Staring at the Sun: Overcoming the Terror of Death

Author: Irvin D. Yalom
Affiliation: Emeritus Professor of Psychiatry, Stanford University School of Medicine,
DOI: 10.1080/08873260802350006
Publication Frequency: 4 issues per year

To cite this Article: Yalom, Irvin D. 'Staring at the Sun: Overcoming the Terror of Death', The Humanistic Psychologist, 36:3, 283 - 297

Abstract

In this article, the author, an eminent psychiatrist, psychotherapist, and writer, presents a brief introduction to the problem of human mortality as one of the givens of human existence, locating the problem squarely in the domain of self-awareness or human consciousness. He names the problem as death anxiety, a fear that can erupt into terror depriving an individual of happiness and fulfillment. Having identified the problem of death anxiety, the author then goes on, through a personal memoir, to disclose his personal ideas about death, their autobiographical sources, and how they have affected his life, as well as his coming to terms with the necessity of his own death. Within this autobiographical essay, he touches on experiences of death and dying from his youth, adolescence, and adulthood as well as his experience of the death of three of his most prized mentors: Jerome Frank, John Whitehorn, and Rollo May.

THE MORTAL WOUND

Sorrow enters my heart. I am afraid of death.

Gilgamesh

Self-awareness is a supreme gift, a treasure as precious as life. This is what makes us human. But it comes with a costly price: the wound of mortality. Our existence is forever shadowed by the knowledge that we will grow, blossom, and, inevitably, diminish and die.
Mortality has haunted us from the beginning history. Four thousand years ago, the Babylonian hero Gilgamesh reflected on the death of his friend with the words from the previous epigraph: “Thou hast become dark and cannot hear me. When I die shall not be like Enkidu? Sorrow enters my heart. I am afraid of death.”

Gilgamesh speaks for all of us. As he feared death, so do we all—each and every man, woman, and child. For some of us, the fear of death manifests indirectly, either as generalized unrest or masqueraded as another psychological symptom; other individuals experience an explicit and conscious stream of anxiety about death; and for some of us the fear of death erupts into terror that negates all happiness and fulfillment.

For eons, thoughtful philosophers have attempted to dress the wound of mortality and to help us fashion lives of harmony and peace. As a psychotherapist treating many individuals struggling with death anxiety, I have found that ancient wisdom, particularly that of the ancient Greek philosophers, is thoroughly relevant today.

Indeed, in my work as a therapist, I take as my intellectual ancestors not so much the great psychiatrists and psychologists of the late nineteenth and early twentieth centuries—Pinel, Freud, Jung, Pavlov, Rorschach, and Skinner—but classical Greek philosophers, particularly Epicurus. The more I learn about this extraordinary Athenian thinker, the more strongly I recognize Epicurus as the proto-existential psychotherapist, and I will make use of his ideas throughout this work.

He was born in the year 341 B.C.E., shortly after the death of Plato, and died in 270 B.C.E. Most people today are familiar with his name through the word epicure or epicurean, to signify a person devoted to refined sensuous enjoyment (especially good food and drink). But in historical reality, Epicurus did not advocate sensuous pleasure; he was far more concerned with the attainment of tranquility (ataraxia).

Epicurus practiced “medical philosophy” and insisted that just as the doctor treats the body, the philosopher must treat the soul. In his view, there was only one proper goal of philosophy: to alleviate human misery. And the root cause of misery? Epicurus believed it to be our omnipresent fear of death. The frightening vision of inevitable death, he said, interferes with one's enjoyment of life and leaves no pleasure undisturbed. To alleviate the fear of death, he developed several powerful thought experiments that have helped me personally face death anxiety.…

DEATH AWARENESS: A MEMOIR

For, as I draw closer and closer to the end, I travel in a circle nearer and nearer to the beginning. It seems to be one of the kind of smoothings and preparings of the way. My heart is touched now by many remembrances that had long fallen asleep.

Charles Dickens, A Tale of Two Cities

Nietzsche once commented that if you want to understand a philosopher's work, you have to examine his autobiography. So, too, with psychiatrists. It is common knowledge that in a wide range of endeavors, from quantum physics to economics, psychology, and sociology,
the observer influences what is observed. I have presented my observations about my patients' lives and thoughts, and now it is time to reverse the process and reveal my personal ideas about their sources and how they have affected my life.

