

# **Fear of Life and Fear of Death – A Cross Cultural Study**

## **Part II: Multiple Single Case Analysis in Malaysia and The Netherlands**

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**Abstract:** There are strong indications that fear of life and fear of death are universal and already start to develop at an unconscious level before birth. Client-based research, using retrogressive analysis, was conducted to find empirical support for these notions and to assess whether these fears can be identified in the unconscious mind. From eleven subjects of varying age, cultural, and social background, in ten cases either fear of life or fear of death or both could be identified and related to the prenatal psychological development of the subjects. Certain fixed patterns of prenatal experiences were found that are linked to fear of life or fear of death. The findings of this study may aid therapists in determining their therapeutic approach.

**Keywords:** death, life, fear, prenatal, psycho-analysis

In Part I of this study, the author has provided strong arguments for the hypothesis that fear of life and fear of death are universal fears that can be found across all ages and cultures (Moonen-Budhi Nugroho, 2017). Part I also presents reasons to support the notion that the origins of fear of life and fear of death are already part of the prenatal psychological development of people. Specifically, the following arguments are presented:

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- Fear of life and fear of death are universal fears that can be found across all ages and cultures and which are possibly of an archetypal nature.
- Fear of death is usually associated with a desire to prove oneself, to be successful or to “live on the edge,” etc. and thus to be defiant of death. Fear of life, on the other hand, is typically linked to feelings like being afraid not to measure up to the expectations of others, being afraid to fully be oneself, inability to fully enjoy pleasurable experiences, fear of reaching out to others and/or to fully commit oneself, fear of rejection, sexual anxiety.
- Fear of death of other people and fear of life of other people can be interpreted as projections of these fears of the subject himself or herself.
- Recent neuro-scientific findings show that the psychological development of people already starts before birth. This opens up the possibility that the origins of fear of life and fear of death can also be found in the prenatal development of people.

The current paper presents the results of the author’s initial client-based investigation based on multiple single cases, using retrogressive analysis. This initial investigation is of an exploratory nature and should be considered as a basis from which a subsequent more extensive research program into the subject can be developed. It aims to gain some first insights into the way in which fear of life and fear of death might have been embedded in the unconscious mind. More specifically, the author wants to investigate whether we humans already carry the feelings of fear of life and fear of death within us when we enter the world at birth. Although limited in number, the multiple single cases, collected and analyzed across cultures in Malaysia and The Netherlands, provide strong indications to support this idea. Moreover, certain patterns of prenatal experiences (as stored in the unconscious mind) have been found that are strongly connected to fear of life and fear of death. These patterns appear to result from the transference of feelings from the mother to her unborn child. Therapists who recognize and understand these patterns may be able to use them to decide on their approach for the therapy of a particular client.

### **Research Framework and Method**

The purpose of the research is to analyze how the feelings of fear of life and fear of death have been embedded in the unconscious. Specifically, this investigation aims to answer the following questions:

- Is it possible to identify fear of life and/or fear of death in the human subconscious or unconscious mind?
- If this is possible, can it be shown that fear of life and/or fear of death might develop before birth?
- Can the presence of fear of life and/or fear of death be demonstrated to occur in humans in general?
- Is the nature of fear of life and/or fear of death such that it can be considered archetypal?

To find some initial answers to these questions, the client-based investigation conducted by the author has taken the form of analyzing eleven individual cases to assess the presence of fear of life and/or fear of death in the subjects. The multiple single cases cover clients with different backgrounds (academic, non-academic; high social status, average social status); cultures (Western and Southern European, Malaysian Chinese, Malaysian Indian, Indonesian Chinese); age groups (from teenager to 70+ years); and gender (female and male). The author has conducted ten sessions or more with every client in each case. The detailed descriptions of all of these multiple single cases are available upon request from the author.

