Part I: Intellectual Developments

Thomas Attig

1

SEEKING WISDOM ABOUT MORTALITY, DYING, AND BEREAVEMENT

Philosophy means, literally, the "love of wisdom." The disciplines of the philosopher are thought to be worth cultivating because, as Socrates said, "The unexamined life is not worth living." Philosophy takes root in this conviction that living wisely is preferable to not doing so. This chapter begins with a brief description of my being attracted to philosophy by a hunger for wisdom. It then expands on the nature of wisdom and its value for guiding (a) a search for truth and understanding and (b) the pursuit of living well or meaningfully. It is not possible in a single chapter to cover the full history of what philosophers have said about death and dying across several millennia (Chapter 6 is devoted to philosophical perspectives on ethics at the end of life). Hence, this chapter focuses on the contributions of phenomenology and existentialism to recent developments in the death and dying field: Phenomenology calls for descriptive and interpretive analyses of experiences of facing mortality, dying, and grieving as foundations for all theories about them. Existentialism stresses the importance for caregiving of attuning to the singularities of the lived experiences of unique individuals living near the boundaries of life and death. Together these perspectives provide means for evaluating representative theories in these areas in (a) enriching general understanding of lived experience or (b) providing caregivers with entrée into effective dialogue with those in their care to learn about and respond appropriately to their unique needs and experiences.

PERSONAL HISTORY

When my Dad died more than 40 years ago, my young head filled with wonder. Where had the forces that animated his life gone? Where had they come from? What was it like for him to realize that his life would soon end? What did the flow of life through his 73 years mean to him, at the peaks and in the valleys? Why was I still alive and he not? How had sharing 24 years changed us? What would my life mean to me without his presence? What would carry me through sorrow and crisis? What would dying be like for me one day? Why do any of us ever come to life? Where does any single life fit in the vastness of the universe?

I knew I was not alone in wondering about such matters. We humans have been wondering about them since we first began to care about and love one another; experience brokenness and sorrow coming over us; express ourselves in tears, gestures, words, actions, art, and ritual; struggle to overcome suffering; and engage with the mysteries of life. It is said that the search for wisdom begins in wonder, and when my father died, I longed for wisdom in the depth of my being. I have carried such wonder and longing with me ever since.

Copyright Springer Publishing Company. All Rights Reserved.
From: Death, Dying, and Bereavement
DOI: 10.1891/9780826171429.0001

As I was returning to graduate school after Dad's funeral, I wanted to share my wondering with and seek wisdom from my graduate school philosophy professors. But sadly (and possibly quite mistakenly) I did not feel confident in approaching any of them about matters then so vital to me. Silently, I vowed to myself that I would do my best to become the kind of philosopher that others would want to approach with wonder and invite to join them in seeking wisdom about such things as the meanings of life, love, death, and suffering.

Eventually, my wondering moved me to introduce a course on death and dying for students entering helping professions. I knew they would want wisdom about being with and supporting the dying and the bereaved and about coming to terms with their own mortality. I knew I did not have such wisdom, but I knew we could search together.

Over years of reflecting on my own experiences, hearing and reading stories of literally thousands of others, and wondering with so many students, survivors, family members, friends, teachers, researchers, and caregivers, I've become well acquainted with the contour and depth, poignancy and power of the challenges in facing personal mortality, living while dying, and living meaningfully in the aftermath of loss.

PHILOSOPHY AS LOVE OF WISDOM

It is easy to read Socrates's call for the examined life as an affirmation of the value of wisdom. Plato's dialogues portray Socrates as regularly undermining pretention in knowing and affirming the wisdom of (1) recognizing the limits of one's knowing and (2) reflecting carefully about the challenges of living virtuously and meaningfully, especially in the shadows of uncertainty.

Wise persons weigh *ideas* mindfully, concerning themselves with their truth value and applicability to the realities they encounter. They cultivate understanding of how to refine and adapt ideas to changing experiences that call them into question. They acknowledge the limits of their perspectives and ways of knowing, what they know, and what they can know. Wise persons also evaluate *ways of living* mindfully, concerning themselves with their practical value and appropriateness in their particular embodied, social, and cultural life circumstances. They cultivate understanding of how to adapt and refine ways of living to changing experiences that call them into question. They acknowledge the limits of (1) their habitual ways of living, (2) their control in the responsible exercise of freedom, and (3) what they've learned about how to live. Wise persons remain ever aware of the limits of the application of static ideas, plans, and principles to flowing experiences of dynamic realities. Ultimately, wisdom is a virtue of humility, discernment, imagination, and adaptability in making claims to truth and seeking value and meaning in living.

There is nothing boastful in claiming to be a seeker of wisdom. It is a noble aspiration. Most who so aspire sense that growth in wisdom is incremental, hard-won, worth the trouble, and never finished. Few, if any, are consummately wise, and none would ever claim to be so. Seeking wisdom is not the exclusive province of professional philosophers. Many across the broad spectrum of other disciplines and professions have been driven in wonder to seek wisdom. Because wonder and the impulse to seek wisdom are common human experiences, it is no stretch to say that all conscious and mindful persons are philosophical to some degree.

