

Diversity of Patients' Beliefs about the Soul after Death and Their Importance in End-of-Life Care

Henry S. Perkins, MD, Josie D. Cortez, MA, and Helen P. Hazuda, PhD

Background: Because beliefs about the soul after death affect the dying experience, patients and survivors may want to discuss those beliefs with their healthcare provider; however, almost no medical research describes such beliefs, leaving healthcare professionals ill prepared to respond. This exploratory study begins the descriptive process.

Methods: Assuming that culture is key, we asked older adult Mexican American (MA), European American (EA), and African American (AA) inpatients their beliefs about whether the soul lives on after physical death; if so, where; and what the “afterlife” is like.

Results: Some beliefs varied little across the sample. For example, most participants said that the soul lives on after physical death, leaves the body immediately at death, and eventually reaches heaven. Many participants also said death ends physical suffering; however, other beliefs varied distinctly by ethnic group or sex. More AAs than MAs or EAs said that they believed that the soul after physical death exists in the world (57% vs 35% and 33%) or interacts with the living (43% vs 31% and 28%). Furthermore, in every ethnic group more women

than men said they believed that the soul exists in the world (42% vs 29% for MAs, 45% vs 14% for EAs, and 71% vs 43% for AAs).

Conclusions: As death nears, patients or survivors may want to discuss beliefs about the soul after death with their healthcare provider. This preliminary study characterizes some of those beliefs. By suggesting questions to ask and responses to give, the study provides healthcare professionals a supportive, knowledgeable way to participate in such discussions.

Key Words: attitude toward death, cross-cultural comparison, end of life, palliative care, terminal care

Eventually, every healthcare professional provides care to dying patients. To be comprehensive and compassionate, that care must extend beyond the physical realm to the spiritual.^{1–11} Some patients, for example, may want to discuss with their care provider their beliefs about the soul after death^{12–17}; however, little medical, psychological, or sociological literature describe such beliefs, leaving healthcare professionals ill prepared to respond.^{6,7,18} We conducted this exploratory study to begin filling the knowledge gap.⁶

We investigated such beliefs among Americans according to ethnic group and gender culture (“culture” here means the values, beliefs, and behaviors a cohesive human group uses to interpret

From the Department of Medicine, University of Texas Health Science Center, the Intercultural Development Research Association, and the Department of Veterans Affairs Audie L. Murphy Medical Center, San Antonio, Texas.

Reprint requests to Henry S. Perkins, MD, PO Box 1696, Dearborn, MI 48121-1696. Email: perkins@uthscsa.edu

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Key Points

- Participants from Mexican American, European American, and African American ethnic groups and the sexes within each one shared certain beliefs such as the soul lives on continuously, leaves the body immediately at death, and eventually reaches heaven; however, participants differed by ethnic group or sex on other beliefs. For example, African Americans more than the other ethnic groups and women more than men tended to believe that the soul after physical death exists in the world.
- Health professionals should be prepared to respond knowledgeably and supportively if dying patients or their survivors want to discuss such beliefs.

experience and hands down from generation to generation^{19–21}). Although our focus on ethnic group and gender cultures rather than religious cultures may surprise some readers, it is based on two considerations. Many Americans do not understand the doctrines of their own religions about the soul after death. In addition, many Americans may hold relevant beliefs that fall outside established religion and into what Balmer called “a casual mysticism.”^{3–6,19,22–37} We believed that ethnic group and gender cultures would best access those nonreligious beliefs. We also believed that because ethnic group culture determines many sex-specific beliefs and behaviors, we should consider the sexes to be distinct subcultures within each ethnic group culture.

With this conceptual foundation, we asked ethnically diverse older adult Americans their beliefs about whether the soul lives on after physical death (referred to as “bodily death” by the interviewers); if so, where; when, if ever, the soul leaves the body; and what the “afterlife” is like. Their responses provide a preliminary description of such beliefs and suggest a tentative categorizing scheme to aid end-of-life care.