It is considered to be undesirable to create standardized questionnaires for these case studies. The nature of active imagination sessions, as described in detail below, is such that they should be allowed to unfold freely. The use of standardized questions carries the risk of “guiding” the client in a certain direction rather than letting his/her unconscious speak for itself. There is also a possibility that one person is heavily influenced by these fears and is conscious of this, whilst another person may not be conscious of the existence of them even though they are present in the unconscious. Thus, each case will require a different approach with questions that are specific to it. Therefore, the transcripts of the individual sessions were reviewed for the (explicit) mention of fear of death and/or fear of life by the clients and for any common theme(s) that may have emerged. A mapping of these results combined with a quantitative content analysis was used to analyze the outcomes.

According to Jung (1963), various energies that act on a personal conscious level, as well as on personal and collective unconscious levels, influence the psychodynamics of a human being. His model posits that there are energies in conflict within the individual, and that thought, feeling, and behavior—both adaptive and psychopathological—are the result of these conflicting energies. So, the aim is to unfold these energies and discover where they are rooted in an individual. The forces resulting from these energies act at varying levels of awareness; some indeed, are entirely unconscious. Therefore, the precise nature of these deep internal conflicts is never easy to identify. To overcome this, combinations of

several therapies as avenues of access to the deep recesses of the mind were used (Shamdasani, 1959/2009). The methods that have been used in this research are based on this understanding and are designed to analyze an individual's psychodynamics—the inner forces affecting behavior—at varying levels of awareness. This has included deep reflection and the invocation of retrogression through active imagination—where subjects bring up deeply unconscious material. The feelings of fear of life and fear of death have been specifically analyzed from the unconscious experiences of the client living as a fetus in his/her mother's womb. Deep reflection and active imagination were needed in every single case to access the client's unconscious and thereby these early experiences. In some cases, this was complemented with dream- and drawing-analysis.

## **Deep Reflection**

This therapy is essentially a dialogue between subject and therapist, which is focused on the roots of long-existing, subjective concerns of the subject. These roots lay deep in the recesses of the individual's awareness. To approach these roots, a deep dialogue is used that addresses psychodynamic mechanisms like projection, transfer, and the interaction between the subject and his or her concern. In the dialogue between subject and therapist these are analyzed to find what archetypal energies might be active and determine the pattern of these energies. This reflection provides the subject with some insight and awareness about his/her psychodynamics, which might underlay his or her concerns.

## **Active Imagination**

Active imagination is a technique for visualizing unconscious issues by letting these issues play out. This technique is also known as hypnosis or catharsis. Janet (1859-1947) was the founder of this technique (Ellenberger, 1970). The technique was adopted and redeveloped by Jung between 1913 and 1916 (Jung, 1963). Using this method, the psychoanalyst can initiate healing by bringing back old memories under hypnosis in order to explore different meanings. In German speaking countries *Katathym Imaginative Psychotherapie*, developed by Leuner (Leuner & Wilke, 2011), is a widely accepted technique that is based on similar principles.

Active imagination can be engaged through visualization (calling up mental images)—which is a technique that Jung himself used by working with dreams, fantasy, or automatic writing—or it can be engaged through artistic activities such as dance, music, painting, sculpting, ceramics, crafts, etc. (Shamdasani, 1959/2009). According to Stevens, Jung considered that, “The subject can make himself creatively independent

through this method...by painting himself he gives shape to himself" (Stevens, 1994, p. 109). Engaging active imagination permits the thought forms—or psychodynamic patterns—of the inner self and of the totality of the psyche to bring forward whatever messages they are trying to communicate to the conscious mind. So, it can serve as a bridge between the conscious and less-conscious mind (Sharp, 1991).

Key to the process of active imagination is to exert as little influence as possible on mental images as they unfold and to just let them flow out. For example, if a person were recording a spoken visualization of a scene or an object from a dream the therapist would be asked to observe the scene, watch for changes, and report them, rather than to consciously fill the scene with one's desired changes. The subject would then respond genuinely to these changes, and report any further changes in the scene. This approach is meant to ensure that the less conscious contents express themselves without overbearing influence from the conscious mind. At the same time, however, some form of participation in active imagination is essential.

Active imagination was described by Sharp (1991) as a two-phased process. This author finds that Sharp's description largely overlaps with the approach followed for this study. Five steps are identified in the process, with more emphasis placed on the last two steps, transformation and anchoring, in order to ensure that the therapeutic benefits for the client are maximized and enduring.

