

Special Section: In Honor of James Emmett Birren (1918-2016)

The End: Death as Part of the Life Story



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This article is a tribute to James Birren (1918-2016), a pioneer in Gerontology. Among his many contributions was the development of Guided Autobiography (Birren & Deutchman, 1991). This structured reminiscence technique includes various themes, but innovatively, explores life experience with death as a key component of individuals' lives. Inspired by his recognition of death as part of life, we provide a conceptualization for further consideration of death as part of the life story. We suggest two central ways in which this occurs: (i) while individuals are alive, others' endings become part of their continuing life story, and (ii) part of being human is that we all die. The fact that humans know that their story will one day end may affect what they do and the stories they tell about their lives well before-hand. Empirical research from our own lab is woven with extant literature to support our conceptualization of death as part of the life story.

This article is a tribute to a Gerontology pioneer (Bluck, Alea, & Ali, 2014). Dr. James Birren, a groundbreaking psychologist, innovative thinker, and rigorous researcher, died January 15, 2016.¹ He was 97. He leaves a rich legacy in the hundreds of scholars he inspired and the thousands who cite his work. Birren, sometimes referred to as the father of Gerontology, joined the field before it was a field. In the 1950s he heralded a cry for national funding to support research on psychological development through midlife, old age, and to the end (Birren, 1958). One of his countless contributions was a refusal to ignore death as part of aging and of the human life story. For this special issue that honors his life, at the time of his death, we focus on that aspect of his work. We begin with a review of his contributions to the field of

aging and memory, and particularly the creation of Guided Autobiography in which experience with death appears as a major life theme. Inspired by Jim's invitation to consider death as central to life, we then present some of our own work on death as part of the life story.

A Lifetime of Ideas

Birren was an early champion of studying the subjective experience of aging. Not satisfied with the medicalized view prominent then, and still today (Gawande, 2014), that itemizes the 'problems of aging,' he argued for understanding *aging from within* (Ruth, Birren, & Polkinghorne, 1996). This includes retrospective creation of meaning for life's experiences (Freeman, 2010). Birren emphasized heterogeneity, allowing that each person grows, and grows old, in a unique way. His thinking pushed against the theory of disengagement in old age that held sway at the time (e.g., Cumming, Dean, Newell, & McCaffrey, 1960). Remembering one's past, reminiscing, had been reduced to a symptom of aging (i.e.,

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¹ An obituary for James Birren may be found at the following link (Beth Newcomb, USC News, January 15, 2016):

<https://news.usc.edu/90915/in-memoriam-james-e-birren-97/>.
Learn more about his life at: https://en.wikipedia.org/wiki/James_Birren

escapism) by disengagement theorists. Trained as an experimentalist, he advocated for scientific curiosity in investigating, not pathologizing, memory in old age. Jim Birren, and his contemporary Bob Butler, were in a minority as they launched the idea of autobiographical reflection as an adaptive psychosocial process (e.g., Butler, 1963). In doing so, Birren helped turn the tide, implicitly opening the way for waves of lifespan developmental research on reminiscence and life review (e.g., Haight, Webster, & Ingebretsen, 1995), autobiographical memory (Bluck & Alea, 2002; Singer & Blagov, 2004) and life stories (e.g., McAdams & McLean, 2013).

How to Tell a Life: Guided Autobiography

While Birren's ideas were rippling out through the academic community, his own research deepened. He proposed that guided reminiscence should result in a more meaningful integration of one's past and present (Reker, Birren, & Svensson, 2013). He held that, "You don't know where you are going unless you know where you have been" (Birren & Birren, 2004). Reminiscence is now accepted as a functional resource in daily life (Bluck, Alea, & Demiray, 2010; Bluck & Levine, 1998) and incorporated in a variety of therapeutic modalities (Singer & Skerrett, 2014; Westerhof, Bohlmeijer, & Webster, 2010). One of the first of these was the *Guided Autobiography* technique created by Birren and colleagues in 1976 as a structured process for community groups (Birren & Deutchman, 1991). It has since been shown to increase well-being (Birren & Birren, 2004), foster personal growth (Reker et al., 2013), decrease depressive symptomology (Westerhof, Bohlmeijer, & Valenkamp, 2005), and reduce negative affect (Richeson & Thorson, 2002).

