, the family did not
have air conditioning, and I would bet that this was why Jenna’s food consumption was going down; I asked for the nose hose to be reinstated as soon as possible.

That evening, it was reinstated, and Jenna was as lively and feisty as ever. She lived another nine months, more active with life and happy to be honouring her value of memory-building for both her daughters and others. One day in the hospital after another major bleed from her carotid artery, we did “our thing”. Later Jenna’s parents related to me that there had been another major bleed, and that Jenna had told them that she was now ready to die and did not want resuscitation. They had wanted to try to catch me at the elevator (which was well known to be aggravatingly slow) and ask me to return, but Jenna had asked them not to, adding that her contract with me was to fight to live, and that dying was not part of this. Jenna then had another bleed and quietly slipped away. I was, of course, very upset, but was comforted by her family and friends who valued the relational contract that we had. I continued to have tea with them for several more weeks and found that there was only joy and appreciation on their part for the gift of time with Jenna, and the strong awareness of the fact that Jenna’s fight and their daily participation had made the loss a meaningful gift for them.

Another myth – glorified by Shakespeare’s Romeo and Juliet – with regards to death and dying is the common view that if we really love someone and the relationship ends—either by separation or death, we must prove the depth of our attachment through the depth of despair of our sense of brokenness and grief and our inability to live without them (Lander & Nahon, 1995a). From the Integrity model perspective, if a relationship is healthy and we behave with Integrity within that relationship and it ends, we will not be overwhelmed and fall apart from the grief; rather, we will experience a deep, aching sense of loss, be able to value the other’s gifts to us, mourn our sorrow, and able to move on, having dared to love. This has proven very helpful not only for those facing the demise of a relationship or a loss of a loved one, but also in encouraging others to risk being involved in relationships and daring to love again, enhancing their potential and courage in choosing to live a life well-lived.

A number of individuals we work with have referred to the concept of a “bucket list” from the movie with the same name. In this movie, two old men come together, and draft the list of things they had always wanted to do before they died. This presents a form of carpe diem which challenges individuals with the fine line that exists between self-indulgence and responsibility. In addressing this dilemma, Mowrer’s brilliance comes to the rescue through the concept of the self as a being of Integrity, pursuing an “integritously” (our word) meaningful life guided by one’s personal value hierarchy. The requirements for all three legs of Integrity to be present enables individuals to sail safely between the Scylla of self-indulgence and the Charybdis of delayed affirmation via a punitive and often dramatic narcissistic sense of over-responsibility.
The Role of the Media

The media places a high news value on tragedy, and one must be cognizant and wary of its concomitant environmental structures which can become either the source of immobilizing anxiety and meaninglessness or the reverse. The self must make the at once frightening and liberating choice between these two polarities. Death is a fact of life that is frequently over- or under-valued. One must be wary of the wearying erosions of the values of society and other external structures in life’s context that fuel the dread, fear, angst and anguish about death and dying, and that provide the substrate for a chronic, daily post-traumatic stress disorder (PTSD) to flourish. This in turn reflects western civilization’s value of youth, as seen through the collusion of the cosmetic, fashion, pharmaceutical and fitness industries in promoting youth and youthfulness with an insidious denial of death and dying. These highly financially successful industries fuel the fear of death for material gain. Consequently, one again is faced with the choice of deciding who is actually defining the self, and what values will fuel a life of meaningfulness rather than meaninglessness.

Working With Suicidal Individuals From an Integrity Model Perspective

In working with a clinical population often in crisis, we have worked with many individuals whose depressive rage has been marked by suicidal ideations, some with a long-standing history of flirting with death through suicide attempts. Working from an Integrity model perspective, I–Nedra–begin by clarifying my own valuing of life and of finding personal meaning midst the angst, agony and rages of present environmental structures in my life, and to note that anger, fury and rage are my favourite emotions. For most, this is curious and thus interesting, and elicits an impish desire to see how this notion is going to be peddled to them.