**Preparation.** The subject is brought to a state of deep relaxation by following his/her own breathing and by relaxing his/her muscles one-by-one.

**Imagining.** After the subject has reached the desired state of relaxation, a theme—which is to be explored during the active imagination—is introduced by the therapist. This theme may be taken from a "deep reflection" conversation that could have taken place in the same session prior to the active imagination. Alternately, it can be taken from deep reflection or active imagination in a previous session. It also happens occasionally that the theme shows itself in the form of images, sounds, smell, or other sensations that appear to the subject as soon as the state of deep relaxation is reached. By asking the subject to describe the theme and the sensations that appear in more and more detail, the therapist helps the subject to strengthen and deepen this experience and the circumstances that are related to it. In this way this theme can play out, so the subject can re-experience that what was stored in the unconscious in relation to the theme. The sensations that play out during the active imagination might be different from the objective facts in the outer world. However, these sensations are the sensations and the feelings

of the subject that represent what is stored in his/her unconscious. Therefore, they are a true part of the subject's reality. In other words, the technique assumes that the imagination is a reality just as real as any other reality (for example an external reality). In this form of active imagination, the images emerge from the unconscious as figures (or personifications), and the subject must interact with those figures in his or her internal reality as if they were real persons (Adams, 2004).

By letting these images and sensations play out, the psychodynamics and the feelings that underlie this theme can unfold themselves. Then, the subject is asked to go to (imagine) the situation or event where this theme is rooted, which may be a situation that occurred a long time ago (Sharp, 1991; Adams, 2004).

**Awareness.** During active imagination, the subject remains aware of what is happening and of his/her surroundings. At this stage, a bridge between the conscious and the unconscious is created in the subject's mind. This makes it possible for the subject to apply his current knowledge, experience, and understanding to experiences that he or she had in the past—which hitherto have been stored in the deep recesses of the subject's mind—and to become aware of the consequences of these experiences in his/her life up to this point in time. It is important that the subject address the image that has appeared and listen to the message the image may have to convey. Active imagination has been described as a dialogue between one's self and the figures from the deep recesses of one's awareness (Sharp, 1991). Beyond simply observing the images, active imagination involves conscious interaction with them, an honest evaluation of what they mean about oneself, and a commitment to act on the resulting insights. This is a transition from a merely perceptive or aesthetic attitude to one of judgment that implies a voluntary involvement in those fantasy-processes. The purpose of this involvement is to integrate the statements of the unconscious (Sharp, 1991).

**Transformation.** Once the subject has become aware of the consequences of the experiences that were brought to the surface through active imagination, he or she is asked by the therapist to use some imagined action or creativity to transform this experience into a different outcome. This transformation provides a new perspective (a different way of looking) on the experience. In this way the emotional responses to situations that can unconsciously trigger the original experience, are also changed. This step, therefore, becomes an emotional healing process for the subject.

**Anchoring.** The subject should at this stage feel that his/her energy has changed in a positive sense. With this feeling, the subject is asked to settle back again into his or her everyday world.

### Demographic composition

A total of eleven single cases were analyzed. Their demographics are presented in table 1, showing the broad range of backgrounds of the subjects.

**Table 1**

	F = female M = male	Age Group (Years)				Total
		10 - 20	21 - 45	46 - 60	61 - 75	
cultural background	Chinese immigrant (Malaysia/Indonesia)	---	---	4 (F)	---	4 (F)
	Chinese-Indian	---	---	1 (F)	---	1 (F)
	Southern European	2(F)	---	1 (F)	---	3 (F)
	Western European	---	---	1 (F)	1 (F) + 1(M)	3 (2F, 1 M)
Total		2(F)	---	7 (F)	2 (1F, 1M)	11 (10F, 1 M)

### Results

#### Reported Fear of Life and/or Fear of Death

Out of the eleven single cases, during active imagination a total of six reported fear of death and eight reported fear of life as a feeling that was experienced in the womb. Of these, in four cases both fears were reported. These fears were identifiable across different cultural backgrounds (Western European, Southern European, and Chinese immigrant) and age groups. However, fear of death was not identified in the youngest age group of 10 to 20 years. In one case neither fear of death nor fear of life was reported as feelings experienced in the womb.