EXISTENTIAL PHENOMENOLOGY

Life can only be understood backwards; but it must be lived forwards.
—Søren Kierkegaard

Existential philosophers (including Friedrich Nietzsche, Søren Kierkegaard, Martin Heidegger, Karl Jaspers, Jean-Paul Sartre, Simone deBeauvoir, Albert Camus, Gabriel Marcel, Maurice Merleau-Ponty) wonder about what it is to exist as a singular and irreplaceable human being. They seek wisdom about *how to live* given that each of us is a conscious subject at the center of a unique world of experience. We are born into unique life circumstances not of our own choosing. We are grounded in, consciously aware of, and engaged with the world in and through our bodies. We are historical and temporal beings who exist in time, emerging from the past, through the present, and into the future. We find and make meaning in our lives (*lived meaning*) in practical, caring interactions with the world, including our physical surroundings, social surroundings, and selves. We find our identities in the particularities of our unique daily life patterns and life histories of caring interaction with the world. We are social beings, challenged to live meaningfully and with integrity through the responsible exercise of our freedom in the world around us, especially, but not only, with our fellow humans. We are multidimensional beings, at once biological, cognitive, emotional, psychological, behavioral, social, soulful, and spiritual. We are finite beings: small, transitory, vulnerable, uncertain, and fallible. We first *learn how to live* in the world prereflectively, as we seek what we need and desire, acquire abilities, form habits and dispositions, shape life patterns, and move through the days of our lives. Typically, we purposefully reflect, seek knowledge *about* the world, develop theories, make plans, and the like only in extraordinary experiences or when life proves challenging. Most of the time we live unselfconsciously in straightforward engagement with the world.

Phenomenological philosophers, beginning with Edmund Husserl (Spiegelberg, 1960), wonder about the essential features of the experiences within which we encounter and interact with the world. They seek wisdom about how, within experiences appropriate to their objects, we come to *know about the world* and all that is in it, including logical relationships, mathematics, the physical world, the biosphere, our selves, other persons and the social world, relationships, systems, histories, and cultures. In his call, “to the things themselves,” Husserl urges that good thinking about anything requires a firm understanding of just what the thing is. Because it is through experiences that we come to know anything, describing and analyzing experiences is crucial for understanding and building the foundations of knowledge, the evidential ground of theory in experience. Intent on capturing the subtlety and nuance of experiences and the richness of what they are about, phenomenologists resist reductionism, or thinking that any experiencing process *has to unfold in a certain way* or that anything experienced *amounts to nothing more than* but one aspect of what it is, or even something else entirely. Phenomenologists would insist that theories *about* death, dying, and bereavement must be grounded in understanding of the distinctive combinations of experiences within which we become familiar with them. They view the stories of those who have the experiences as the heart of the matter in building such theories.

Existential phenomenologists (prominently Heidegger, Sartre, deBeauvoir, Merleau-Ponty, and Paul Ricoeur) add to accurate description and analysis the

element of *interpretation* of the lived meanings of experiences. Less interested in experiences of coming to *know about the world* for their own sake, they wonder about experiences of coming to *know how to live* in the world. They extend the use of phenomenological methods to exploration of not only cognitive experiences but also the full ranges of our physical, emotional, psychological, behavioral, social, soulful, and spiritual experiences. They pay special attention to how experiences come to have meaning for us as they shape our daily life patterns, affect the unfolding of our life histories, and contribute to our becoming the individuals we are. Existential phenomenologists seek wisdom about *how to live* with personal mortality, dying, and bereavement. They would insist that counseling with persons facing mortality, dying, or grieving requires attending to the singularities of their experiences and the meanings they find and make in them. The stories they tell, then, are the heart of the matter in fostering self-discovery and mutual understanding among the story-tellers, their caregivers, and members of their families and friendship circles.

FACING PERSONAL MORTALITY

Without death men would scarcely philosophize.
— Arthur Schopenhauer

Experiences of Death and Mortality

We do not experience our own *deaths* directly. One of my professors, William Earle, described our situation with regard to death as like standing in a small pool of light surrounded by vast darkness. If someone were to call attention to the darkness and we to turn flashlights onto it, we would not see darkness but rather more illuminated areas. We know the dark only as the limit of, or background condition of, our light; we cannot *see* it, but we are aware that it is there. We know death itself only as the limit of life as we know it. Those among us who have near-death experiences (Moody, 2001), by no means only in clinical contexts, or extraordinary encounters with those who have died (LaGrand, 1999), experience and interpret them as experiences of a possible afterlife beyond life as we know it rather than as experiences of death or being dead.

We are more directly aware of our own *mortality*, our vulnerability to dying. We may be immediately aware in, for example, experiences of life-threatening illness, serious accidents, disasters, armed conflict, or life under oppressive regimes. Less directly, we may be reminded of our mortality in midlife crises, witnessing the dying and deaths of loved ones, or caring for the dying and bereaved. Such encounters remind us of how attached we are to our bodies, how small and vulnerable we are, and how short our time on Earth is.

Existentialists on Mortality

Jaspers, Kierkegaard, and Heidegger wonder and seek wisdom about death, viewing it as an irreducible limit to our possibilities in living. Jaspers (1969) writes of death as one of the “boundary situations” that define life in the human condition, along with such things as chance and suffering. Although other animals are also mortal, only we humans are capable of knowing our mortality and taking it into account as we exercise our freedom and shape and direct our lives.

Kierkegaard stresses the vital difference between objective and subjective experiences of human mortality (Kierkegaard, 1941). In *objective* experience, we

remain at an intellectually safe distance from mortality, focusing on facts, ideas, and theories about it in general. We can recognize that all persons are mortal but not grasp that this means, "I must one day die." In a *subjective* experience, we appropriate the truth of our personal mortality, allowing it to inform our self-understanding, values, and decisions about how to live. Mortality is a defining feature of personal existence that we can either accept and affirm or treat with indifference. Not merely a biological fact about us, its significance permeates all dimensions of our experience. We are not safe and distant from our mortality, even if we ignore it. It is in us as a condition of our existence, part of our present reality. Kierkegaard holds that the seeker of wisdom will attend to how awareness of mortality can affect and transform an entire life as it confers seriousness, urgency, and passion on choice among possible ways of living.