Working with me is presented as an informed choice. This is perhaps the only time in the medical system that an individual has been genuinely offered a choice, and so to make it a valid choice, I let them interview me. They usually say that they do not know how to do this, and so I talk about the Integrity model. I review the definitions of Integrity, so that we can examine together the Integrity violations that may have led to the present crisis, the points of 50/50 accountability, the notion of stress as resulting from a clash of values, especially societal values, and last but not least, my love of rage and guilt.

I also present Mowrer’s notion that feelings are responses, not stimuli (Lander & Nahon, 2005), and thus that the work of therapy focuses on identifying the stimuli that call out one emotion or another. At this point, individuals catch themselves becoming interested and engaged in entering into a dialogue about these things, and how they can apply to them in their own lives. And then they play the suicide card.

I remind them that it is the right affect but the wrong target. It is murder that is in their hearts, but they are too well socialized to own it. Murderous feelings are responses, not stimuli, but they have failed to look for the
stimulus. Consequently, in order to be true to the affect and the power behind it, they present themselves as the target of the affect, with the concomitant rationales to justify it.

In four decades of work with suicidal individuals, I have never been contradicted. I have certainly been challenged to walk them through this process, and challenged to support their original views that their emotions had been the cause of their suicidal impulses—which I decline from doing. At times, like Scheherazade, I offer a possible topic for the next session, which leads individuals to immediately make an appointment which I usually honoured as rapidly as possible, in view of the difficult environmental structures that they are dealing with.

Mowrer understood human nature and the fact that no-one does anything for nothing. Change happens if it is worthwhile and if it is meaningful or if the price is worth paying. Responsibility is a hard sell: To be responsible for one’s fifty percent with reference to the structures in one’s life versus the perceived absolution of being “clinically depressed with an Axis I diagnosis” and in need of major psychotropic medication or even a drug cocktail offers individuals a narcissistic stroking that is hard to walk away from. I remind them that they are free to choose, and that Mowrer’s three options if one does not like the situation or the contract are: (a) to stay and endure; (b) to leave completely; and (c) to stay and try to make environmental changes in order to ameliorate the situation (Lander & Nahon, 2005, 2008; Mowrer, 1970a; Mowrer & Vattano, 1976).

Individuals now come to see their depressive rages as both legitimate and affirming of them. They see it as a precious value that has been violated, so that rage can now become a warning signal of a problem that needs to be addressed. They understand this guilt as an internal feedback signal, letting them know how well a problem has been addressed while being able to honour their values. They can now see their rage as being no problem. They find themselves being able to own their desire for revenge, and find greater meaning by daring to use that energy with integrity either to close the psychological space or to walk away. Consequently, Integrity becomes a first necessary and sufficient defences against stress and despair.

Addressing the Theme of Death Acceptance

We would like to offer an Integrity-based perspective of themes raised with reference to the concept of death acceptance, originally provided as part of a Call of Papers for Death Studies:

1. *All through history, human beings have developed elaborate defence mechanisms against the terror of death both at the individual and cultural levels. We now have a huge literature on death denial and terror management.*

Much of the literature on death denial and even terror management tends to focus on the group aggregate and on global, macro and cultural levels. Though helpful, this focus can be overwhelming for the ordinary person to have to do something about what is wrong
with the group or in the global community when they can barely tread water getting through daily life sane, sober, making financial ends meet, and, for some, battling suicidal ideations. We would like to call for a renewed focus on unique individuals’ struggles to get through each day while feeling beset and besieger by what we feel is not only a terrorizing and PTSD-inducing media but also what the Integrity model views as the human being’s constant, existential struggle to choose between the good and evil in everyday life as follows:

Congruent with Lowe’s (1969) definition of the existential position, Mowrer suggests that “man is perennially disposed toward goodness, wisdom, and virtue, as well as toward evil, stupidity, and folly” (Mowrer, 1970[b], p. 1), and thus, that the human being has the capacity for both good and evil. ... Mowrer (1956) ... suggests that there is or may now be a sense of rapprochement between traditional analysis and traditional religion, for example through the writings of Viktor Frankl (1955). Mowrer (1959) suggests that religion has always intended to help individuals to regain a sense of well-being through a return to responsible living, integrity, and concern and compassion for others. This, it seems, is ‘therapy’ of the most profound variety; and it is perhaps our great misfortune that this conception is today accepted and practiced with so little confidence (in Lander & Nahon, 2005, pp. 17-18)