Deaths Faced

So far as I remember, my first encounter with death was at the age of five or six when Stripy, one of the cats my father kept in his grocery store, was hit by a car. As I watched her lying on the pavement, a thin ribbon of blood trickling from her mouth, I put a marble-size piece of hamburger next to her mouth, but she took no note: She had an appetite only for death. Unable to do anything for Stripy, as I recall, I felt a numbing impotence. I don't remember drawing the obvious conclusion that if all other living creatures die, then so must I. However, the details of my cat's death persist with preternatural clarity.

My first experience with a human death occurred in the second or third grade, with the death of a classmate named L. C. I don't recall what the initials stood for; maybe I never knew—I'm not even sure we were close friends or played together. All I have left are a few radiant slivers of memory. L. C. was an albino with red eyes, and his mother packed his lunch pail with sandwiches containing pickle slices. I thought that odd—never before had I seen pickles inhabiting sandwiches.

Then, one day L. C. stopped coming to school, and after a week the teacher told us that he had died. That was all. No further words. No mention of him, ever again. Like a shrouded body slipping from the deck into the dark sea, he silently vanished. But how clear he remains in my mind. Nearly seventy years have passed, yet I can almost reach out and run my fingers through his shock of stiff, ghost-white hair. As though I saw him yesterday, his image is fixed in my mind, and I see his white skin, high-laced shoes, and, above all, that wide-eyed look of absolute astonishment on his face. Perhaps it's all a reconstruction; perhaps I simply imagine how astonished he must have been to have met Mister Death at such an early point in his life journey.

“Mister Death” is a term I have used since I was a young adolescent. I picked it up from an e. e. cummings poem about Buffalo Bill (1926, p. 50), which so stunned me that I memorized it on the spot….I don't remember having much emotion about L. C.'s vanishing. Freud wrote about our stripping unpleasant emotion from memory. That fits for me and clarifies the paradox of my obliterated emotion coupled with vivid imagery. I believe it's reasonable to infer that I had plenty of emotion about the death of a peer: It is no accident that I remember L. C. so clearly, yet have retained not an image, not a scrap, of any other classmate from those early days. Perhaps, then, the sharpness of his image is all that is left from my staggering realization that I, my teachers, my classmates, all of us would sooner or later vanish like L. C.

Perhaps the e. e. cummings poem set up permanent residence in my mind because, during my adolescence, Mister Death visited another boy I knew. Allen was a “blue-eyed boy” who had a heart defect and was always ailing. I remember his pointed melancholic face, his wisps of light brown hair that he flicked back with his fingertips when they drooped over his forehead, his battered school book satchel, so incongruously large and heavy for his frail body. One evening when I slept over at his house, I tried—not too hard, I think—to ask what was wrong. “What is happening to you, Allen? What does it mean to
have a hole in your heart?” It was all too terrible. Like staring into the sun. I don't recall how he answered. I don't recall what I felt or thought. But surely there were forces rumbling inside me, like heavy furniture being moved around, that resulted in such selective memory. Allen was fifteen when he died.

Unlike many children, I had no exposure to death at funerals; in my parents' culture, the young were excluded from such events. But something big happened when I was nine or ten. One evening the phone rang, and my father answered and almost immediately broke out into a loud, shrill wailing that frightened me. His brother, my Uncle Meyer, had died. Unable to bear my father's keening, I ran outside and raced again and again around the block.

My father was a quiet, gentle man, and this shocking, singular loss of all control signaled that something huge, portentous, monstrous lurked out there. My sister, seven years older, was home at the time and remembers none of this, though she recalls much that I do not. Such is the power of repression, that exquisitely selective process that—in determining what one remembers, what one forgets—is instrumental in constructing the unique personal world of each of us.

My father almost died from a coronary when he was forty-six. It happened in the middle of the night. I, fourteen years old, was terrified, and my mother was so distraught that she cast about for some explanation, someone to blame for this stroke of fate. I was the available target, and she let me know that I—with my unruliness, my disrespect, my disruption of the house-hold—was wholly responsible for this catastrophe. More than once that evening, as my father writhed with pain, she screamed at me, “You've killed him!”