Heidegger (1962) distinguishes between inauthentic and authentic experiences of mortality. In *inauthentic* experience, I remain at a safe, objective distance from death, as if it happens to everyone but has no particular significance for me or for how I live my life. He observes that many of us live in retreat from acknowledging death as something that involves us personally until the end of life is clearly approaching, distracting ourselves in diversions, keeping busy, or investing in unexamined efforts. In *authentic* experiences of mortality, we understand our being as a being-unto-death and acknowledge and accept responsibility for achieving honesty, genuineness, integrity, individuality, and meaning in life in the finite time available.

Heidegger describes five signature characteristics of authentic experience of mortality: (1) It is *unique* among all of the possibilities in living. Authentically embracing this singular possibility grounds and focuses our concern, or care, about all other possibilities, our purpose in living, our individual destiny. (2) It is *nonrelative*. Acknowledging it brings us back to appreciation of how irreplaceable our individual life is. We cannot transfer to another responsibility for living and dying the uniquely mortal life that is ours alone to live. (3) It *cannot be outstripped*. Unlike other possibilities, it is permanent. In authentic experience, facing the possibility of dying frees us for it and the possibility of affirming the whole of our existence before it ends. (4) It is *certain*. In authentic experience, we courageously face the certainty of personal death and recognize its relevance in every moment of life-altering decision. (5) Its *timing is indefinite*. In authentic experience, we are aware that as soon as we are born, we are old enough to die. This awareness awakens in us a constructive anxiety about losing all other possibilities for being in the world. Authentically embracing mortality frees us to evaluate and decide with the whole of our being what matters most to us in living a finite life.

Existential Suffering

Each of us is susceptible to existential suffering that may be defined as "the distress and anguish we experience when limitation, change, loss, brokenness, and sorrow lead us to question our very existence, the value and meaning of our lives" (Attig, 2011a). We may suffer existentially as we wonder what mortality means for who we are and can become, why we are living, what our lives mean or might mean, and whether it is worth continuing to live.

We may recoil in fear before the prospect of dying. Ernest Becker writes as if we can only flee in terror in response to personal mortality and interprets virtually all individual and cultural efforts and achievements as nothing but expressions or manifestations of the fear of death (Becker, 1973). Although there may be elements of fear in what motivates some effort and achievement, this interpretation is decidedly reductionist as it flies in the face of experiences of nearly all of

these *as* affirmations of the value and meaning of living. William Worden writes of the possibility of taking the measure of whatever fear of death may come over us, cautioning against both (1) overestimating the extent to which mortality threatens living meaningfully and allowing fear to grip and paralyze us and (2) underestimating the threat and allowing ourselves to live carelessly, without due caution (Worden, 1976). I have described how we struggle to come to terms with the meaning of our own mortality in all dimensions of our being at once, not simply in fear (Attig, 1989). Rachel Naomi Remen writes of mortality and suffering as mysteries rather than everyday problems. As constants in living, we cannot change, control, manage, eliminate them from our experience, or fully understand their meanings. We can only change how we live in response to them. Instead of facing mortality alone, she urges that:

> Perhaps real wisdom lies in not seeking answers at all. Any answer we find will not be true for long. An answer is a place where we can fall asleep as life moves past us to its next question. After all these years I have begun to wonder if the secret of living well is not in having all the answers but in pursuing unanswerable questions in good company. (Remen, 2000, p. 338)

Frankl (1959), writing out of his suffering in Auschwitz says, “Everything can be taken from a man but one thing; the last of human freedoms—to choose one’s attitude in any given circumstance, to choose one’s own way” (p. 86). This is the freedom the existentialists say comes to light as we suffer existentially and authentically embrace our mortality.

Existentialism Versus Stoicism

Stoicism, ancient and contemporary, promotes one form of authentic response to personal mortality. It recognizes that human life is finite, that all beginnings have endings, all attachments bring eventual separations, and all commitments come with attendant risks. Finding these human limitations to be tragic flaws, stoicism advises that we rein in our passions and hold back from entanglements that will inevitably bring us pain and unhappiness. It sees wisdom in resolving to begin little, minimize attachment, and avoid commitment. Such emotional disengagement from the world leads to peace of mind and a tempered human happiness.

Existentialism promotes an alternative authentic response to personal mortality. It urges acceptance of the finiteness and fragility of human existence and embraces limited opportunities for meaning and fulfillment as fortuitous and precious. It advises persevering in our vulnerability and accepting the hurts and disappointments that come with mortality as the price of realizing the values that beginnings, attachments, and commitments can bring. It sees wisdom in embracing the possibilities of living a finite life meaningfully with the whole of our freedom and passion.

We can see this existential wisdom in response to mortality in Kierkegaard’s description of three ways of living in the world: (1) *aesthetic* investment in what interests us; (2) *ethical* adherence to moral principles, making commitments, and taking on responsibilities; and (3) *religious* appreciation of wonder and awe before the mystery, presence, and transcendence of eternal meanings that cannot be touched by death in others, nature, and the divine (Kierkegaard, 1940). We see this wisdom in

Nietzsche's (1999) urging that we should live our lives creatively, as works of art. We see it in deBeauvoir's (2000) urging that we embrace the potential of living ethically and politically with integrity in the face of ineradicable uncertainty and ambiguity.