In our view, human beings need to make an ongoing, moment-by-moment choice between doing good versus evil, as manifested between the polarities of the healthy versus dark side of human nature:

We define the healthy side as the inner receptacle of all of the human creative forces for productivity, love, and emotional well-being—mind, body, and soul. The dark side is that part of the self which focusses on and aims towards a self and other destructive thrust. The concept of the dark side of human nature has been explored since antiquity, starting with symbols and metaphors of early cultures, Greek and Roman mythology, and the Bible. Its use precedes both Freud’s (1939) concepts of Eros and Thanatos and Jung’s (1933) concept of the shadow, also reflected in the Mythopoetic branch of men’s studies (Barton, 2000; Bly, 1990). (Lander & Nahon, 2005, p. 51)

We see the human capacity for evil as inherent in in the daily words spoken and the daily deeds done to one’s fellow sojourners in life. This daily tendency towards a nasty evil, intentional or not, is often missed as a major source of chronic abuse and suffering resulting in PTSD, equal if not more worrisome than global strife and the degradation of the planet. The need to become accountable for its existence rests in each of our sand boxes (Lander & Nahon, 1995b).

Because of such daily patterns of behaviour, the existence of evil flourishes and is nurtured on the micro level; this is why it can flourish on the macro level. How often have we heard someone tell us “don’t be silly”, or “get a grip and move on”; thus one has not
been heard but instead devalued and isolated from comfort, solace, and healing. This is hurtful and harmful; it is profoundly lacking in Integrity, and it is traumatizing.

We believe that one must not and cannot compare traumas; a trauma is a trauma to the one experiencing it. To compare it to another’s is to devalue and negate the sacredness in an individual’s experience. In our view, Integrity provides an antidote to this existential angst and terror, in inviting individuals—indeed, independent of circumstances—to assume the power and the responsibility for choosing to live according to their values, providing an understanding of self and meaning to their lives. This allows each one of us to be able to find meaningfulness in day-to-day living and feeling, stand in front of the mirror and brush one’s teeth at night with the secure feeling that one has lived this day well—always with room to grow, but “good enough” (Lander & Nahon, 2005). We believe that this can only be achieved by attending to the tasks in our “acre-age” (Lander & Nahon, 2009a)—those age-appropriate developmental tasks that stand before us in our own backyard. This in turn requires a daily, disciplined fidelity to one’s value system and to do no harm, ensuring that one’s “acre-age” has been weeded of evil behaviours toward others. Over-valuing global action and concern misses the boat of focussing on the harmfulness that is done one to another in daily interactions. Our concern regarding the notion of death anxiety is that global anxiety gets us off the hook for being responsible for day-to-day quality of life and meaningfulness. If one lives the more difficult path, there may with time be a sense that one has acquired the energy and commitment to do some reparative work for the planet as a whole.

Reviewer #2 Question B

The authors seem to maintain that terror management theory focuses on “global anxiety” and on the macro, cultural level. Certainly TMT theory is a theory about the function of the cultural systems but this is a function of the cultural system for the individual and acts as to provide a defense mechanism to the individual who is facing an existential terror of death. While TMT would recognize the importance of pursuing meaning, the TMT theorist would argue that pursuing meaning in life cannot be a complete solution to the problem of the disappearance of meaning in death.

Author Response

We would like to address this helpful question from the perspective of our work as clinicians in the trenches of daily practice. It seems that the literature on terror management may at times pathologize death and how an individual struggles to come to terms with its reality. In our view, while the alternative is not that of adulating death, it is more that of making peace with (or accepting, which is an eastern value) the fact that death is one of life’s realities, and that one must make the choice of whether to live life well, or to avoid living by a preoccupation with or denial of death reflected in an over-investment of time and energy in avoiding living. We invite individuals to look at the fear of death and dying as reflecting the fear of the
responsibility of living well within the context of their lives. The choice of whether or not to face this fear is theirs. A corollary to this is our “rant” regarding the narcissistic injury often underlying their unhappiness or despair, inherent in the all-too-obvious awareness of the fact that they truly have no control over death (of loved ones, the planet, or over their own natural lifespan)—only over life!