Twelve years later, when I was on the analytic couch, my description of this event resulted in an unusual momentary outburst of tenderness from Olive Smith, my ultra-orthodox Freudian psychoanalyst, who clucked her tongue, tsk, tsk, as she leaned toward me and said, “How awful. How terrible that must have been for you.” Of her thoughtful, dense, and carefully worded interpretations, I remember nary a one. But her reaching out in that caring moment—that I cherish even now, almost fifty years later. That night, my mother, my father, and I waited desperately for Dr. Manchester to arrive. Finally, I heard his car crunching the autumn leaves in the street and flew downstairs three steps at a time to the door. The familiar blessed sight of his large, round, smiling face dissolved my panic. He put his hand on my head, tousled my hair, reassured my mother, gave my father an injection (probably morphine), held his stethoscope to my father's chest, and let me listen as he said, “See, ticking away, regular as a clock. He's going to be all right.”

That was a life-changing evening for me in many ways, but mostly I recall my ineffable relief at Dr. Manchester's entrance into our home. Then and there, I decided to be like him, to be a physician and to pass on to others the comfort he had given me.

My father survived that night, but twenty years later he died suddenly in front of our entire family. I was visiting my sister in Washington, D.C., with my wife and three young children. He and my mother had driven over; he sat down in the living room, complained of a headache, and suddenly collapsed.

My sister's husband, also a physician, was stunned. Later he said that in his thirty years of practice he had never before witnessed the instant of death. Without losing my cool, I pounded on my father's chest (CPR was a thing of the future) and, getting no response,
reached into my brother-in-law's black bag, took out a syringe, ripped open my father's shirt, and injected adrenaline into his heart. To no avail.

Later I was to lambaste myself for that unnecessary act. When reliving the scene, I recalled enough of my neurological training to realize that the problem wasn't the heart: It was the brain. I had seen my father's eyes suddenly jerk to the right and should have known that no stimulant to the heart would have helped. He had had a massive cerebral hemorrhage (or thrombosis) on the right side. The eyes always look toward the site of the stroke.

At my father's funeral, I was not so cool-headed. I've been told that when the time came for me to throw the first shovelful of dirt onto the coffin, I almost fainted and would have fallen into the open grave had not one of my relatives caught me.

My mother lived much longer, dying at ninety-three. I recall two memorable events at the time of her funeral.

The first involved baking. On the night before her funeral, I suddenly felt compelled to bake a batch of my mother's wonderful kichel. I suspect I needed distraction. Besides, baking kichel with my mother was a joyful memory, and I think I wanted a little more of her. I made the dough, let it rise overnight, and, early in the morning, rolled it out, added cinnamon, pineapple jam, and raisins, and baked it to serve to the family and friends returning to the house to sit with us after the funeral.

But the pastries were a failure! It's the only time that ever happened. I forgot to put in the sugar! Perhaps that was a symbolic message from me to myself that I had focused too much on my mother's dourness. It's as though my unconscious was nudging me: “You see, you've forgotten the good parts—her caring; her endless, often unspoken, devotion.”

The second event was a powerful dream the night after the funeral. She's been dead now for fifteen years, but this dream image defies decay and still shines brilliantly in my mind's eye.

I hear my mother screeching my name. I hurry down the path to my childhood home, open the front door, and there, facing me, sitting on the stairway, row above row, are all the members of our extended family (all already dead - my mother, the last leaf had outlived everyone in her community). As I look at those sweet faces on the stairs, I see my Aunt Minnie sitting in the very center. She is vibrating like a bumble bee, moving so quickly her features are blurred.

My Aunt Minnie had died a few months earlier. Her death had absolutely horrified me: a massive stroke paralyzed her, and, although conscious, she was unable to love a muscle in her body, aside from her eyelids. (This is known as the “locked-in” syndrome.) She remained like that until she died two months later.

But there she was in the dream—front and center and moving frenetically. I think it was a death-defying dream: There, on the stairs, no longer paralyzed, Minnie was moving again, and moving almost too quickly for the eye to see. In fact, the whole dream attempted to undo death. My mother was not dead; she was alive and calling me as she always did. And then I saw all the dead of my family, sitting on my stairs smiling, showing me that they were alive still.
I think, too, that there was another message, a “remember me” message. My mother called my name to tell me, “Remember me, remember all of us, don't let us perish.” And so I have.…

**Personal Encounters with Death**

I experienced a close call when I was about fourteen. I had played in a chess tournament at the old Gordon Hotel on Seventeenth Street in Washington, D.C., and was waiting at the curbside for a bus home. While studying my notes of the chess game, a page slipped from my hand into the street, and I instinctively bent down to pick it up. A stranger jerked me back, and taxi zoomed by at great speed, missing my head by inches. I was profoundly shaken by this incident and replayed the mental tape of it countless times. Even now, as I picture it, my heart speeds.