The theoretical underpinning for Birren's development of the technique was that memory is not a verbatim record of life. Instead, the life story is redefined as we age (Birren & Hedlund, 1986). This was a rather radical notion at the time. While mainstream cognitive psychology focused on documenting age-related declines in memory performance and accuracy, Birren highlighted the importance of memory subjectivity and malleability (e.g., *historical truth vs. narrative truth*, Birren, & Polkinghorne, 1996). He argued that, in the context of Guided Autobiography, one *restories* past experiences in relation to present circumstances (Kenyon, Clark, & deVries, 2001).

A Matter of Life... and Death

Birren and colleagues designed the Guided Autobiography technique to aid individuals to remember events across nine life themes (e.g., your family, the role of money in your life; Birren & Deutchman, 1991). Using these prompts to reflect allows viewing life's events, and how they interconnect, from diverse angles (see *Remembering Betty Birren*, de Vries, 2013). As one life theme, Birren

included: *your experiences with death or your ideas about death*. His innovation is again evident here. Jim Birren did not only demand academic attention to the fact that we all age. With inclusion of this theme in Guided Autobiography, he also squarely points out that we all die. He acknowledged death as an unavoidable aspect of life, and of the life story. Even today, however, little research on memory for the personal past focuses on experiences with death (cf., de Vries, Bluck, & Birren, 1993; Romaniuk & Romaniuk, 1981; Webster, 1993). As such, we felt it a fitting tribute to the end of Jim's life story, to his death, to further elaborate on the importance he placed on death in how individuals story their lives. We do that here by presenting some ideas on what it means to consider death as part of the life story, including some of the research we have been doing at the University of Florida Life Story Lab.

Death as Part of the Life Story

We are individuals. Our lives are unique. Each life plays out in myriad, incredible, joyous and painful ways in settings from Austria to Zimbabwe, embedded in historical time. The human universal, however, is that our stories share the same ending. The Syrian proverb applies to all: *Birth is the messenger of death*. That is, as Birren & Deutchman (1991) recognized, death is a central theme in the life story.

As researchers doing life story work, we collect various types of memory narratives, providing interesting snippets and glimpses of lives. What are people's earliest memories, the turning points, high points and low points that define their life story (McAdams, 1995)? A vibrant Cuban-American woman tells of falling in love in college and her simple romantic wedding in bare feet surrounded by flowers on a tropical beach. A bright young Turkish woman tells boldly of her independence and determination in coming to America to pursue her scholarly dreams and the amazing job she then obtains. One quiet old Native Indian man speaks sparingly of his struggle with his health and his friends' encouragement to see a doctor despite his distrust. These varied people all follow different paths, their lives unfolding this way and that.

As you hear these people's stories it is only natural to be curious and ask, "Well, what happened next? How did things turn out?" No need for a spoiler alert, however, when we talk about life stories. The answer is that things always turn out the same – in the end. The romantic couple, the promising scholar, the gentle old native man - they all die. A thought-provoking sidebar here, is that it is not just them who die. I myself, now happily writing this text and looking up to see a butterfly flitting around the lantana plant in the garden, will one day die. Also, alas, the news you were hoping I would not be so tactless as to write plainly in black and white: you too will die.

This is and isn't news. In a documentary, (National Film Board of Canada: Kovanic & Murray, 1998) the Canadian artist Joe Average, when diagnosed HIV-

positive in the 1980s, said that everyone acts as if the news of death is a surprise ending, but that of course it's not. It's the only ending. It is one of the only things in life that is not a surprise. There are some surprises though. The mystery of our death lies in when and how it will transpire. The leading causes of death in the US are heart disease and cancer (Center for Disease Control and Prevention, 2014). When death is not sudden and unexpected, as in being struck by lightning (e.g., averages 30 per year; US National Weather Service, 2017), the end of our story is shaped with and by others. Those around the dying person often literally affect what happens to them (i.e., the death scene; Pierson, Curtis, & Patrick, 2002) but also play an important role in how death is storied. We depend on those around us not just to feed us apple sauce (as the first author did with her Dad on his deathbed) but to help create the tone and texture of the story's end (in her Dad's case, the feeling once again, of a loving picnic).