Individuals have shown us that the way that they can resolve the issue of death anxiety and its avoidance is through finding a personal and unique meaningfulness in their day to day living. This often means becoming a marginal person in this process, as they individuate from the self-definitions proscribed by family, friends, society, culture, or religion. Most of the time, this does not necessitate a complete rejection of the values, expectations or definitions of whom and how ones wishes to be, but rather a sorting of the wheat from the chaff by rejecting, keeping, tweaking one’s values and sometimes excluding others’ values. This process of redefining one’s values and value hierarchies, and the meaningfulness of the price tags that these values require affirms a sense of life being well lived. Through this process, individuals earn a new sense of centrredness and a true valuing of the self. Many spontaneously state that they have come to feel that, if they were to die tomorrow, there is a sense that they would have already redeemed their life. Although they would still have a longing for living and enjoying a longer life, they would feel that they have now validated their existence.

We have noted a recurring theme of death terror in young adults. They seem to be voicing more worries, trauma, terror and a sense of impending doom than had previously been apparent in their age group—seemingly linked to the media’s relentless sensationalising of human-made global incidents and potential disasters. At times, these worries become so intense that individuals become house-bound or feel immobilized and powerless to carry out even simple daily tasks. When we ask them whether or not this modus operandi and the high value ranking of such terror is satisfactory for them, they quickly can see that they are not. We ask them to look at the values that are underlying these avoidant behaviours, and to consider the values that they would like to govern their lives. They readily come to see that this value choice really is a choice is between life and death or a living death, and they quickly make the choice of embracing life by willingly paying the price of accepting and making peace with the reality of death. Across age groups, we never cease to be amazed by individuals’ capacity to find unique and creative sources of meaning in their lives and to resolve their terror of death. In a palliative context, we have also been amazed at how individuals struggle to find meaning in every minute that is granted to them—especially in: (a) making relational amends; and (b) creating positive memories for loved ones—such as in the case of Jenna—despite at times less admirable historical memory traces.

Perhaps, the old adage “the coward dies a thousand deaths, the brave man but one” sums it up most succinctly. The coward does not dare to be true to self and to personal values, and is not willing to pay the price for them; consequently, the compromises neces-
sary in order to become whoever others want one to be to become the source of multiple daily deaths of being.

**Reviewer #2 Question B**

*It is not clear to me why the authors need to present the contrast between personal tasks that belong to one’s personal life and “global actions and concerns” and to advocate the first as “the right choice”. Certainly there is room for micro and macro actions. Also some people may be more inclined to devote themselves to one form or another depending on personality characteristics, opportunities, etc.*

**Author Response**

In order for individuals to discover the right focus and actions for them, they must examine the source of their angst, and what their level of torment is trying to communicate to them in terms of where the crisis that is causing them to experience death terror resides. In our work in the clinical trenches, we have found that the preoccupation and energy investment in trying to save the world often reflects an avoidance of the mundane tasks and rituals that are inherent in living a daily life that is value-laden and meaningful without the need for limelight or fanfare. If an individual is seeking us out because they are experiencing a sense of anguish, anxiety, or terror, they need to look at their value system and their price tags associated with it.