A few years ago, I experienced severe pain in my hip and consulted with an orthopedic surgeon, who ordered an x-ray. As we examined it together, he was foolish and insensitive enough to point to a small spot on the x-ray and comment in a matter-of-fact, doctor-to-doctor manner that it might be a metastatic lesion—in other words, a death sentence. He ordered an MRI that, because it was Friday, could not be done for days. For those three agonizing days, death took center stage in my mind. Of all the various ways I tried to find comfort, the most effective turned out be—oddly enough—reading my own just-complete novel.

Julius, the protagonist of *The Schopenhauer Cure* (Yalom, 2005), is an aging psychiatrist who is diagnosed with a fatal malignant melanoma. I wrote many pages describing his struggle to come to terms with death and to live his remaining time in a meaningful manner. No ideas were able to help him until he opened Nietzsche's *Thus Spake Zarathustra* and considered the thought experiment of the eternal return. Julius ponders Nietzsche's challenge. Would he be willing to repeat his life as he had lived it, over and again? He realizes that, yes, he has lived his life rightly, and

after a few minutes Julius 'came to:' he knew exactly what to do and how to spend his final year. He would live just the way he had lived the previous year - and the year before that and before that. He loved being a therapist, he loved connecting to others and helping to bring something to life in them...maybe he needed the applause, the affirmation and gratitude of those he helped. Even so, even if dark motives played their role, he was grateful for his work. God bless it!

Reading my own words provided the comfort I had been seeking. *Consummate your life. Fulfill your potential.* Now I understood Nietzsche's counsel more fully. My own character, Julius, had shown me the way—a potent and unusual instance of life imitating fiction.

**Fulfilling My Own Potential**

I regard myself as an overachiever, having been a professor of psychiatry at Stanford University for decades and, in general, been treated with much respect by my colleagues
and students. As a writer, I know I lack the poetic imagery of the great contemporary writers like Roth, Bellow, Ozick, McEwan, Banville, Mitchell, and countless others whose work I read with awe, but I have actualized what gifts I have....

I feel that in my life and profession I have fulfilled myself and realized my potential. Such realization is not only satisfying; it is a buttress against transiency and impending death. Indeed, to a great extent my work as a therapist has always been part of my coping. I feel blessed to be a therapist: Watching others open up to life is extraordinarily satisfying....

The idea of offering help to others with an intensive therapy approach focusing on interpersonal and existential issues and assuming the existence of an unconscious (though my view of the contents of the unconscious differs greatly from traditional analytic views) is precious to me, and the desire to keep it alive, to pass it along to others, provides meaning and encourages me to keep working and writing at my advanced age even though, as Bertrand Russell put it, “someday the solar system will lie in ruins.” I can't quarrel with Russell's statement, yet I don't believe this cosmic view is relevant: it's only the human world, the world of human connections, that matters to me....

Death and My Mentors

About thirty years ago, I began writing a textbook on existential psychotherapy (Yalom, 1980). In preparation for that task, I worked for many years with patients facing imminent death from terminal illness. Many of them grew wise through their ordeal, served as my teachers, and had a lasting influence on my life and work.

Beyond these, I have had three outstanding mentors: Jerome Frank, John Whitehorn, and Rollo May. With each of these men, I had a memorable encounter near the time of his death.

Jerome Frank

Jerome Frank was one of my professors at Johns Hopkins, a pioneer in group therapy and my guide into that field. Moreover, he has remained, all my life, a model of personal and intellectual integrity. After I finished my training, I stayed in close touch with him, visiting him regularly as he gradually declined in a Baltimore nursing home.

Jerry had progressive dementia in his nineties, and, on my last visit a few months before his death at the age of ninety-five, he did not recognize me. I stayed and spoke with him for a long time, recalling my memories of him and all the colleagues with whom he had worked. Gradually he remembered who I was and, shaking his head sadly, apologized for his memory loss.