LIVING WHILE DYING

In my first death and dying classes, I invited a university colleague, Dorothy Hamilton, to come to discuss her experiences of living with terminal cancer. She invariably came around to saying the equivalent of, "I wish I could look each of you in the eye and tell you that we are not so very different. I'm living with cancer, but we are all going to die some day. The only difference is that someone has told me that I am likely to die before you do. But he could be wrong." She reminded us that we are all eligible to die from the moment of birth whether we make that truth our own or not. She urged us not to wait for terminal illness to awaken from indifference to, or avoidance of, mortality and begin living now in terms of what matters most to us.

Coming to Know That We Are Dying

Phenomenologically, the inherent indefiniteness of the time of our dying makes it difficult for anyone to know when death is approaching. Dying most often begins to show itself in our bodies. At first, we may mistake physical changes and symptoms for signs that we are ill, as we have been before and recovered. As they persist or worsen, and often as we experience companion emotional, behavioral, social, or spiritual distress, we commonly turn to physicians. Few of us know enough to tell that we are seriously ill or even dying without expert opinion. If our primary physician cannot, or will not, tell us we may be dying, we will be sent to a specialist.

Nuland (1993, pp. 248–261) describes how the primary focus of specialized medicine falls on the dual challenges in "The Riddle" of (1) coming to a correct diagnosis of life-threatening illness and (2) discerning the most effective ways to cure it. Knowing what is happening in our bodies is often difficult for experts. Diagnosis is often tentative and prognosis more difficult, given wide variation in individual responses to illness, treatments, and procedures. On the way to our physician's solving (or not solving) The Riddle, we may come to know all too well the unpredictable progression of our illness or life-threatening condition, its implications for the quality of our living, medical personnel and institutions, invasive and physically challenging procedures, and their independent serious consequences for our bodies and overall well-being. Doka (1993) describes prediagnostic, diagnostic, chronic, and terminal phases of living with life-threatening illness with uncertainty a near constant companion in all but the last, terminal phase. Glaser and Strauss (1966) describe how, even when others know "the truth" about our dying, we may be kept in uncertainty or not acknowledge it openly as others withhold it, decline to confirm our suspicions, or join us in mutually pretending that matters are not as serious as they are.

In the most well-known account of living while dying, Kübler-Ross (1969) describes it as unfolding in five stages. They are most aptly read as aspects of resistance to recognizing the growing certainty that we are dying, a struggle that often continues long after a serious diagnosis is given. She describes ego fight/flight defenses against the harshness of realities of dying as in *denial* we retreat from

persistent reality, with *anger* we try to control the uncontrollable, or in *bargaining* we attempt to negotiate the nonnegotiable. In *depression* we concede the futility of these efforts. We can die at any time before reaching the last stage, *acceptance*, when we acknowledge that we are dying. It is a reductionist mistake to claim that these stages are the sum of "how we cope with dying." *Coming to know that we are dying* is by no means the same as, but can only be the beginning of, learning *how to live while dying*.

When we acknowledge that we are dying, we realize *that* our physical distress, the progress of our illness or condition, and whatever emotional, behavioral, social, and spiritual distress have arisen from it, are all aspects of living while dying. We experience our dying against the horizon of memories of prior illnesses and brushes with mortality, experiences of others that we have witnessed, and social and cultural expectations and understandings that shape and color our present experiences. We also experience our dying against the horizon of often uncertain anticipations of possible challenges and difficulties ahead, approaching the end of life, letting go of goals and aspirations, and parting from those we love.

Meanings in Living While Dying

Meanings in what happens to us

Existential phenomenologists are interested in what dying means, *how we live* while dying. Many experiences of living while dying are *passive*. Physically, taken-for-granted health maintenance and immune systems in our bodies begin to give way beneath our awareness and beyond our control. Others too often treat us as if we are the disease or condition we have rather than the whole persons we are living with the disease or condition. Both Cicely Saunders, founder of the modern hospice movement, and Balfour Mount, founder of hospital-based palliative care, devoted their lives to countering this tendency and wisely promoting whole-person care. Frank (1991) reminds us that we cannot simply drop off our bodies for repairs. Our whole conscious being is *embodied*; we live "at the will of the body." We are consciously aware of and engage with the world through our bodies. Things that happen in our bodies limit what we can do and experience in the rest of our lives. Intense physical suffering makes it nearly impossible to attend to or care about anything else. The progress of disease or a life-limiting condition, treatments and procedures, or their consequences can affect our access to and abilities to move about within our environment, limit our interactions with familiar things and places, undermine our abilities to do things or enjoy doing them, reduce the range and variety of our experiences and activities, compromise our acting on our decisions, distort or undermine our abilities to express ourselves, alter our interactions with others, make us increasingly dependent, distort our awareness of the world around us, and even undermine our capacities to orient ourselves cognitively in reality.

Eric Cassell writes of how we suffer in living while dying as the whole persons we are, from both disease and its treatment (Cassell, 1991). We can define *suffering* as the experiences of loss of wholeness (brokenness) and pain and anguish that come over us. Our suffering may include helplessness before what we cannot control, fear of being overwhelmed, shame in dependence or loss of appearance, longing for life as it was, sensing we do not belong where we are, anguish over connections with those we hold dear, feeling distant from the ground of our being in the divine or the sacred, fear that the world is chaotic or unfair, feeling deserted by faith, doubting our abilities to persevere, fear that joy and laughter are no longer possible, longing for hope and courage to face and venture into the unknown, anguish over what

is to become of our loved ones, or doubting the value and meaning of our lives as already lived or as they remain to be lived. Rando's works on "anticipatory mourning" (Rando, 1985, 2000) vividly describe experiences of loss and grief reactions to them as well as the suffering that accompanies anticipation of leaving behind everyone and everything we have cared about in the finite life we know.