From the Integrity model perspective, if someone has no terror, then they are living with complete Integrity to their values. If they do face a terror, then they are in the grips of an Integrity crisis, or of an intense value clash that needs to be resolved. We do feel that there is a need for global action and concerns, and we value this focus. For some, devoting their lives to addressing global concerns is of the utmost importance; these individuals have a meaningful life and they would not seek us out. However, we are also aware that for some, these values and the amount of time and energy spent in order to honour them may come at the expense of other values. Individuals may discover that there is another value that they actually do rank higher, and to which they are not devoting the necessary time or energy. For them, the Integrity crisis often seems to stem from the fact that they are not taking care of the business of daily living. No matter what their station in life, whether it is a high-ranking public office or a top academic medical position, in our experience these individuals often come to discover that they have fled from an unacknowledged value system into the arena of global issues in a search for meaningfulness, acclaim or prestige; however, they also acknowledge that their daily relational lives are empty, their marriages are threatened, their children are acting out, and they report significant stress and feelings of burnout, all of which indicate that they are in the grips of a significant Integrity crisis. They now face a critical existential decision: whether to rank their families as number one, or to continue with their current focus of work as their top value. Either choice will cost them; it becomes a choice of which price they would rather pay.
Reviewer #2 Question C

The paper, following Mowrer does include some references to religion as a form of psychotherapy. It is arguable though that religion can play an important role in, not only the acceptance of life and one’s responsibility for it, but also in the acceptance of death. Since the authors want to reduce the acceptance of death to acceptance of life they chose not to pursue this path. Some clarification about the nature of religion vis-a-vis death and death anxiety is in order.

Author Response

This question is a wide-ranging one, and to fully address it might necessitate more room than an article might allow. Religions do seem to have a corner allocated to the value of the sanctity of death as an affirmation of religious beliefs. However, when an individual comes to our clinical practices with a death anxiety or terror, we invite them to look at the meaningfulness and the high ranking of the values underlying the death terror, and to understand their angst as reflective of an Integrity crisis. We never cease to be amazed at how, within this seemingly simple framework, they readily do all the work in finding a resolution that allows them to cease avoiding being a “being-in-the-world”, and to get on with the Integrity drill of daily life, in other words the focus on behaving with Integrity as operationally defined as honesty, responsibility and emotional closure, and honouring one’s value rankings.

As Reviewer #2 insightfully noted, our focus is on life rather than on death. This indeed is a bias; in our dialogic relationship with individuals in therapy, we do clarify our values—especially if we can anticipate there may be a clash with the other’s value systems—as we have traversed the angst in life’s journey and have found our personal meanings and resolution. They must now do the same. It is this validation of individuals’ uniqueness and their struggle, and the affirmation that they have within them a resiliency to find solutions, that allows them to discover a new sense of hope in finding a resolution to their death terror. Actually, at the risk of being reductionistic, we would view the anxiety or terror of death as a defensive avoidance of the responsibility of building a meaningful life.

Who we are as theorists and clinicians, influenced by our own journeys and understanding of learned materials, is always filtered through our personhood. Our focus on life is a function of our own religious beliefs. It is best illustrated in the prayer of Kaddish, said in the ultimate moments of grief over confronting the death of a loved one. This prayer is about a celebration and affirmation of belief, faith and trust in G-d. Of interest,

There is no reference, no word even, about death in the prayer! The theme of Kaddish is, rather, the Greatness of G-d .... In this prayer, we also pray for peace—from apparently the only One Who can guarantee it—peace between nations, peace between individuals, and peace of mind. (Orthodox Union, n.d.)

Working with an individual in crisis, we feel it behooves us to pay very careful attention to the meaning and value that religion may play in a person’s sense of angst or joy.
in living. Because Ottawa as a capital city is a cultural mosaic, it includes a wide spectrum of religious and ethnic diversity, as well as differing degree of adherence to the tenets and creeds of a given religion. When death anxiety or terror cripples an individual enough that they come to our clinical attention, once again we focus on the high ranking and hence by implication the meaningfulness that the fear or terror of death has for them. We interpret the lack of satisfaction and joy in their lives as reflective an Integrity crisis, meaning that there are clashing values or that of a lack of fidelity to a professed value system is at play. Based on this framework, they come to realize how highly ranked and therefore meaningful the fear of death has been for them, and how it dominates their daily existence. They begin a reflective and re-evaluative process of tackling the meaning of living life fully in order to be able to access a sense of joy.