“Very sorry, Irv, but it's beyond control. Every morning my memory, the whole slate, is wiped clean.” He demonstrated this by swiping his hand across his forehead as if erasing a blackboard.

“That must be so awful for you, Jerry,” I said. “I remember what pride you took in your extraordinary memory.”
“You know, it's not that bad,” he replied. “I wake up, have breakfast here on the ward with all these other patients and staff, who seem strangers every morning but later in the day grow more familiar. I watch TV and then I ask for someone to push my wheelchair over to the window, and I look out. I enjoy everything I see. A lot of things I see as if for the first time. I enjoy just seeing and looking. It's not so bad, Irv.”

That was my last vision of Jerry Frank: in a wheelchair, neck bent over so far he had to strain to look up at me. He was suffering devastating dementia, yet was still reaching out to teach me that when one loses everything, there remains the pleasure of sheer being.

I treasure that gift, a final, end-of-life act of generosity by an extraordinary mentor.

John Whitehorn

John Whitehorn, a towering figure in psychiatry and the chairman of the Department of Psychiatry at Johns Hopkins for three decades, played a major role in my education. An awkward, courtly man, whose gleaming pate was fringed with a fastidiously clipped crescent of gray hair, he wore gold-rimmed spectacles and had not a wrinkle in his face or in the brown suit he wore every day of the year. (We students surmised that he must have had two or three identical ones in his closet.)

When Dr. Whitehorn lectured, he made no superfluous expressions: Only his lips moved. All else—hands, cheeks, eyebrows—remained remarkably still. I never heard anyone, even his colleagues, call him by his first name. All the students dreaded his annual stilted cocktail party, where he served a tiny glass of sherry and not a bite of food.

During my third year of psychiatric residency, five senior residents and I spent every Thursday afternoon making rounds with Dr. Whitehorn. Beforehand, we were all served lunch in his oak-paneled office. The fare was simple, but served with Southern elegance: linen tablecloth, glistening silver trays, and bone china. The conversation was long and leisurely. We each had calls to return and patients clamoring for our attention, but there was no way to rush Dr. Whitehorn. Ultimately even I, the most frenetic of the group, learned to slow down and put time on hold.

In these two hours, we had the opportunity to ask him anything. I remember questioning him about such matters as the genesis of paranoia, a physician's responsibility to the suicidal, the incompatibility between therapeutic change and determinism. Although he always responded fully to such questions, he clearly preferred other subjects, such as the military strategy of Alexander the Great's generals, the accuracy of Persian archers, the major blunders of the battle of Gettysburg, and, most of all, his improved periodic table (he was originally trained as a chemist).

After lunch, we sat in a circle observing Dr. Whitehorn interviewing the four or five patients on his service. It was never possible to predict the length of each interview. Some lasted fifteen minutes, others two or three hours. His pace was leisurely. He had plenty of time. Nothing interested him as much as a patient's occupation and avocation. One week he would be prodding a history professor to discuss in depth the failure the Spanish Armada, and the next week he would be encouraging a South American planter to talk for an hour about coffee trees—as though his paramount purpose was to understand the relationship between altitude and the quality of the coffee bean. So subtly did he shift into the personal domain that I was always startled when a suspicious, paranoid patient suddenly began to
speak frankly about himself and his psychotic world. 

By allowing a patient to teach him, Dr. Whitehorn related to the *person*, rather than to the pathology, of that patient. His strategy invariably enhanced both the patient's self-regard and his or her willingness to be self-revealing.

A “cunning” interviewer, one might say. Yet cunning he was not. There was no duplicity: Dr. Whitehorn genuinely wanted to be taught. He was a collector of information and had, in this manner over the years, accumulated an astounding trove of factual curios.

“You and your patients both win,” he would say, “if you let them teach you enough about their lives and their interests. You will not only be edified, but you will ultimately learn all you need to know about their illness.”

He had a vast influence on my education—and on my life. Many years later, I learned that his strong letter recommendation facilitated my being appointed to the Stanford University faculty. After I began my career at Stanford, I had no further contact with him for several years, except for a few sessions with one of his cousins, whom he had referred to me for treatment.

And then, early one morning, I was stunned by a phone call from his daughter (whom I had never met) saying that he had suffered a massive stroke, was near death, and had specifically requested that I visit him. I immediately flew to Baltimore from California, all the while pondering the question, “Why me?” and went directly to his hospital bed.