We are often gripped, even stopped, by *emotions* as we live while dying. As the etymology of the word "emotion" (attachment of the prefix "e" to "motion") tells us that it literally means "without motion," it captures this aspect of our emotional experiences. It is a mistake to interpret emotions as *nothing but* the physical sensations we associate with them. Judgments about reality and some of our deepest desires and needs are inherent in them (Solomon, 1983). Many interpret emotions as crying for expression to dissipate their energy and power. I prefer to read them (Attig, 2012, p. 40) as like physical pains calling us to attend to things that give rise to them and have serious implications for how we live. Like physical pains, they persist and intensify until we give them and their underlying causes appropriate attention.

Meanings in what we do

Many experiences of living while dying are *active*. As life-threatening illness and life-limiting conditions come into our lives, much of what we do in their shadows involves learning *how to live* within a changing life environment, in relationships with others, and within our own skins, as we reshape our daily life patterns, learn to carry elements of brokenness and sorrow, and focus on what is most important to us in what may be the last chapter or chapters of our life stories. These engagements with major change are active aspects of anticipatory mourning strongly analogous to my interpretation below of grieving response as the active aspect of *relearning the world*.

How much more valuable and urgent is the existentialist wisdom in authentically facing our mortality when we see that our life possibilities are rapidly diminishing! Tragically, many of us become caught up in increasingly futile attempts to find a cure, experience suffering that spirals out of control, or die suddenly without realizing genuine possibilities for living meaningfully while dying. As Weisman and Worden describe the possibility of dying an *appropriate death* (Worden, 2000) and Corr (1992) writes of *task work* in actively coping with dying, they focus of how we can do what matters most to us while dying.

Frankl (1959) describes three possible sources of meaning in living. We can reach for meaning in *achievement values* as we attend to unfinished business, contribute in small ways at home or in community, or put our affairs in order. We can teach others important lessons in how to live through telling or showing the way in what we do (Albom, 1997; Kübler-Ross, 1969). We can help loved ones prepare for living in separation from us (Attig, 2000b); write ethical wills to pass on values, beliefs, and blessings (Baines, 2006); or, in dignity therapy, say what we need to before we die (Chochinov, 2012).

We can reach for meaning in *experiential values* as we savor happenings and encounters in everyday life we may have taken for granted or reach for joy, excitement, awe, and wonder in the extraordinary in events we do not want to miss: nature, the arts, or items on a "bucket list." Many of us treasure experiences in loving relationships most of all.

Finally, we can reach for meaning in *suffering* and attempts to overcome or transcend it. Balfour Mount speaks often of the possibility of *healing* when physical healing is no longer possible, asserting boldly that "a person can die healed."

Defining "healing" as turning *from* suffering *toward* experiences of integrity, wholeness, and inner peace, he believes that deep within we all tend, in hope, toward healing in connections with our deep selves, others, the world perceived through our senses (in nature or music), and ultimate meaning as variously conceived.

Byock (2004) describes how we and our survivors can complete or heal our relationships as we express our love for one another, say thank-you for what we treasure most about each other and our lives together, forgive and ask for forgiveness, and find meaningful ways to say good-bye. He tells compelling stories of interactions among his dying patients and their families that vividly illustrate these healing possibilities (Byock, 1997).

Singh (1998) describes engagement with mystery at the end of life unfolding in three stages. *Chaos* includes letting go of ego defenses and dread of being engulfed or overwhelmed. We sense we are entering unknown depths that appear at first to be dark, mysterious, and "other." In *surrender* we can open to and find healing connection with deeper aspects of ourselves (soul and spirit); review our whole lives with forgiveness, gratitude, and compassion; let go of our sense of separateness; begin to sense that the power our ego had been resisting is a higher power within us; and come to a deep stillness. In *transcendence* we can experience ourselves expanding into a spiritual connection with the most subtle and sacred dimensions of being, the divine or the surrounding mystery that holds us all, and experience the ground of our being as love itself. Singh reports that many dying persons say they have never felt so truly alive; have tears of joy, awe, and gratitude; feel spirit pouring into them; sense the presence of God; and feel that they are "entering into something vast."

BEREAVEMENT AND GRIEVING

Her absence is like the sky, spread over everything.
—C. S. Lewis

Experiences of bereavement and grieving, like C. S. Lewis's when his wife died, are about matters of the heart. They invariably include losing an irreplaceable loved one through death (bereavement); reacting to loss in brokenness and sorrow (suffering); and responding to loss and suffering in a process I have called relearning the world that includes *learning how* to live in a world transformed by loss, carry the pain of missing our loved one, and love in separation.

As perhaps the only existential phenomenologist work in the field, I wrote *How We Grieve: Relearning the World* (Attig, 1996) to capture what I had learned about the general contours and singularities of bereavement and grieving. I describe grieving as relearning *how to live* in the world, including our physical and social surroundings, spiritual place in the world, selves, and ties with the deceased. Where others have described, more or less well, particular dimensions of bereavement and grieving (organic/biological, psychological, cognitive, familial, and social), to my knowledge *How We Grieve* remains the only comprehensive phenomenology of these experiences. The Introduction to the revised edition (Attig, 2011b) explores extensively the view in relation to other writings that I cannot repeat here in detail.

I wrote *The Heart of Grief: Death and the Search for Lasting Love* (Attig, 2000a) to describe more of what I had learned about how love in separation is both possible and desirable and to discuss what I found missing in descriptions of love and lasting connection in other works (Klass, Silverman, & Nickman, 1996). Too

often authors, following John Bowlby, write as if attachment were *all there is* to love. Attachment involves holding on to relationships for the security and safety in them. Although there may be elements of attachment in many relationships, it is central in few mature ones, and rarely their most valued aspect. Attachment may sometimes provide a means of staying alive, but rarely if ever a reason for living. Love includes experiences of mutual respect, valuing, caring, generosity, receptivity, and reciprocity. In love we commit to a different way of being with and for others, as we let go of attempts to hold or control and instead engage in soul and spirit with the vitality, depths, and mystery of another.