This shaping of the death story rings true in that we co-construct stories with others in every phase of our lives (McLean, Pasupathi, & Pals, 2007). Somehow at the end, though, it can be even more poignant (Freeman, 2016a), more crucial, that we realize the power we have to shape stories as actor, agent, and author (McAdams, 2013). After all, everyone knows that a good story depends, in part, on its ending. Crafting that ending together can be a precious gift to the dying person and also to their caregivers, their loved ones (Callanan & Kelley, 1992; Freeman, 2016a).

In sum, our goal in pursuing this line of thinking on death as part of the life story (Birren & Deutchman, 1991) is that it may act as an avenue for deepening compassion. This is important for those in the health and helping professions who may gain purpose from viewing their work as not only providing medical aid but as playing a role in the end of people's stories. Professionals can help create or deny 'what dying people want' (Kuhl, 2003). That said, understanding death as part of the life story is essential for us all. Without exception, we will shape the end of our own life story and our loved ones' stories in what we do and feel and say (Freeman, 2016b), and in what we choose not to, or cannot, do or say.

Two Ways that Death is Part of the Life Story

In Guided Autobiography (Birren & Deutchman, 1991) the death theme directs individuals to reflect on how experiences with other's deaths have affected their life and to examine how their ideas about death have shifted over time. We translate this into two ways in which death is part of the life story. First, while we are alive, others' endings become part of our continuing life story. When we walk on in life, we take our memories with us. Depending on the sharer, listener, and their relationship, memory-sharing can be an adaptive tool for meaning-making in the face of loss (Baddeley & Singer, 2009). Individuals turn to family and friends to forge the transition through this stressful life event (de Vries, Utz, Caserta, & Lund, 2013). People spontaneously remember and also make a point of

remembering through individual, group, and societal memorializing practices that aid in carrying their loved ones with them as their story continues (Mroz & Bluck, 2016).

The second way that death is part of the life story is that each of us will die. Our life story has an end, a final chapter, a last page. It may even have some famous last words: "I must go in. The fog is rising." (Emily Dickinson, 1830-1886); "I'm shot" (John Lennon, 1940-1980); "I told you I was ill" (Spike Milligan, epitaph, 1918-2005); "Open the bedroom shutter so that more light can come in" (Johann Wolfgang von Goethe, 1749-1832); "Oh wow. Oh wow. Oh wow." (Steve Jobs, 1955-2011). Whether we end with wry or poetic last words, we will all have last words, last moments: an end to our story. The knowledge that life ends affects the story that comes before.

While We Live, Others' Endings Are Part of Our Life Story

The idea that death-related events are part of the life story relies on the assumption that when asked about their lives, individuals do remember and nominate such events as central. In one study with over a thousand participants (Glück & Bluck, 2007), we asked individuals to complete a life story matrix listing up to fifteen events central to their life story. Content-coding suggested that 17% of all central events concerned illness and death. This was roughly the same frequency as birth-related events. In another study, (Liao & Bluck, 2017; N = 187) we asked adults to report an important life experience that challenged their sense of self. Eleven percent of young people's events, and 26% of older people's events were about losing a loved one. At a basic frequency level, then, it does appear that individuals include such events as important to their life story. As one example, the second author notes that she sometimes finds it difficult *not* to bring up the death of her father when talking to others. Though she knows it might be seen as morbid, she feels compelled to refer to his life, to remember his sickness and death during her teenage years, because it is so central to her own story.

The question then, is how do these death experiences resonate with people? Elizabeth Kubler-Ross (1975), the influential psychiatrist who forged the field of death and dying, wrote: "I am convinced that my experiences with the reality of death have enriched my life more than any other experiences" (pp. 125). Of course, this may be due to the fact that understanding and working with death was her calling. What do other people report about how experiences with death are integrated into their life story? We asked people with varying levels of experience with death (N = 52) to provide a specific death-related memory as well as what, if anything, they felt they had learned from the experience, in a brief motto (Mackay & Bluck, 2010). Excerpts from a few of the stories are provided here. The first two narratives identify particularly memorable aspects of death experiences:

I was in the room at the hospice when my wife was sleeping. I had stayed by her bed all night. About 7AM she started to move. I called the nurse. When she came in she found that death was close and went to get my daughter who was in another room sleeping. When my daughter came in my wife seemed to wake up and said "Hello Sweets" to my daughter. It was really strange as she had been sedated and hardly moved for 24 hours or more. It is something I will never forget.