He was hemiplegic, paralyzed on one side of his body, and had expressive aphasia, which greatly impaired his ability to speak.

How shocking to see one of the most gloriously articulate persons I had ever known drooling saliva and grubbing for words. He finally managing [sic] to utter, “I'm…I'm…the scared, damned scared.” And I was scared, too, scared by the sight of a great statue felled and lying in ruins.

But why had he wanted to see me? He had trained two generations of psychiatrists, a great many of whom were in prominent positions at leading universities. Why choose me, an agitated, self-doubting son of a poor immigrant grocer? What could I possibly do for him?

I ended up not doing much. I behaved like any nervous visitor, searching desperately for some words of comfort until he fell asleep after twenty-five minutes. Later I learned that he died two days after my visit. . . .

Much later, after I had gained distance and learned more about dying, I came to believe that Dr. Whitehorn died a lonely death—his was not a death surrounded by close and loving friends and family. That he reached out to me, a student whom he had not seen in ten years, and with whom he had never shared what I considered an intimate moment, indicates not so much any specialness on my part but rather his tragic lack of connectedness with people whom he cared for and who cared for him.

Looking back, I've often wished I'd had a second chance to visit him. I knew I had given him something simply by my willingness to fly across the country, but, oh, how I wish I could have done more. I should have touched him, taken his hand, perhaps even hugged
him and kissed him on the cheek. But he was so stiff and so forbidding I doubt that anyone, for decades, had dared to hold him. I, for one, had never touched him nor seen anyone else do so. I wish I had told him how much he meant to me; how much his ideas had rippled into me; how often I thought of him when I spoke, in his manner, to patients. In some way, his request that I come to him as he lay dying was a mentor's final gift to me—though I'm certain that in extremis as he was, nothing could have been further from his mind.

Rollo May

Rollo May mattered to me as an author, as a therapist, and, finally, as a friend.

During my early training in psychiatry, I felt confused and dissatisfied with the current theoretical models. It seemed to me that both the biological and psychoanalytic models left out of their formulations much of the human essence. When May's book *Existence* (May, Angel, & Ellenberger, 1958) was published during my second year of residency, I devoured every page and felt that a bright, entirely new vista opened before me. I immediately embarked on an education in philosophy by enrolling in an undergraduate survey course in the history of Western philosophy. Ever since, I have continued reading and auditing courses in philosophy, and found there more wisdom and guidance in my work than in the professional literature of my field.

I was grateful to Rollo May for that book and for pointing the way to a wiser approach to human problems. (I refer especially to his first three essays; the other essays were translations of European dasein-analysts, which I found less valuable.) Many years later, when I developed death anxiety during my work with patients dying of cancer, I decided to enter therapy with him.

Rollo May lived and worked in Tiburon, an eighty-minute drive from my office at Stanford, but I felt it was worth the time, and saw him weekly for three years—except for three months each summer when he vacationed in New Hampshire. I tried to make constructive use of the commute time by taping our sessions and listening to the previous session during each trip—a technique I have since often suggested to my patients who have a long drive to my office.

We spoke a great deal about death and the anxiety that my work with so many dying patients had stirred up in me. It was the isolation accompanying death that haunted me; and, at one point, when I was experiencing great nighttime anxiety during lecture trips, I arranged to spend the night at an isolated motel not far from his office and to have sessions with him before and after that night.

As predicted, I had a great deal of free-floating anxiety during the evening, with frightening dreams, including images of pursuit and a terrifying witch’s hand coming through the window. Though we attempted to explore death anxiety, somehow I think we colluded in never staring at the sun: We avoided the full confrontation with the specter of death that I suggest in this book.

Overall, however, Rollo was an excellent therapist for me; and after we terminated, he reached out to me in friendship. He thought well of my *Existential Psychotherapy* (Yalom, 1980), ten years in the writing, which I had just completed, and we negotiated with relative ease the complex and very tricky transition from a therapist-patient relationship to one of
friendship.

As the years passed, there came a time when our roles changed. After Rollo suffered a series of small strokes, which frequently left him confused and panicky, he often turned to me for support.