Coming to Know That a Loved One Has Died

Usually we come to *know that* we have lost a loved one far more directly than we come to know that we are mortal or dying. Most of our loved ones die anticipated deaths from illness. We have contacted or visited them in hospitals, nursing homes, hospices, or at home. Some die suddenly from acute illness, in accidents or disasters, or at the hands of others. Often we see for ourselves that they have died, though if death has been horrible and away from home, some may try to prevent our doing so. In rare and excruciating instances, we do not know with certainty that a loved one has died because their body has not been or cannot be recovered.

Meanings in Bereavement and Grieving

Meanings in what happens to us

Existential phenomenologists are interested in what bereavement and grieving mean *in the living* of them. Many experiences of loss and grief are *passive*. Deaths of our loved ones happen, and we find ourselves in *bereavement*, a state of having lost, or deprivation. Loss brings unwelcome changes into the world of our experience, undermining the rhythm and disrupting the momentum of the flow of our lives. It takes our breath away (Attig, 2012).

In *grief reactions*, brokenness and sorrow *come over us* as we experience the emotional, psychological, physical, behavioral, social, cognitive, soulful, and spiritual impacts of bereavement. We *relearn the world* in reaction as we absorb, or take in, the realities of loss in our individual, family, and community experiences. We experience *brokenness* in shattered illusions of control, invulnerability, and separateness; unraveled individual, familial, and communal daily life patterns; and disrupted individual and collective life stories taken into unanticipated next chapters. Bereavement leaves us still poised in needs, wants, emotions, motivations, habits, dispositions, interaction patterns, expectations, and hopes that shaped *how* we lived when our loved ones were alive that now may no longer find their objects in a world where they have died. Bereavement renders useless all of what we and our families and communities have assumed, or taken for granted, about *how to live* in the presence of our loved one. It undermines our egos' practical functioning and self-confidence, uproots our souls, and shakes our spirits. It often undermines beliefs *about* the world as being more or less safe and just and our place in it secure (Janoff-Bulman, 1992). For most of us this cognitive disenchantment, painful though it may be, is not the most important aspect of the loss of the assumptive world in bereavement. The visceral unsettling losses of the sense that we are safe, the feeling that there is a place where we belong in the great scheme of things, and so much of what we have taken for granted about *how to live* are far more daunting (Attig, 2002).

Our *sorrows* (Attig, 2001b) may include pain that comes when we meet with something that reminds us of separation, or as memories spontaneously surface from within or in conversation among us. This is only rarely the pain of separation anxiety (as attachment theory would have it) but rather the pain of *missing* someone we love. We may experience *ego pain* in helplessness, frustration, disillusionment about fight/flight defenses, or fear of being overwhelmed. We may feel *soul pain* in sadness; longing for the presence of our loved one and all it made possible; homesickness for the familiar, guilt or anger about ties with the deceased; isolation or alienation from others; doubt about caring deeply again; or abandonment by, or loss of trust in, God. We may experience *spirit pain* in despair, discouragement, fear that life is meaningless or joyless, or doubt that we can overcome suffering, face unwelcome change, or open to an unknown future. We may feel *family and community pain* in missing an irreplaceable character in our lives, feeling for others' grieving, or dread for our futures together.

Meanings in what we do

Many experiences in bereavement and grieving are *active*. In *grieving responses*, we invest time and effort in coming to terms with what happens to us in bereavement and grief reactions. We *relearn the world* not by cognitively mastering information but instead by learning *how to live* in all dimensions of our being with our brokenness and sorrow, in our physical surroundings, with those who survive with us, in our place in the great scheme of things, within ourselves, and in our relationship with the one who died.

The labors of relearning the world (labors of love; Attig, 2001a, 2012) are as richly varied as are those of learning how to live from birth. Most often without thinking and in styles uniquely our own, we straightforwardly engage in ways of living we already know well. Sometimes, we self-consciously solve problems. Often we complete relatively small bits of work, or tasks properly so-called. We undertake life long projects of adapting our understandings (sometimes deliberately changing our life narratives), emotions, behavior patterns, and relationships as we meet with new aspects and implications of our losses, what Worden (2009) calls "tasks." In encounters with mysteries of finiteness, change, uncertainty, life, love, suffering, and death inherent in our human condition, we change ourselves and how we live. We do these things in contexts in which we are vulnerable (Attig, 1996) to anguish over unfinished business with the deceased, trauma, disenfranchised grieving (Attig, 2004; Doka, 2002), other challenging social circumstances, and limits of our coping capacities.

We relearn the world as we engage with our sorrows. Sometimes from past experience we sense what our reactions and the needs reflected in them are, are guided in usual ways by them, and feel no need to dwell in or express them. It is only human to experience sorrowful emotions as things we would like to avoid or overcome quickly if possible. So we may respond to them in ego fight/flight defenses (Kübler-Ross & Kessler, 2007) in attempts to control reactions we may experience as threats, failings, or weaknesses (Greenspan, 2003). As they persist and grip us more tightly, we can experience our grief reactions as crying more for attention and understanding than expression. We can reflect on them self-consciously alone or with others. We can use sorrow-friendly practices to befriend our sorrows: to make ourselves at home in our deep selves, dwell compassionately with our suffering, and venture beneath life's surface to discover our deepest needs and capacities to meet them (Attig, 2012). Attending to and learning from sorrows loosens their grip. We can learn to carry sorrow as, through our tears, we meet with and welcome our loved one's soul and spirit in the world around or within us in lasting differences he

or she has made. Experiencing the pain of missing them after they've died can then become more and more like the pain of missing them in separation when they lived.