#### Other Prenatal Feelings Reported

In the active imagination sessions for these single cases, other prenatal feelings and experiences were also reported. Some of these were reported in several of the cases. In this context, it is important to note that the terms (or very similar terms) used to describe these feelings and experiences—such as rejection, warm, cold, pressure, powerless—were those in which the clients described what they experienced. They explicitly do not reflect any qualification or interpretation by the author.

An analysis has been made to investigate whether there is a correspondence of any of these other prenatal experiences with those of fear of life and/or fear of death. The results of this analysis are summarized in figure 1(a) and figure 1(b).

Figure 1 (a). Fear of Death (FoD) and other experiences reported in the womb.

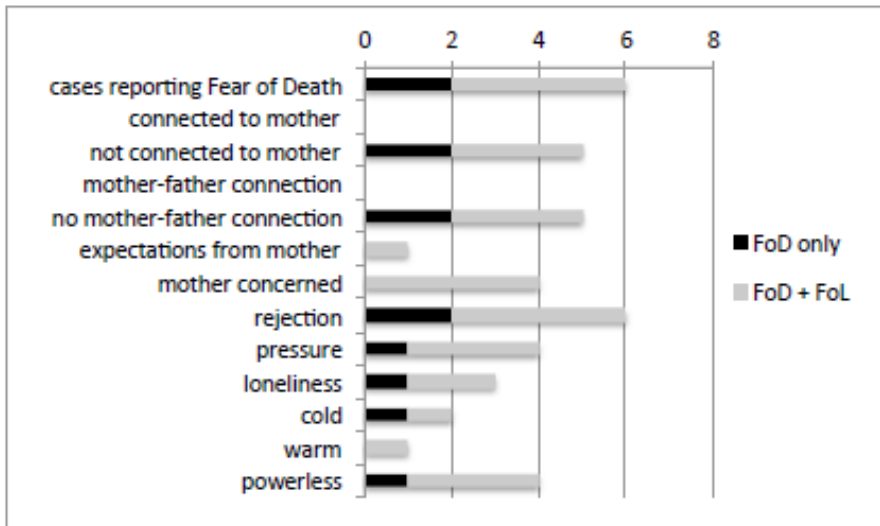
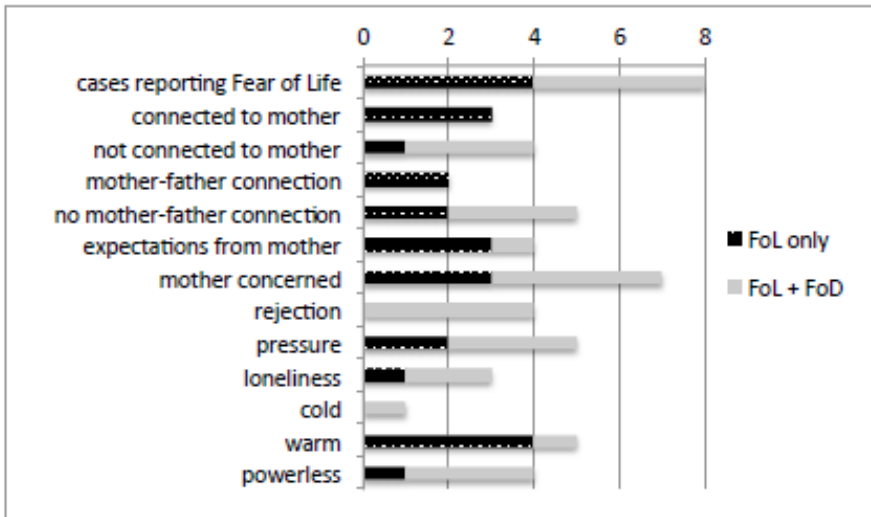


Figure 1 (b). Fear of Life (FoL) and other experiences reported in the womb.





