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. This theoretical and clinically-based paper provides an Integrity model perspective of living well and dying well. The Integrity model (Lander & Nahon, 1992, 2005; Mowrer, 1953, 1964) examines the values structures within the multiple facets of our lives, and whether or not they provide a sense of a life of meaning or a profound sense of meaninglessness for individuals in despair, including those grappling with end of life issues—either through suicide or through natural causes.

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 end of life issues by their own hand instead of waiting for the hand of G-d.

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 was spearheaded by 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 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, evolving 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]. [He] played a pioneering role in the conceptualization and development of the key therapeutic concepts of therapist self-disclosure, therapist authenticity, and the role of morality in psychotherapy—his work preceding that of both Allport and Erikson [Hunt, 1984].

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, rebinding, 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)

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, 2005, 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. Integrity is operationally defined as comprising three necessary elements: honesty, responsibility, and emotional closure, which 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” (Lander & Nahon, 2000a, p. 32).

**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 of community with the others. (Nahon & Lander, 2008, pp. 220–221)

The Integrity model and finding meaning in life and death

Integrity and the journey to be an “I”
The Integrity model focusses 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 it, 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 much 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 defenses 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 (du Plock, Lander & Nahon, 2008) 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.

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 autogenic 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 pharmacutic 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 and to 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 or 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 be 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
requirement 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 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 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 amidst 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, which 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, 2008).

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 defence against stress and despair.

Addressing end of life themes

We would like to offer an Integrity-based perspective of some issues which were recently raised by the call for papers for a special issue of the Journal of Death Studies, as follows:

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, it 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 besieged 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, 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 (p. 229; 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 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 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” (Nahon & Lander, 2007)—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.
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 of 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, finance- and time-consuming values, comprises one of the most egregious environmental contextual structures that nurture 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-focussed, 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 (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, suicide becomes an attractive antidote.

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 the 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, or to have paid the prices and honoured one’s values, so that there are no regrets.

Integrity gives meaning to the drill and 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 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 Integrity, and yet, in the last few lucid moments, one can take care of a major 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 for a meaningful existence (Lander & Nahon, 2005). 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 to close 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” (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 about 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 defense against being responsible for living a meaningful 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.

In some cases, Integrity and fidelity to one’s values asks one to choose to pay the price of one’s life, and, in doing so, death becomes meaningful. It is important to remember, for example, that many of the military personnel who fought overseas in the World Wars knew that they would die, and all casualties paid a price. 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.

REFERENCES


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