We relearn the world as we draw on our *resilience*, or what is not broken within us (Attig, 2012). Our breath animates our bodies. Our egos, humbled by mysteries, return to practical functioning, dealing with threats, controlling appropriately, solving problems, and fixing when possible. Our souls find sustenance in our surroundings, draw from roots in family and community, and still care and love deeply. Our spirits find hope and courage to rise above suffering, venture into the new, change and grow, know joy again, and seek transcendent understanding. Our love cherishes precious memories and legacies, revives connections with fellow survivors, and opens to new relationships. As we do these things, we revive ourselves, weave a web of old and new cares and loves into our daily lives, and give new direction and meaning to our life stories.

We relearn the world as we learn *how* to love in separation (Attig, 2000a, 2012). We continue loving while apart in ways familiar from when we were apart when our loved ones lived. We find renewed wholeness as we weave threads of enduring connection into our daily life patterns, develop themes of lasting love in next chapters of our lives, and sustain movements of loving and being loved in next figures of the dances of our lives. We "let go" of the living presence of our loved ones and all it made possible and of troubles in ties with them that may cause separation anxiety, anger, or guilt. We forgive our loved ones or ourselves in order to reach through trouble to enduring value and meaning. When we meet with painful reminders of separation, we can reach through the hurt and attend to how the reminders also hold something touched by our loved ones or from our lives together. In such experiences, and through deliberately remembering, we reconnect with some of the best in life (not "inner representations" as some in the field would have it), attend to and are moved by our loved ones here and now, feel the warmth of our love for them, sense their love for us, and enjoy them again in praise and gratitude. We embrace their legacies: material things and genetic inheritances; interests and ways of doing things; ways of making ourselves at home in the familiar, caring, and loving; and ways of reaching for the extraordinary, changing, growing, striving, overcoming, and searching for understanding. We appreciate how our families, our communities, and we are indelibly different because they lived and how we have become, in part, their living legacies.

As we relearn the world in these ways, we can sense that we are returning home in the universe (Attig, 2012). We can draw on belief, trust, and loyalty to life; engage in spiritual practices; pour our souls and spirits into living well again; make ourselves at home in the world around us; give places in our hearts to all of our loved ones as well as to the full range of cares, loves, hopes, and aspirations that make us who we are; acknowledge our good fortune in loving and being loved by the deceased; sense that, in the end, courage, hope, and joy outweigh fear, despair, and sorrow; and live more fully when we are grateful.

LOOKING TO THE FUTURE

The phenomenologist in me appreciates the wonder in efforts to learn about all aspects (physical, emotional, psychological, cognitive, behavioral, social, or spiritual) of lived experiences of facing mortality, living while dying, and grieving. When done well they enable us to be more mindful of these ongoing, primarily prereflective experiences and of the hazards of imposing inapt conceptual frameworks on them. We experience mortality, dying, and grieving in all dimensions of our being at once. It can be useful, but it is inevitably limiting and can be distorting to focus on

only one dimension of any of these experiences for research purposes. Good studies have and will continue to shed light on particular aspects of them, but it is wise to be clear about their limited scope. I worry about all-too-prevalent reductionist tendencies to read facing mortality as nothing but fear or terror, to overly medicalize dying, and to pathologize or overly intellectualize grieving. I hope for broader recognition that "the things themselves" to be studied here are the experiences themselves and that the best available evidence, or foundation, for theories about them is in the stories those having them have to tell. Pressures to study only what can be counted or measured should be resisted and more qualitative studies undertaken.

The existentialist in me appreciates the wisdom of recognizing the limited usefulness of generalizations of even the most acutely sensitive phenomenologist in meaningfully informing the singular experiences of individuals in facing mortality, living while dying, or grieving. Although it is safe to say that the generalizations offered here are not irrelevant to the experiences of individuals, we must be clear that they do not, and can never in principle, capture all that is important in their singular experiences. It can be wise to cultivate such insights so we can know what it is reasonable to expect in interacting with or counseling persons having the experiences and become more empathetic. Rather than expressing the insights all too knowingly in interactions with persons caught up in the experiences, it would be wiser to use the insights as mind frames for attuning to the specific details of the lives of the individuals having them. It turns out, paradoxically, that they want both reassurance that their experiences are not outliers, that they are not alone in having them, and empathy and full appreciation of how fresh and unprecedented the experiences are in their lives.

REFERENCES

Albom, M. (1997). *Tuesdays with Morrie: An old man, a young man, and life's greatest lesson*. New York, NY: Doubleday.

Attig, T. (1989). Coping with mortality: An essay on self-mourning. *Death Studies, 13*(4), 361–370.

Attig, T. (1996). *How we grieve: Relearning the world*. New York, NY: Oxford University Press.

Attig, T. (2000a). *The heart of grief: Death and the search for lasting love*. New York, NY: Oxford University Press.

Attig, T. (2000b). Anticipating the transition to loving in absence. In T. A. Rando (Ed.), *Clinical dimensions of anticipatory mourning: Theory and practice* (pp. 115–133). Champaign, IL: Research Press.

Attig, T. (2001a). Relearning the world: Making and finding meanings. In R. Neimeyer (Ed.), *Meaning reconstruction and the experience of loss* (pp. 33–54). Washington, DC: American Psychological Association.