In the case of fear of death, the strongest correspondence appears to exist with the experience of rejection (or being an unwanted child), which was reported in all six cases of fear of death—either fear of death only or in combination with fear of life—but in no instance of only fear of life. Other prenatal experiences that may be linked to fear of death are the sense of the fetus that it is not connected to mother and the sense that mother and father are not connected. Both of these were reported five out of six times by subjects who also reported fear of death, including both cases where only fear of death was reported. However, these links are somewhat less certain, since “not connected to mother” was also reported once and “no mother-father connection” twice by a subject who reported only fear of life. Finally, feeling “cold in the womb” was reported by two people who reported fear of death and not by anyone who reported only fear of life.

For fear of life, there appears to be a strong correspondence with (a) the experience of the fetus that its mother is concerned during the pregnancy—reported in seven out of eight instances of fear of life. (b) the sense that mother has (very) high expectations of the child and (c) feeling “warm in the womb.” These prenatal feelings or experiences were not reported in any of the cases of fear of death only. The feeling of the fetus that it is connected to mother and/or that father and mother are connected are exclusively reported in some of the cases of fear of life only. So, there may be a link between these prenatal feelings and fear of life but possibly not a direct one or one that is easily overshadowed by other factors.

Finally, the prenatal experiences of loneliness, powerlessness, and feeling pressure in the womb, although reported relatively often, cannot be linked to either fear of death or fear of life separately. These experiences are all reported in cases of fear of life only, fear of death only, and in combined cases fear of death and fear of life.

## **Considerations**

### **Presence of Fear of Life and/or Fear of Death**

As the table 1 and Figures 1a and 1b show, in all but one of the single cases, either fear of life or fear of death or both were clearly identifiable as feelings that exist in the subject’s conscious and/or unconscious. In fact, when we combine the prenatal and postnatal data, in six out of 11 cases both fears were identifiable. Therefore, the results of this author’s research clearly confirm that, at least in some people, fear of life or fear of death or both are present.

## **Relation to other prenatal feelings**

Figures 1a and 1b summarize the unconscious feelings of the subjects in this study's single cases as they relate specifically to the subject's experiences as a fetus in the womb. Thus, if these experiences truly represent feelings that already develop in the fetus, this means that these results show that fear of life and/or fear of death were already present in these people at birth. The question is therefore: can a fetus in the womb already have experiences and feelings that become part of its unconscious mind and which survive into its postnatal life? In her earlier paper (Moonen-Budhi Nugroho, 2017), the author has already shown that there exists substantial evidence, from neurobiology and other sources, that prenatal experiences and feelings can build up to become part of its unconscious mind later in life. According to Kohler (2013), "Learning by the child does not begin only at birth, but begins immediately after conception." The findings from this investigation support the idea that the same applies to fear of life and fear of death. Moreover, very specific unconsciously stored themes or patterns were found that relate certain prenatal experiences to either fear of life or fear of death. These are:

- *Fear of Death*: rejection/unwanted child – not connected to mother – father and mother not connected
- *Fear of Life*: mother concerned – high expectations from mother – warm in the womb

Although it cannot be proven at this stage, a possible explanation for the existence of these patterns is that these are actually (some of) the specific prenatal experiences that give rise to fear of life on the one hand and fear of death on the other.

## **Possible mechanism for Fear of Life**

The mechanism that the author suggests for the development of fear of life is as follows: If a mother feels positive towards with her pregnancy, these feelings are also transferred to her unborn child. However, this positive attitude also gives rise to other feelings in the mother. Particularly, it may cause her to fear that "something could go wrong," and it may also create (high) expectations of her future child from the mother. For example, she may expect the child to be well-behaved, smart, and become successful. As a consequence of these expectations, the fetus will already feel some emotional pressure. This pressure can trigger certain fears, such as, how to cope with these expectations, concern about survival, and fear of failure. In other words: the fetus already experiences that there are lots of expectations it has to meet in his/her future life,

which he/she might not be able to live up to. It is this which seems to trigger the feeling of fear of life. If this is how fear of life can be triggered before birth, it may be expected that in the case of the 11th subject, with whom neither fear of life nor fear of death has been explicitly identified, upon further retrogressive analysis fear of life will be identifiable. For this 11th subject, the other prenatal experiences found, closely match the fear of life pattern (mother concerned – high expectations from mother – warm in the womb). This should be further investigated.