A young woman at our Hospice who had one thing she wanted to accomplish and that was to plant flowers in front of the house. I was so sure she would not be able to do this as she was very ill and frail. The next morning her mother called me and told me that she had gotten out of bed and gone out and planted those flowers. She told her mom to make sure that she called me and reported her task as done. Those were her last words.

The next two excerpts provide a sense of the emotional complexity of such narratives:

...and I often feel she was handling her illness much better than I. She didn't want sympathy and felt she had to be the strong one both to me as well as her family. I often ask myself if, when that time comes for me, will I be as strong?

...then I remembered what he had said to me three days earlier about how he was doing a good job of dying and I had come in and messed it up. I felt he needed me to leave so I went home after I said goodbye.

Reflections on death-related experiences are often meaningfully interpreted, as shown in these narratives. About 85% of this sample said they had learned a lesson from the death-related event they shared. The lessons were content-coded ($Kappa = .72$). Sixty percent concerned changes in life philosophy. These focus on giving life greater purpose or ways of seeing the world as having order and meaning. Some examples include: (i) Appreciate your family. Never take them for granted, (ii) All is possible through perseverance, (iii) If it was meant to be, it will be, (iv) Listen carefully to friends and their needs, and (v) The Lord is always by your side and will take care of you - if you let him. The other 40% were death-specific lessons, describing a new understanding of death itself that individuals now carry with them, based on their remembered experience. Some examples include: (i) Don't drink too much. It really can kill you, (ii) Death can be peaceful, (iii) Accept death as a part of life, and (iv) Life goes on right up to the point of dying.

These lessons give a sense of how people keep remembered death events with them to guide them, long after the loved one is gone. We collected only brief mottos, however. As such, we include here a case study completed

by a colleague (Freeman, 2016a) that gives a deeper, richer sense of how co-constructing the end of the story can result in profound lessons and experiences that individuals take with them into their own story after the loss. Family and friends take on end-of-life caregiving voluntarily and many find it a rewarding experience (Stephen, Townsend, Martire, & Druly, 2001). Particularly when individuals are very old, or frail, or sick, they become closely interconnected with healthcare providers but also with their loved ones: dying people rely even more on informal care than frail elders who are not yet at end-of-life (Wolff, Dy, Frick, & Kasper, 2007). This interconnectedness may be particularly intimate when the care provider and dying person's stories have been intertwined over a lifetime, as it is with the mother and son in this case study. In describing his mother's decline due to Alzheimer's disease and finally her death, Freeman feels deeply into his mother's world, actively creating life with her even until the end. He writes that on arriving to visit her:

My mother would likely be slumped over, half asleep, just kind of . . . being. "She" didn't really exist at this point. Maybe this isn't the right way of putting it. Let's just say she was kind of dormant, sliding in and out of consciousness, but more out than in. All of this would change when I entered and said hi or touched her hair or her shoulder. "She" would suddenly come alive. I'm not trying to take some sort of credit for this! But there's a very real sense in which "she" really wouldn't be there, as a self, an alive and feeling person, if it hadn't been for my entry into her life at that particular moment. It nourished her. (Freeman, 2016a, pp. 11).

In the last phase, the finality of his dearly loved mother's death is so keen that Freeman does what is natural: he yearns, as we all do in memorializing, to somehow take her with him—at least in part. This dedicated yearning may represent the beginnings of the great task of forging a smooth transition such that the end of her story can vitally and vibrantly be part of his own continuing life story.

I wouldn't call those times "good." But nor were they bad. They were just . . . times. All I could do, all any of us could do, was just take them in, be there with her, be present. This is what I found myself doing the day her rabbi called me to let me know she'd taken a turn for the worse. In fact, I found myself coming up with a curious term for what I was doing, or at least what I was trying to do, later that day. I was trying to memorize her. Would that we could memorize those we love and lose. Would that we could take them in and keep them, like a favored poem or a song. But it can't be. (Freeman, 2016a, pp. 14).