Attig, T. (2001b). Relearning the world: Always complicated, sometimes more than others. In G. R. Cox, R. A. Bendiksen, & R. G. Stevenson (Eds.), *Complicated grieving and bereavement: Understanding and treating people experiencing loss* (pp. 7–19). Amityville, NY: Baywood.

Attig, T. (2002). Questionable assumptions about assumptive worlds. In J. Kaufman (Ed.), *Loss of the assumptive world: A theory of traumatic loss* (pp. 55–70). Washington, DC: Brunner-Routledge.

Attig, T. (2004). Disenfranchised grief revisited: Discounting hope and love. *Omega, 49*(3), 197–215.

Attig, T. (2011a). Existential suffering; Anguish over our human condition. In D. Harris (Ed.), *Counting our losses: Reflecting on change, loss, and transition in everyday life* (pp. 119–125). New York, NY: Taylor and Francis.

Attig, T. (2011b). Introduction. In *How we grieve: Relearning the world* (rev. ed., pp. xxi–lvii). New York, NY: Oxford University Press.

Attig, T. (2012). *Catching your breath in grief . . . and grace will lead you home*. Victoria, British Columbia, Canada: Breath of Life.

Baines, B. (2006). *Ethical wills: Putting your values on paper*. Boston, MA: Da Capo.

Becker, E. (1973). *The denial of death*. New York, NY: Simon and Schuster.
Byock, I. (1997). *Dying well: The prospect for growth at the end of life*. New York, NY: Putnam.
Byock, I. (2004). *The four things that matter most: A book about living*. New York, NY: Simon and Schuster.
Cassell, E. J. (1991). *The nature of suffering and the goals of medicine*. New York, NY: Oxford University Press.
Chochinov, H. M. (2012). *Dignity therapy: Final words for final days*. New York, NY: Oxford University Press.
Corr, C. A. (1992). A task-based approach to coping with dying. *Omega, 24*, 81–94.
deBeauvoir, S. (2000). *The ethics of ambiguity*. New York, NY: Citadel.
Doka, K. J. (1993). *Living with life-threatening illness*. Lexington, MA: Lexington Books.
Doka, K. J. (Ed.). (2002). *Disenfranchised grief: New directions, challenges, and strategies for practice*. Champaign, IL: Research Press.
Frank, A. W. (1991, 2002). *At the will of the body: Reflections on illness*. Boston, MA: Houghton Mifflin.
Frankl, V. (1959). *Man's search for meaning*. New York, NY: Simon and Schuster.
Glaser, B. G., & Strauss, A. (1966). *Awareness of dying*. Chicago, IL: Aldine.
Greenspan, M. (2003). *Healing through the dark emotions: The wisdom of grief, fear, and despair*. Boston, MA: Shambhala.
Heidegger, M. (1962). *Being and time* (J. Macquarrie & J. M. Robinson, Trans.). New York, NY: Harper & Row.
Janoff-Bulman, R. (1992). *Shattered assumptions: Towards a new psychology of trauma*. New York, NY: Free Press.
Jaspers, K. (1969). *Philosophy* (E. B. Ashton, Trans.). Chicago, IL: University of Chicago Press.
Kierkegaard, S. (1940). *Stages on life's way (1845)* (W. Lowrie, Trans.). Princeton, NJ: Princeton University Press.
Kierkegaard, S. (1941). *Concluding unscientific postscript (1846)* (D. Swenson, Trans.). Princeton, NJ: Princeton University Press.
Klass, D., Silverman, P., & Nickman, S. (Eds.). (1996). *Continuing bonds: New understandings of grief*. Washington, DC: Taylor and Francis.
Kübler-Ross, E. (1969). *On death and dying*. New York, NY: Macmillan.
Kübler-Ross, E., & Kessler, D. (2007). *On grief and grieving: Finding the meaning of grief through the five stages of loss*. New York, NY: Scribner's.
LaGrand, L. (1999). *Messages and miracles: Extraordinary experiences of the bereaved*. Woodbury, MN: Llewellyn.
Lewis, C. S. (1976). *A grief observed*. New York, NY: Bantam. Original work published 1961.
Moody, R. A., Jr. (2001). *Life after life*. San Francisco, CA: Harper San Francisco.
Nietzsche, F. (1999). *The birth of tragedy*. Cambridge, UK: Cambridge University Press.
Nuland, S. (1993). *How we die: Reflections on life's final chapter*. New York, NY: Alfred A. Knopf.
Rando, T. A. (Ed.). (1985). *Loss and anticipatory grief*. Lexington, MA: Lexington Books.
Rando, T. A. (Ed.). (2000). *Clinical dimensions of anticipatory mourning: Theory and practice in working with the dying, their loved ones, and their caregivers*. Champaign, IL: Research Press.
Remen, R. N. (2000). *My grandfather's blessings: Stories of strength, refuge, and belonging*. New York, NY: Riverhead Books.
Singh, K. D. (1998). *The grace in dying: How we are transformed spiritually as we die*. San Francisco, CA: HarperCollins.
Solomon, R. (1983). *The passions: The myth and nature of human emotions*. South Bend, IN: University of Notre Dame.
Spiegelberg, H. (1960). *The phenomenological movement: An historical introduction* (Vol. 2). The Hague, Netherlands: Nijhoff.
Worden, J. W. (1976). *PDA: Personal death awareness*. Englewood Cliffs, NJ: Prentice-Hall.
Worden, J. W. (2000). Towards an appropriate death. In T. A. Rando (Ed.), *Clinical dimensions of anticipatory mourning* (pp. 267–277). Champaign, IL: Research Press.
Worden, J. W. (2009). *Grief counseling and grief therapy: A handbook for the mental health practitioner*. New York, NY: Springer Publishing Company.