This suggested mechanism fits well with the notion put forward by Rump (2002) that in case of an individual with little or low self-strength, the person deploys adaptation or distancing as a coping mechanism. This person is not “grounded” and in fact does not want to be [there]. He or she maintains a distance to everybody and everything and also to him/herself by adaptation to the other. The person in question would rather dissolve and regress into the “whole.” People like this fear the [harsh] reality of life, and thus life itself. The distancing is achieved by idealization; everything should be perfect without limitations. Good is never good enough, because of the strong fear of failure and being rejected. In case of a mother and child, both are likely to maintain and cherish the idealization to avoid failure and thus rejection. It may seem as if there is a strong bonding between the two, but it could be a symbiotic expression of the mother with low self-strength to deal with her fear, which is also transferred to the child. This can be stifling for the child, who experiences this as huge pressure and a lack of “space” to live its own life.

### **Possible mechanism for Fear of Death**

The comparable mechanism for fear of death may be this: In contrast with the foregoing, these are situations where the fetus feels rejected by the mother. It may even have some notion that mother doesn't want the pregnancy at all. Mother does not [want to be] connect[ed] to the new life in her. The fetus will also sense these negative feelings in her/himself. These can cause an uncertainty in the fetus about its survival and thus fear of death. In some cases the mother does not want to experience these feelings at all, so she shuts them out and only uses her cognitive mind, trying instead to limit her thinking to logic. In such cases, the fetus may feel that everything is plain and empty, in effect mirroring the mother; he or she also does not want to feel. But if the therapist asks to go to its deeper feelings, the multiple single cases show that the fetus will feel the underlying anxiety of the mother.

These findings seem to align with Rump (2002), who states that in case of an individual with a high self-strength, the person deploys repression or “fight” as a coping mechanism to deal with the fear of annihilation. The problematic feelings are actively being shunted from

consciousness, which is exactly what—during active imagination—was found to be the response of some of the mothers to their pregnancy and then transferred to the fetus. Mother has rejected her own feelings and the fetus will feel rejected. In such cases, according to Rump (2002), the person will have fear of death prominently in his/her unconscious.

### **Implications**

The notion that these fears did not “just happen” but had their origins in specific patterns of feelings and fears and/or expectations of the fetus’s mother has some far-reaching implications:

- (1) Through these patterns, it is possible that fear of life and/or fear of death are transferred from one generation to another, which was also suggested by Lowen (1980).
- (2) Because during the time of the pregnancy the way the mother feels may change, it is also possible that both fear of life and fear of death develop in a fetus: The possibility that both fears exist in the same person was confirmed by some of the subjects in this study.
- (3) Knowing and understanding these patterns will enable the therapist to recognize when fear of death and/or fear of life are having a significant influence on the client and to help to heal the traumas that are at the root of either fear.

The question remains, of course, whether the prenatal experiences, as reported by the subjects, are founded in the actual situation as it unfolded during the pregnancy, or if they are later psychological constructs, to frame underlying—possibly less focused—emotions. It may be possible to obtain some degree of verification of the “as reported” experiences if the mothers of the subjects can be interviewed about their recollection of the pregnancy in parallel to the active imagination sessions themselves.

### **Archetypal Nature**

In Part I of this study (Moonen-Budhi Nugroho, 2017), the author has postulated that fear of life and fear of death are universal fears that can be found across all ages and cultures. The results of the client-based investigations in this Part II support this notion, since both fear of life and fear of death were not found to be limited to certain cultural, age, or social groups. These feelings were identifiable across several cultural backgrounds (Western European, Southern European, and Chinese immigrant) and age groups. Only fear of death was not identified in the youngest age group (10 – 20). Although the latter finding seems to confirm

the general opinion "... that death anxiety is repressed and the concept of death is ignored during adolescence," in their paper, "Evaluation of Death Anxiety and Effecting Factors in a Turkish Sample," Gedik and Bahadir (2011) found no correlation between age group (late adolescent vs. adult) and death anxiety. Therefore this particular finding will need to be investigated further.