Methods

We recruited study participants from the three largest US ethnic groups—Mexican Americans (MAs), European Americans (EAs), and African Americans (AAs)—comprising, respectively, 10%, 56%, and 13% of the US population.³⁸ Recruitment took place in San Antonio, Texas, a city of 819,000 MAs, 351,000 EAs, and 91,000 AAs.³⁹

We assembled participants in a stepwise fashion. First, we identified from the admission logs of two local hospitals all patients aged 50 to 79 years who were admitted in a 9-month period for any of 10 common internal medicine diagnoses. We reasoned that age, serious (although not necessarily terminal) illness, and having experienced the deaths of others had already prompted these patients to think about death.^{34,37,40} Next, we used “purposive” sampling to select adequate numbers of potential interviewees by ethnic group and sex.^{41,42} A validated algorithm determined the ethnic group to which each person belonged.⁴³ We obtained from patients and their primary

admitting physicians institutionally approved informed consent for interviews.

A total of 58 patients, including 26 MAs (14 men, 12 women), 18 EAs (7 men, 11 women), and 14 AAs (7 men, 7 women), constituted our analysis sample. The most prevalent admitting diagnoses among these participants were congestive heart failure (19 participants), angina (17 participants), and pneumonia and chronic obstructive pulmonary disease (5 participants each). The three ethnic group samples had similar mean ages but varied by religion, education, and marital status (Table 1).

Interviews followed a schedule of questions that were pretested for validity and covered multiple topics about death and dying. (We have published results on several other topics in the interviews.^{34,37,44–46}) An open-ended question, allowing respondents to express beliefs in their own words, introduced each topic. For example, “What do you think happens to a person after he dies?” introduced the topic of the soul after death. To help focus responses, interviewers asked respondents early in the interview to name the person closest to them to have died. Most of the participants chose a parent. Interviewers then urged respondents to describe their beliefs in terms of that person’s death. Interviewers probed as needed to clarify responses.

The interviewers were two trained, bilingual women, one MA and one EA not specifically matched to their interviewees by ethnic group. Interviews typically occurred 3 days after admission, involved one-to-one engagement in participants’ hospital rooms, lasted roughly 90 minutes, and were audio-taped. Participants interviewed in Spanish or English as they preferred. Bilingual typists then transcribed the audiotapes, translating any Spanish into English.

Specially trained staff from various ethnic and professional backgrounds and sexes content analyzed the transcripts. The analysis occurred in five steps. Each step involved initial, independent, blinded reviews by two analysts, comparison of their interpretations, and consensual resolution of disagreements. First, two analysts deleted any irrelevant comments. Second, the same analysts assembled the remaining comments by broad topic. Third, one original analyst and one author

Table 1. Characteristics of participants

Characteristics	Mexican Americans (26 total: 14 men, 12 women)	European Americans (18 total: 7 men, 11 women)	African Americans (14 total: 7 men, 7 women)
Age, y, mean ± SD	63 ± 8.5	63 ± 8.4	59 ± 5.8
Religion, %			
Roman Catholic	77	39	0
Protestant	15	50	93
Other	8	11	7
Education, y			
Median	7	12	11
Interquartile range	3–11	10–12	10–12
Currently married, %	58	33	29

SD, standard deviation.

naïve to the responses identified themes within each broad topic. Fourth, that original analyst and either of two new analysts determined for each interview the presence or absence of each theme. Theme presence required agreement between the original analyst and the new analyst or, when they differed, agreement between one of these analysts and an independent adjudicator. Fifth, the three authors aggregated themes into meaningful categories by consensus and checked these categories for trustworthiness against participants' original comments. Throughout the process, we considered the words "soul," "spirit," and "person" to mean the nonphysical self.

We report here the results for each theme primarily as percentages of participants who mentioned the theme within particular ethnic group or sex samples. Although content analyses are usually reported qualitatively, percentages have two advantages here.³⁷ Foremost, percentages offer the most concise, transparent, and complete method of displaying the results. Readers can examine the data directly and judge for themselves the important similarities and differences among sample groups. Furthermore, percentages allow researchers to construct their own hypotheses for future study as they think best (eg, by either the largest absolute percentages or the largest percent differences across groups). Illustrative quotes supplement the percentages we report here.

Results

Fifty-two respondents (90%), including large majorities of all of the ethnic group samples (range 85%–94%) and sex subsamples (range 71%–100%), said that they believed that the soul lives on continuously after physical death. One MA man explained, "The spirit is always going to exist," and an AA woman, talking about a dead friend, insisted, "Her soul will never die." Likewise, an EA man, who wanted to ride in the hearse carrying his dead father's coffin to the cemetery, told the driver, "I'd like to ride here with my dad. Dad hasn't gone.