Individuals often memorialize a loved one. Note however that Freeman does not say *memorializing*, which refers to sociocultural and personal practices (that he likely did do in the days and months that followed). Insightfully, he says *memorizing*. Memory is an important cognitive aspect of loss that is often overlooked. We think of memorizing a shopping list or, as Freeman mentions, a favorite poem. Can we study a person? Can we memorize them? Holding a lost loved one in memory is a difficult feat due to, in cognitive psychology terms, the ‘parameters of the task’: it requires recalling without ever seeing the person again, recalling for a very long time (i.e., forever), and the added pressure of knowing that forgetting comes at a high emotional cost (Mroz & Bluck, 2018).

Spontaneous remembering of the loved one, automatically triggered by cues in the environment (e.g., *involuntary memory*; Berntsen, 2008), will occur but not be sufficient. As Freeman notes, part of grief is that we realize that we cannot fully take the loved one with us, even in memory. We can and do incorporate others’ deaths into our life story through memory, but imperfectly. Memorializing sets up concrete cues to help individuals remember the loved one (e.g., wearing inherited jewelry, visiting the gravesite, connecting with other loved ones on the deceased’s birthday or anniversary death date). As such, both implicit and explicit memory are at work as we weave other’s endings into our story.

We Will Die: Our Life Story Has an End

Another way that death is part of the life story is that we all die. Dealing with others’ deaths is something we encounter in life and learn about through experience. Our own death is an abstraction. We not only die but can contemplate our own death (Becker, 1973). People come to understand, as early as childhood, that death is irreversible and universal (Speece & Brent, 1984). Knowledge about and reflection on death then grows with us through adulthood, as we move toward it.

When individuals talk about their own death, they do so with more complex, nuanced consideration than when talking about others’ deaths (de Vries, Bluck, & Birren, 1993). In line with that, though we know logically that every life story has an ending, researchers cannot empirically collect people’s stories about their own death. Near the end of her mother’s life, the first author was deeply empathizing, ‘feeling in’ to her mom’s situation, sharing thoughts as they came. One day as her mom sat near the window in a wheelchair, she lay on her mother’s bed and asked her: “I mean, we don’t know when it will be for you but Dad’s gone now and I think about that, and know you do too. So what do you think, Mom? What do you think happens when you die?” She answered easily, sourcing her British wit and pragmatism: “I don’t know. I haven’t tried it.” Quite right. We really don’t know and can’t study (as yet?) people’s final moments of their own life story.

Thinking About the End Affects the Story

We can’t tell the end of our own story. The very fact that we all know that our story has an ending may, however, affect what we do and the stories we tell about our lives well before-hand. Across adulthood, people report reviewing their life and thinking about their past so as to prepare for death (Webster, 1993). This has been seen as a positive, adaptive function of remembering (Westerhof et al., 2010). Serious consideration of our own mortality may come earlier or later in our development, depending on normative (e.g., loss of pet, loss of grandparent) and non-normative deaths (e.g., loss of parent or sibling) that befall us in childhood and adolescence. By midlife, though, most individuals have experienced serious losses that render knowledge of their own death more real. Jung (1933) suggests, for example, that one is not fully an adult until having lost both parents (i.e., usually in early or at late midlife; Staudinger & Bluck, 2001). At least from that point forward, knowledge and reflection on our own death may affect how we think about life.

Regardless of the specific life experience with death that each person has, lifespan developmental theorists (e.g., Erikson, 1959; Neugarten & Datan, 1974) mark midlife as a phase when people’s sense of time changes: the beginning and the end feel equidistant. This increased knowing that the story ends can spur different priorities in the second half of life (Carstensen, 2006). These include, for some, a focus on generativity (e.g., Stewart, Vandewater, McAdams, & de St. Aubin, 1998). This may be the beginnings of a desire to eventually wrap up the story with the feeling one has lived ‘a good life.’ Acknowledging life’s finitude, engaging in generative acts that form a legacy, may help one craft a fulfilling denouement to the life story. Alternatively, leaving a legacy may be tinged with a hope for sidestepping finitude: for immortality through positively impacting others’ lives (Vail et al., 2012), or simply living on in memory through family and friends (Hunter & Rowles, 2005). This notion of generativity has now been incorporated in end-of-life therapeutic techniques that help dying individuals pass on what has mattered most to them in life (i.e., Dignity Therapy; Chochinov et al., 2005).