One evening his wife, Georgia May, also a close friend, phoned to say that Rollo was near death and asked me and my wife to come immediately. That night the three of us remained together and took turns sitting with Rollo, who had lost consciousness and was breathing laboriously in advanced pulmonary edema. Ultimately, on my watch, he took one last convulsive breath and died. Georgia and I washed his body and prepared him for the mortician, who was to arrive in the morning to take him to the crematorium.

I went to bed that night very disturbed by Rollo's death and the thought of his cremation, and had this powerful dream:

I'm walking with my parents and sister in a mall and then we decide to go upstairs. I find myself on an elevator, but I'm alone—my family has disappeared. It's long, long elevator ride. When I get off I'm on a tropical beach. But I can't find my family despite looking and looking for them. Although it is a lovely setting—tropical beaches are paradise for me—I begin to feel pervasive dread. Next I put on a nightshirt bearing a cute, smiling face of Smokey the Bear. That face on the shirt then becomes brighter, then brilliant. Soon the face becomes the entire focus of the dream, as though all the energy of the dream is transferred onto that cute grinning little Smokey the Bear face.

The dream woke me, not so much from terror, but from the brilliance of the blazing emblem on the nightshirt. It was as though floodlights were suddenly turned on in my bedroom. At the very beginning of the dream, I had felt calm, almost joyful, but as soon as I was unable to find my family, great foreboding and dread set in. After that, everything was taken over, the whole dream consumed, by that blazing Smoky the Bear.

I'm pretty sure Rollo's cremation lay behind the blazing image of Smoky the Bear. Rollo's death confronted me with my own, which the dream portrays in my isolation from my family and by that endless elevator ride upstairs. I'm shocked by the gullibility of my unconscious. How embarrassing that some part of me has bought into the Hollywood version of immortality portrayed by that elevator ride and by the cinematic version of celestial paradise, replete with tropical beach. (Although paradise, because of its complete isolation, fell short of being entirely paradiacal.)

The dream seems to represent some heroic efforts to diminish terror. I was shaken by the horror of Rollo's death and his pending cremation, and the dream struggled to defuse my terror by softening the entire experience. Death is disguised benignly as an elevator trip upstairs to a tropical beach. Even the fiery cremation is made into something more friendly and makes its appearance as a nightshirt, ready for the slumber of death, bearing an adorable image of the cuddly Smoky the Bear.

The dream seems a particularly felicitous example of Freud's belief that dreams are the guardians of sleep. My dream work strenuously attempted to keep me sleeping, to prevent my dream from turning into a nightmare. Like a dam, it held back the tide of terror, but ultimately cracked, allowing emotion to leak through. The adorable bear image eventually
overheated and burst into a blaze so incandescent it jolted me awake.

My Personal Death

Few of my readers will fail to wonder whether, at seventy-five, I'm coping with my own death anxiety through the writing of this book. I need to be more transparent. I often ask patients the question, “What is it in particular that most frightens you about death?” I'll pose that question to myself.

The first thing that comes to me is the anguish of leaving my wife, my soul-mate since we were both fifteen. An image enters my mind: I see her getting into her car and driving off alone. Let me explain. Every week I drive to see patients in San Francisco on Thursdays, and she takes the train Fridays to join me for the weekend. We then drive back together to Palo Alto, where I drop her off to retrieve her car at the train station parking lot. I always wait, watching through my mirror to make certain she gets her car started, and only then do I drive away. The image of her getting into the car alone after my death, without my watching, without my protecting her, floods me with inexpressible pain.

Of course, you might say, that is pain about her pain. What about pain for myself? My answer is that there will be no “me” to feel pain. I am in accord with Epicurus's conclusion: “Where death is, I am not.” There won't be any me there to feel terror, sadness, grief, deprivation. My consciousness will be extinguished, the switch flicked off. Lights out. I also find comfort in Epicurus's symmetry argument: After death, I will be in the same state of nonbeing as before birth.

References

- 1. cummings, e. e. (1926) e.e. cummings poems: First complete edition Harcourt Brace and World, Inc. , New York

Notes

©2008 by Irvin D. Yalom. Published by Jossey-Bass, An Imprint of John Wiley & Sons, Inc. Selections of pp. 1-3 & pp. 149-178 are reprinted by permission. All rights reserved. For further information or to purchase this book, Staring at the Sun: Overcoming the Terror of Death, visit www.josseybass.com