I've still got him with me." In contrast, five participants (three MA men, one EA woman, and one AA man) expressed uncertainty about whether the soul lives on continuously after physical death. "Who knows?" one MA man said. "(N)o one has come back (from death)." Only one participant, an MA man, flatly rejected the idea, saying the soul "stays in the body. It decomposes with time. It gets destroyed underground."

The belief that the soul lives on after physical death prompted questions about where the soul is; when, if ever, the soul leaves the body; and what the "afterlife" is like. *Where is the soul after physical death* (Table 2)? A total of 56 participants (97%) answered this question. Forty-seven (81%) said "in heaven" (theme 2A), 35 (60%) said "inside the body" (theme 2B), and 23 (40%) said "outside the body but still in this world" (theme 2C). Seventeen participants (29%) mentioned 2 of these locations and another 16 (28%) mentioned all 3. Some of the 33 participants even specified the soul's "itinerary" after physical death. One EA woman, for example, believed that the soul floats "around as an angel, watching over us until judgment day. (Then) it goes to heaven or hell."

The 47 participants answering "in heaven" included large majorities of all of the ethnic group samples (range 73%–94%) and sex subsamples (range 71%–100%). Twenty participants (34%), including most EA women, specifically described heaven as being in God's presence. One EA woman joked that when her dead mother "got to heaven, she told God to move over. She was going to help Him run heaven." Other participants, however, described heaven without referring to God. One MA man said that heaven is a "classroom where we can learn something—a different dimension, a new type of being."

The 35 participants answering "in the body" included majorities of all three ethnic group samples (range 57%–62%) and majorities or near-majorities of all six sex subsamples (range 42%–79%). Strenuously objecting to practicing invasive procedures on dead bodies, one MA man said a dead body

Table 2. Where is the soul after physical death?

Location	Group	Mexican Americans, % ^a	European Americans, % ^a	African Americans, % ^a
		(26 total: 14 men, 12 women)	(18 total: 7 men, 11 women)	(14 total: 7 men, 7 women)
2A. In heaven	All participants	73	94	79
	Men alone	71	100	71
	Women alone	75	91	86
2B. Inside the body	All participants	62	61	57
	Men alone	79	57	71
	Women alone	42	64	43
2C. Outside the body but still in this world	All participants	35	33	57
	Men alone	29	14	43
	Women alone	42	45	71

^aPercentages apply to the groups designated in the second column from the left. Percentages for any one group may sum to >100% whenever some participants provided multiple answers. Only 2 participants, 1 Mexican American woman and 1 African American man, specified no location for the soul after death.

“is a person, a human being, not just an object that can be cut in pieces!” Likewise, an EA man said if the doctors “hurt the guy that’s dead, he ain’t going to holler. They wouldn’t know if they hurt him.”

The 23 participants answering “outside the body but still in this world” included more AAs than MAs or EAs and more women than men in each ethnic group. Some of the 23 described encounters with dead loved ones as “proof” for this belief. Referred to psychiatry staff for possible hallucinations, one AA woman insisted, “Do I see things? Yes, I know when (my dead auntie) sits on my bed. You can feel (her) impression (there).” An AA man said, “After my father’s funeral, his spirit was at my mother’s house, and he woke her up. He said, ‘Look what (the doctors) done to me (during those resuscitations).’ He opened his shirt, and he had two big white burns where they was hitting him with that electric plate.”

When does the soul leave the body (Table 3)? Forty-six participants (79%) answered this question. Six (two MA men, one MA woman, one EA man, and two EA women) gave two different answers. The most common answer, which was given by 35 participants (60%), was, “The soul leaves immediately at bodily death” (theme 3A). One MA man explained that his mother’s soul left exactly when “her heart stopped. Once the heart stops, your soul comes out of the body and floats away.” The next most common answer, which was given by 10 participants (17%), was, “The soul leaves before bodily death” (theme 3B). Recalling a chronically comatose friend, an MA man exclaimed, “After 2 months the doctor said, ‘He’s going to die.’ (But) he was dead already! The machine was pumping, doing the work for him. He couldn’t move his arms. (His fingers had) no heat. It was a fraud!”