Of interest, in response to a similar reviewer query:

How would the Integrity model handle ... a Cambodian refugee who believes he was tortured and his parents were disembowelled in front of him because of his own past karma in another life? [This represents] not only a potential clash of values between therapist and patient, but also how profoundly westernized the Integrity model might actually be. (Lander & Nahon, 2005, p. 154)

Our response was an invitation for the individual to examine their own as well as their cultural and religious values, and where the clashes may exist.

Although there may be no real sense of peace, there will hopefully be a greater sense of acceptance of the past bad karma and the price paid for it. We would encourage them to look at making sure that in this turn of the wheel they choose good behaviours, creating good karma for the next turning so that the present’s deeds enhance rather than destroy future lives. (Lander & Nahon, 2005, p. 156)

For us, it is ultimately an individual’s choice whether they will value the fear of life over the fear of death. In the end, it is not our role to impose our philosophical beliefs and values on another. A traditional view of therapy was that a person in distress was deemed “cured” when they shared the philosophical perspective of the therapist. For us, this is an anathema and a travesty of any dialogic encounter.

2. We cannot live forever in a culturally and psychologically induced state of denial. At some point, we will be confronted with the unsettling fact that our life’s journey will soon come to an end.

In North American culture, there seems to be a decades-old value system which adulates youth. Youth, in turn, is developmentally inclined to rank its top values in a manner that excludes examining the meaning of life and the inevitability of death. If one examines the media as a mouthpiece of societal value formation, validated by its singular focus on
the lives of celebrities and its advertisements that both set and perpetuate societal and cultural values, one finds an insidious, covert and overt denial of the aging process which implicitly leads to a denial or invulnerability to death. This preoccupation with the denial of death, with its concomitant search for lotions, potions, spa treatments, gym memberships, etc. as indispensable, highly valued, financial and time-consuming values, comprises one of the most egregious environmental contextual structures that nurtures the underlying existential anxiety and dread of aging, dying and death.

3. The time has come for us to seek a better understanding of the process and phenomenon of death acceptance. There are numerous reasons for embarking on this positive exploration.

The focus on death, its awe and mystery, is difficult if not impossible to address therapeutically unless one has addressed a person’s willingness to build a meaningful, i.e. value-focused life. While we can understand therapists’ concerns about the reluctance to understand the process and the phenomenon of death acceptance, we feel that this therapeutic value may ironically not always be helpful in addressing the chronic daily and sometimes crippling anxiety about death and dying that plagues our time. In our view, the choice of living a non-meaningful life, i.e. not being true to one’s personal values and not “walking the talk”, is a personal, internal environmental structure that creates a chronic sense of what Mowrer referred to as a state of dis-ease (O. H. Mowrer, personal communication, 1969) and a sense that life is meaningless, such that what one truly becomes is one of the living dead. With that sense of dread and despair, death terror and even its escape into suicide becomes an attractive antidote.

Reviewer #2 Question D

According to the authors and to Mowrer, a meaningless life is a choice, “the choice of living a non-meaningful life”. While this is a powerful and perhaps provocative thesis (recently presented by Firestone and his colleagues in the theory of “microsuicide”), it is also a statement that needs to be elaborated and substantiated.

Author Response

In this context, we had cited Mowrer with reference to the word “dis-ease”. Mowrer’s behavioural roots were a lot stronger than ours, and the notion of a choice as to whether or not to live of a meaningful life belongs on our plate, not his.