Beyond generativity, in one of our studies (Glück & Bluck, 2011), we found another potential benefit to thinking about death. Wisdom is accepted as a virtue in our society: it involves having extraordinary insight about the human condition and the means and ends to create a good life (Baltes, Smith, & Staudinger, 1992). We asked adults (N = 1,955) where they believe wisdom comes from, how people become wise. The top four answers were: having a wide range of life experiences, learning from a wise other, dealing with negative events, and importantly, confronting mortality. As is typical (Baltes & Staudinger, 2000), many people in our study defined wisdom as involving knowledge, good judgement and complex understanding of life issues. Others expanded that definition to also include empathy toward others and concern for the

common good. Those who did were more likely to view wisdom as coming from confronting mortality. That is, many individuals believe that developing a compassionate, pro-social ability for wise insight on life comes partly from realizing that their story has an end, from thinking about death.

Outside academia, recent popular books and other media have taken up the topic of how knowing that life has an ending changes the story we are telling. For example, in his book, *Veronika Decides to Die*, world renowned Brazilian novelist, Paulo Coelho (1998) writes: “An awareness of death encourages us to live more intensely (pp. 190).” In the music world, contemporary electronica band *Starfucker* has dedicated an entire album (*Reptilians*, 2011) to songs encouraging death acceptance, integrating quotes from British philosopher Alan Watts. As Watts (1974) pointed out, the idea of contemplating one’s own death has prevailed for centuries as part of various religions, notably Buddhism (e.g., *Sūnyatā* as a meditative state of non-self or non-existence; Melvin, Millers, & Ando, 2013).

Current societal interest in death does not end with music and literature. It includes the current trend to create a *bucket list* of things to do before you die (popularized by Rob Reiner’s 2007 film, *The Bucket List*). The phrase is likely derived from ‘kick the bucket’, an 18th century euphemism for death (www.oxforddictionaries.com). Putting something on one’s bucket list now commonly refers to prioritizing an activity given recognition that one’s time on earth is limited. The international emergence of public art in the form of interactive *Before I Die Walls* (www.beforeidie.city), *Death over Dinner* events (www.deathoverdinner.org), and *Death Cafes*, (www.deathcafe.com), also demonstrate interest in thinking about how to craft the story now, so that at the end it will feel complete.

The relative popularity in North America today of literary, musical and cultural activities encouraging thinking about one’s own death may be related to demographic changes in the population: the first of the Baby Boomers (i.e., cohort born 1946-1964) reached 65 years old in 2011. For the next 17 years, almost 10,000 people a day will celebrate their 65th birthday in America (Pruchno, 2012). Some will also stop celebrating birthdays. Joni Mitchell is 73. Bob Dylan is 75. David Bowie died last year at 69. Popular musician Cat Stevens’ lyrics are more literally true for the Boomers today than when he wrote them, in their youth (Stevens, 1970). In considering normative conformity to societal expectations, he resists, saying: “But I might die tonight.” As Pruchno (2012) notes, the Baby Boomers have redefined each life phase as they moved through it, influencing education trends, music genres, sex and race relations, and parenting norms. The Boomers have changed the face of aging. They may now be starting to redefine life’s ending as they see their own parents die, lose spouses and siblings, and grieve some of the musical, political and literary icons of their era.

To this point, we have largely praised death as a great teacher. It may well be. It can also be, as is the common

conception of death, an extremely difficult transition. This is evident, for example, in the memoir, *When Breath Becomes Air*. Kalinithi (2016) a neurosurgeon sharing his story of terminal lung cancer at age 36 writes: “One chapter of my life seemed to have ended; perhaps the whole book was closing... Severe illness wasn’t life-altering, it was life-shattering. It felt less like an epiphany – a piercing burst of light illuminating *What Really Matters* – and more like someone had just firebombed the path forward. Now I would have to work around it (pp. 120).” In short, the complexity of knowing that there is an end, and the effect this has on the way we tell our life story, is a rich area for further research. We will one day die, and we have the unique human capacity to think about the end of our own life-time (Corballis, 2014). We suggest this changes how people construct the story of their life, well before the end is nigh.