The least common answer, which was given by 7 participants (12%), was, “The soul leaves after bodily death” (theme 3C). No EA men and no AAs provided this answer. Six of the seven participants who did provide this answer esti-

mated the soul’s “departure time.” Three said that it occurred within 30 minutes after physical death. An EA woman claimed that a friend had stayed in her body “15 or 20 minutes, long enough to be warm (for her husband) to hold for a little while and say good-bye.” Another three said that it occurred between 3 days and 1 month after physical death. An MA man said, “About 3 days after (death), the spirit comes out of the body because God wants it (that way). Jesus was 3 days (in the tomb).”

Five of the six participants who gave two different answers responded that the soul leaves before and at physical death. The sixth said that the soul leaves at and after physical death.

What is the “afterlife” like (Table 4)? Of the 44 participants (76%) who answered this question, 28 (48% overall with ranges of 44%–50% among the ethnic group samples and 29%–57% among the sex subsamples) said, “The afterlife gives rest or relief from earthly suffering” (theme 4A). One MA man recalled his sister’s being disconnected from the ventilator as she was dying of leukemia. “She died about 2 hours later,” he said. “It was sad, but (she was no longer) suffering. She was better off resting.”

Seventeen participants (29%), including half of the MA men, said, “God interacts with the dead” (theme 4B), but differed over the nature of the interaction. One MA man admitted uncertainty on the matter, saying, “We all go to God, (but) who knows what He does with us?” Other subjects, however, responded with certainty. An EA woman insisted, God “prepare(s) a place for you,” and an MA woman said, “He takes good people to live with the angels.” Few participants mentioned divine judgment, but one, an EA man, insisted that God tests the soul after death “to find out what you are.”

Nineteen participants (33%), more AAs than MAs or EAs, said, “The living and the dead interact” (theme 4C). The AA woman who spoke about her dead aunt believed that she “will always be with me. I know (when she’s there) because

Table 3. When does the soul leave the body?

Time	Group	Mexican Americans, % ^a	European Americans, % ^a	African Americans, % ^a
		(26 total: 14 men, 12 women)	(18 total: 7 men, 11 women)	(14 total: 7 men, 7 women)
3A. At bodily death	All participants	73	61	36
	Men alone	71	71	29
	Women alone	75	55	43
3B. Before bodily death	All participants	19	11	21
	Men alone	29	14	29
	Women alone	8	9	14
3C. After bodily death	All participants	15	17	0
	Men alone	21	0	0
	Women alone	8	27	0

^aPercentages apply to the groups designated in the second column from the left. Percentages for any one group may sum to >100% whenever some participants provided multiple answers or to <100% whenever some participants provided no answers.

Table 4. What is the “afterlife” like?

Characteristics	Group	Mexican Americans, % ^a	European Americans, % ^a	African Americans, % ^a
		(26 total: 14 men, 12 women)	(18 total: 7 men, 11 women)	(14 total: 7 men, 7 women)
4A. The afterlife gives rest or relief from earthly suffering	All participants	50	44	50
	Men alone	57	29	57
	Women alone	42	55	43
4B. God interacts with the dead	All participants	38	22	21
	Men alone	50	14	29
	Women alone	25	27	14
4C. The living and the dead interact	All participants	31	28	43
	Men alone	29	14	43
	Women alone	33	36	43

^aPercentages apply to the groups designated in the second column from the left. Percentages for any one group may sum to >100% whenever some participants provided multiple answers or to <100% whenever some participants provided no answers.

too many things (are) falling or dropping. When something's wrong, she comes back.” Another AA woman said she thinks about her dead brother “a lot,” speaks to him, and sometimes asks favors of him.

Ten participants (17%) actually described dreamlike “death experiences” during comas or cardiac arrests. One MA man remembered his coma as being “on the other side of a mountain (from Jesus). I kept asking Him to take me. I was ready (to die).” Similarly, an EA man experienced his cardiac arrest as “going through the chow line. I turned around, and there stood my (dead) son. He said, ‘What are you doing here, Pop? You don't belong here.’ (Suddenly) he was gone, and I was (back) in the (intensive care) bed.”

The large percentages of both Protestants and Roman Catholics among MAs and EAs enabled us to check for religious confounding. We found only one possibility: in each ethnic group sample, more Protestants than Roman Catholics said that the dead exist as spirits still in the physical world (for MAs, 50% vs 25%; for EAs, 33% vs 14%).