Firestone (2000) suggests that “micro-suicide’... function[s] as a basic defense, first against separation anxiety, and later against the fear of death” (p. 65). He offers a developmental, psychodynamic, and cognitive-behavioural view of the genesis of such anxiety. For Danielle, there is a synchronicity with Firestone’s summation about basic decision that individuals must make about whether or not to live fully versus avoiding life in an attempt to escape the eventuality of death. Nedra’s basic stance regarding suicidal ideation and attempts is that these reflect a strong, underlying rage response, as discussed earlier in this article. She presents individuals in therapy with the view that suicide, whether immediate or through self-neglect, reflects murder in
one’s heart. Western society does not sanction individuals’ appreciation of the murderous level of anger that is that is actually a positive potential in human beings. Consequently, this potential becomes short-circuited so as not to face the fury of one’s rage; the self then becomes the target in an attempt to have a fidelity to that emotion. Based on the Integrity model’s view that feelings are responses, not stimuli (Lander & Nahon, 2005), individuals come to see that they are feeling a murderous frustrated rage in response to a given stimulus. That one may be the only person in the universe that feels this way does not negate the legitimacy of feeling murderously angry. For us, one’s identity really is our value system. Our values are our boundaries. When our boundaries or values are threatened, attacked or violated, murdering the transgressor is a normal human response. Acting on whether or not to murder the other or ourselves, whether literally or metaphorically, is one of the tasks of life. This choice of not doing so requires that one be willing to re-invest this magnificent source of energy elsewhere, hopefully through building a life- and value-affirming existence.

We do not exclusively equate “the choice of living a non-meaningful life” with “micro-suicidal” behaviours. We have worked with individuals who follow a healthy lifestyle, but for whom this has no meaning. They come to discover that they are living in this manner because others—be they their doctor, society, and/or the media—value it. They themselves do not value such behaviours; consequently, in order to address the angst inherent in living a fraudulent lifestyle, they must reflect on, explore and discover their own value system. They must engage in the process of individuating from others, and decide who they are as a value system, and what daily behaviours are called for in order to validate their hierarchy of values.

From our perspective as existentialists, it seems that life comprises a constant series of choices to be made. This brings us back to Hamlet’s basic dilemma: to be, or not to be. It is a choice that we must make each time that we awaken from sleep. It is a decision of whether or not to live a value-based, meaningful day. For us, values are the root and source of our sense of meaningfulness. The greater the fidelity to our values, the greater the meaningfulness and joy in life, self-esteem, and freedom from the terror of death.

Individuals’ behaviour as reflective of a value system of being in this world while in the midst of the Holocaust or other genocides provides an ultimate example of the choice of whether or not to live meaningfully.

If one reads Victor Frankl’s (1963) account of survival in the concentration camps, one hears the voice of a search for meaning amid meaningless. For us, it speaks of a quest for one’s self and one’s personhood midst the horror and madness. It is the choice of transcending the pull of becoming defined by the context, versus holding true to one’s self and one’s values, in other words to walk the talk and pay the price, as, regardless of one’s choices, a price will need to be paid. Integrity never comes cheaply and may indeed cost one one’s very life which makes for a meaningful death amidst meaningless slaughter, versus paying
the price for having walked another path that may not have been true to one’s values. Looking at *Man’s Search for Meaning: An Introduction to Logotherapy* (Frankl, 1963) from an Integrity model perspective, one can see that those whose lives were physically spared fell basically into two groups: those who kept their basic level of values and Integrity intact and those who did not. In general, our work with those with severe PTSD indicate that these individuals emerge from their experience deeply scarred. However, those whose struggled to maintain some behavioural and attitudinal fidelity to their sense of Integrity tend to bear less scar-tissue, thus facilitating the healing process. Although individuals in both cases experience PTSD, they require a different path of reclaiming their sense of self and of personal meaningfulness about their future. (Lander & Nahon, in press, p. 14)

4. We cannot fully understand the meaning of life, until we stare at death unflinchingly. Paradoxically, death holds the key to life. We cannot live authentically and meaningfully without embracing death.

For us, this statement perhaps places the cart before the horse. Facing death “unflinchingly”, we feel, can only be done with complete Integrity when one has been able to live life unflinchingly. From the Integrity model perspective, living a meaningful life unflinchingly requires the willingness to pay the prices of one’s value hierarchies which influence our decisions, and ultimately, those behaviours for which one is willing to be totally responsible and/or accountable, both for the stimulus that they present to others, as well as their impact on one’s own self-esteem and ultimate sense of meaningfulness.