If the results from this investigation show that the origins of fear of life and fear of death can be found in specific, fixed prenatal patterns of feelings, fears, and expectations and also that both these fears can be transferred from generation to generation, regardless of culture, age, sex, or social group, this suggests that fear of life and fear of death could indeed be archetypal patterns.

To test this idea, we can examine the findings from this study regarding fear of life and fear of death to check if they match with the four properties that together define an archetype, which the author has identified in Part I of this study (Moonen-Budhi Nugroho, 2017):

1. It operates unconsciously, outside of the cognitive mind.
2. It is universal, common to all human beings.
3. It has been inherited, from one generation of humans to another.
4. It operates like a psychic filter or mechanism that processes individual experiences to form images, symbols, ideas, notions, feelings, and emotions.

If we consider the first property, it should be noted that the mere fact that active imagination was needed to draw out the patterns mentioned above from the deep recesses of the mind and make them apparent to the client's consciousness confirms that they normally only operate at an unconscious level. Earlier in this study, the author has already shown that the second and third property have also been demonstrated in the case of fear of life and fear of death.

However, this investigation has also found that there are certain "fixed" patterns that link fear of life or fear of death to specific unconsciously stored themes that were experienced by the subjects as fetuses in the womb. The implication of this is that fear of life and fear of death are obviously not the filters or mechanisms that process experiences but rather they are the results that are produced by such filters, the archetypal images. So, the fears themselves cannot be archetypes. After all, fear is a feeling which the cognitive mind can recognize. The author therefore postulates that it is the very specific patterns she has found, which are the archetypal images that make it possible to identify the true archetypes that are capable of forming fear of life and/or fear of death.

## Conclusion

This study has deployed the methods of deep reflection and active imagination in order to bring up and identify unconsciously stored feelings, experiences, and their underlying patterns as they relate to fear of life and fear of death. The research was focused on the feelings of the fetus in the womb, the feelings of mother during pregnancy, and the influence of the relation between mother and fetus as well as between mother and father. This was done to establish whether the source of these fears could already be found at prenatal stage. Multiple cases of single clients were analyzed in this manner.

In relation to the initial research questions, this study has found that:

- in most subjects, either fear of life or fear of death could be identified, both consciously and unconsciously, and in slightly more than half of the cases, both fears were identifiable,
- through active imagination, a method that is often deployed in individual therapy, it is possible to identify both fear of life and fear of death, as well as the unconsciously stored themes or patterns that are associated with these fears,
- using this method it can be postulated that the unconscious mind associates these fears (and their related patterns) with the prenatal experiences of the subject and that they may be the result of transference of feelings from the mother to the fetus, and
- there is no demonstrable difference in the above findings between cultural, age, or social groups.

It was found that there exist similar patterns which link the feelings of fear of life or fear of death to specific unconsciously stored themes, which were experienced by the subjects as fetuses in the womb. The patterns that emerged were:

- *Fear of Death*: rejection/unwanted child – not connected to mother – father and mother not connected
- *Fear of Life*: mother concerned – high expectations from mother – warm in the womb

The author postulates that these fears and their related patterns themselves are not archetypes but they are archetypal images. Consequently, the underlying archetypes capable of forming fear of life and/or fear of death can be identified from these fixed patterns of unconsciously stored experiences. The ability to recognize and understand these patterns can aid the therapist in determining his approach when

treating clients that are dealing with strong expressions of either fear of life or fear of death.

As a succession to this study, it is recommended that further research will be done into two areas:

- (i) A repetition of the same study with a significantly larger population of subjects and a more even distribution of the number of subject in each demographic group.
- (ii) A comparative study of two or three successive generations of mothers and daughters/sons to verify if the subconsciously stored prenatal experiences coincide with the mother's memories of the pregnancy and to investigate whether the unconsciously stored patterns that are related to fear of life and fear of death can indeed be passed on from one generation to the next.

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