Discussion

Historically, patients have relied on physicians to care for both body and spirit. Unfortunately, today's medical practice, which is complex, highly technical, economically precarious,⁴⁷ and time pressured, often distracts physicians and other health-care professionals from providing care to the spirit^{7,11,14–17,48,49}; however, dying patients and their survivors often need that kind of care the most.⁵⁰

As death nears, normally dormant beliefs about the soul after death may surface,^{5,8,51–53} raising profound existential questions.^{3,7,30,54} Dying patients and their survivors may seek help from their healthcare providers,^{2,8,24,33,42,55,56} but almost none of the professional literature describes people's beliefs about the soul after death,¹⁸ leaving health professionals ill prepared to respond.^{6,7,57,58}

This preliminary study describes Americans' beliefs about the soul after death, and the results suggest a possible taxonomy. Certain beliefs may be held by Americans generally. Examples from the sparse existing research include beliefs in an “afterlife” and a heaven.^{5,18,52,59,60} Our study adds to this research beliefs that the soul lives on continuously, leaves the body immediately at physical death, eventually reaches heaven, and interacts with God. Other beliefs may concentrate in only certain ethnic groups³ or sexes. Examples may be the belief among many AAs in our sample that the living and the dead interact and the belief among many women in our sample that the soul after physical death continues to exist in the physical world.^{51,53} Still other, idiosyncratic beliefs may be held by only a few individuals. An example may be one participant's belief that the soul after death is “destroyed underground.”^{23,25,35} This taxonomy, of course, is heuristic and offers no grounds for speculating about the causes for our results. Identifying those causes requires follow-up studies.

Readers must interpret our results in light of the study's limitations and strengths. Its limitations included participants' occasionally absent or self-contradictory responses about some themes; possible confounding by education and marital status; and the impossibility of generalizing the results because of the purposive sampling. The countervailing strengths of the study included the clinically important topic; the seriously ill older adult participants who had thought about death beforehand; the relatively large participant numbers by qualitative study standards; the pretested, bilingual interview schedule; the open-ended questions allowing participants to express beliefs in their own words; and the rigorous content analysis.

Although preliminary, our results suggest several lessons for end-of-life care. First, healthcare professionals should consciously attend to the spiritual dimensions of dying, including beliefs about the soul after death.^{7,50} People do hold such beliefs,^{51,61,62} may need to discuss them during a life-threatening crisis, and may wonder aloud about them to

healthcare professionals in attendance.^{6,9,33,63} We believe that all healthcare professionals should be prepared to respond knowledgeably and supportively.^{10–14,58,64,65}

Second, beliefs about the soul after death obviously fall outside the scientific paradigm. They cannot be argued or verified through scientific observation. Thus, discussing them supportively may require healthcare professionals to suspend their usual critical scientific mindset.^{7,19,21,23,25,27,31}

Third, inquiring about another person's beliefs on the subject demands a methodical, sensitive approach. Our data suggest one. The healthcare professional may begin by asking the patient or survivor an open-ended question such as, "What do you think happens to a person after he dies?" If the patient or survivor has difficulty answering, the healthcare professional may say, "Many people believe a person's soul lives on after the body dies. What do you think?" or "Some people look forward to death as a release from suffering. How do you see it?" If necessary, the healthcare professional may then probe with questions such as, "Do you think the soul leaves the person's body? If so, when, and where does the soul go?" Finally, the healthcare professional may say, "We want to care for you in ways that respect your beliefs about the soul after death. Do you have specific care requests based on those beliefs?" Throughout the inquiry, the healthcare professional must be prepared for unexpected or seemingly illogical comments.⁵⁷ Nonetheless, the healthcare professional should never dismiss these comments out of hand but should listen respectfully and respond as supportively as possible.^{7,19,66} Such an approach will help tailor care to the needs of particular dying patients and their survivors such as by assuaging anxieties about death, reflecting hope for relief from physical suffering, safeguarding a time and place for patients and survivors to say goodbye, or encouraging survivors to express any sense of the patient's spiritual presence after death.

Conclusions

We believe that all healthcare professionals who provide end-of-life care have responsibility for ensuring that the spiritual needs of dying patients and their survivors are met.^{7,8,10–13,24,26,42,49,55,57} Healthcare professionals may sometimes be the people best situated to meet those needs.^{12,58} Our data suggest specific questions that healthcare professionals can use to help patients and survivors express their hopes and fears about the soul after death.⁶⁷ By listening attentively and responding sympathetically, healthcare professionals can go a long way toward fulfilling two of medicine's most important functions—supporting patients into death and consoling survivors.^{1,9,28}

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