5. *We all need to come to terms with our biological destiny sooner or later. To be prepared for this eventuality enables us to live fully and die without regrets.*

While one usually does not know when one’s death will happen, and while this lack of control over choosing when, where or even, for some, whether (through the illusion of immortality), one will die, we believe that the only way to be prepared, with minimal regrets, is through the daily fidelity to one’s personal value hierarchy. This translates into daring to keep one’s plate clean of those “to-do lists” which have not been valued enough to have put in the time and effort, in other words, to have paid the prices and honoured one’s values, so that there is no regrets.

Integrity gives meaning to the drill and often the sense of drudgery in daily life, the latter signalling a need to affirm values being lived out or a need to tweak or change them. There is no need for a “bucket list” unless these are highly ranked values that need to be attended to and if so, they must become integrated into one’s life meaningfully. A life lived with Integrity allows for a sense of no regrets, as one’s plate has basically been kept clean. Consequently, death can be accepted better even though there are some bucket items that have not yet been actualized.

Death cannot be meaningful without a life
lived with meaning via Integrity, and yet, in the last few lucid moments, one can take care of a major life value.

6. There are cultural as well as individual differences in death attitudes. Our conceptions of the good death and our preferred pathways to death acceptance may impact how we live and how we die.

This is the nub of the existential dilemma. It is the very essence of defining oneself as an individual, with a roadmap or GPS for a meaningful existence (Lander & Nahon, 2005, 2008b, 2010). The contextual structures or artefacts that seek to define the self and threaten to undermine our unique authentic selves are the value systems of family, friends, peer group, culture, religion, society, and the media. Out of this morass of conflicting, powerfully embedded value hierarchies external to the individual, individuals are impelled to enter the existential crucible and choose to be or not to be. One can have a meaningful life depending on the choice that has been made. The prices that one must pay in order to have a meaningful life must be paid by choice. Because of the implicit fidelity to one’s personal value system, and the prices paid for it in walking this path, one ironically seems to acquire a better compassion for others with different values and can find the way of closing the psychological space with others. The end result of this process is a flexible and meaningful movement toward a sense of community with many others rooted in a basic sense of community with the self.

7. We need to learn how to talk about death in a way that is liberating, humanizing and life-enhancing. We hope that through an increased understanding of death acceptance, we may learn to treat each other with respect and compassion not only in the medical context but also in daily interactions.

From the Integrity model perspective, it is through the acceptance of the burden and liberation of choosing to live life meaningfully on a daily level of existence that the fear and anxiety of death can be muted. By being faithful to oneself by behaving with Integrity and honouring one’s values, there is a lack of defensiveness about being challenged by others with different value systems. One is able to evolve a genuine caring and compassion for others, no matter who they are or where they may be in life’s journey. Mowrer always reminded us that “we are all somewhere on the road to recovery” (O. H. Mowrer, personal communication, 1969). For each of us, this comprises the recovery of our unique individual selves whereby the meaningful life chosen brings a sense of comfort and serenity about living and thus about dying as being somehow OK, and the way that it is supposed to be.

The concept of the importance of acknowledging the reality of death reflects a professional value system. Acceptance reflects a value of embracing death in order to decrease the anxiety of death. The Integrity model invites and encourages individuals to focus on a life that is meaningful on a day to day, minute by minute basis as a more practical approach in tackling one’s death anxiety. Our concern is that the anxiety about death and dying could in fact reflect a defences against being responsible for living a mean-
ingful life. The Integrity model perspective invites us to focus on the unique individual's responsibility and burden as ironic antidotes to anxiety in general and death anxiety in particular.

November 11, 2008 was the 90th anniversary of the Armistice. It is important to remember that many of the military personnel who fought overseas knew that they would die. All casualties paid a price. In some cases, Integrity and fidelity to one's values does ask one to choose to pay the price of one's life, and in doing so, death becomes meaningful. Not to have honoured one's values would have created a meaningless life.

Meaningfulness is highly unique to each individual. What is meaningful for a given person creates passion and joy, and makes existence worthwhile, such that even if the environmental structures raise the question of whether life is worth living, Integrity finds a way of answering yes.
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