Nearly Dying

Returning to the difficulty, methodologically, of studying people’s own stories of their life’s end, another research possibility arises. That is, we can study a time someone *nearly* died. Experiencing a brush with death is the closest glimpse individuals get of their own death, if only for a moment, before their time comes. How do people talk about such events?

In one study we asked young people to recall a time they nearly died. In pilot work, we were surprised to find that all had an experience to report. These varied in the extent to which the individual felt that they were going to die, and also in terms of how much of a threat to life our independent raters saw in these events. That said, the importance here is not the objective threat of death but the subjective feeling, “This is it. I am going to die.” For example, one participant remembered the first time they took a plane, when they were nine years old. There was severe turbulence and this person felt that the plane was going to crash and was terrified he would die. An older, more seasoned traveler might not have felt this was a life-threatening situation: such a narrative receives a high self-rated threat score from the participant but not from the independent raters. This highlights that with death stories, like all stories of personal events, the person’s own feelings and perceptions shape the telling of real-world events (Ruth, Birren, & Polkinghorne, 1996). That individuals experience reality through a variety of lenses is why personal stories matter so much to how we live our lives and think about ourselves (Conway, Singer & Tagini, 2004).

That said, in many stories, both the externally-coded and the subjective threat of death were evident and consonant. A few of the stories are provided here to give a sense of how individuals talk about times they thought they would die. Most events reported by participants reflect ways in which individuals actually die in young adulthood (Center for Disease Control, 2015), that is, through physical violence and accidental injury.

One participant, threatened with physical violence, wrote:

After a concert my friend and I were walking back to our car. It was downtown and late at night, and I was about 16 years old. The car was parked under a bridge that was not in a good area of town so I was already anxious. When we were about to get to the car, a man walked up with a knife and threatened us asking for our wallets. I was very scared and angry at this man at the same time. I wanted to fight but I bit my lip and handed over the wallet. When I thought he was about to walk away he came to check us again and that's when I thought he might hit us or slash us with the knife. I thought I might die...but made it out alive after he ran off.

Another participant, describing a car accident, writes:

I was driving my family back home from church. Then all of a sudden a truck came and rammed the passenger back side of our car. The emotions I felt were horrifying, for I saw a shadow of my life right in front of me. The car turned in three angles in a 360 degree turn. Scared and endless emotions were on me.

Understandably, individuals feel anxiety when they think they are going to die. In fact, our research shows (Bluck & Liao, 2017) that they also feel anxiety after simply recalling the event even years later (i.e., compared to a control event). How they tell these stories matters, however. Those who included themes of communion with others (McAdams, 2001) in their narratives felt less anxiety on recall.

An excerpt from a story that includes communion (final sentence) was:

I could see was a beaming red light in front of me. Then, another car hit me on the driver's side and instantly totaled my car. I felt pain all over my body. I couldn't breathe and thought this was how I was going to die. My legs hurt and I was stuck, couldn't move. My door was completely crushed in and I couldn't move. All I could do was scream. I just wanted to see my family and twin sister to tell them that I loved them one last time before I blacked out...

Studying how people tell stories of a brush with death, including the emotional consequences of different ways of telling, is another way in which researchers can understand death as part of the life story. This includes investigating how individuals confront their own mortality through a brush with death, as we did, or in other situations (e.g., life-threatening prognosis, survivors of cancer). Through such endeavors we can further understand how knowledge of life's ending, whether abstractly in terms of knowing we

will one day die, or more concretely through remembering close calls, helps people to shape their life stories.

The End

We have argued that death is an important part of the story that each person constructs and reconstructs about their life as they move through time. This article focused on two central ways that death is part of the life story: (i) while individuals are alive, others' endings become part of their continuing life story, and (ii) part of being human is that we die—every life story has an ending. Our work was inspired by Jim Birren through his development of Guided Autobiography. Jim is now dead. His life and now his ending have become part of our story: We honor him through our writing and thinking. His legacy is deep and wide, carried by all those who he influenced, mentored and encouraged. Each person carries different aspects of others' stories after they are gone. In our case, Jim's ideas about death live on.

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