

About death and dying: a space for observation

Sobre a morte e o morrer: um espaço de reflexão

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ABSTRACT: This article discusses thoughts and concepts about Palliative Care and Thanatology, sciences dealing with death and the dying process subjects, aiming to widen observations, analysis and discussions already in place about the themes, aiding either the uninitiated public as health care professionals, to handle death and the dying process in a more humanized and closely way, like conditions associated to each and every human being.

Keywords: Palliative Cares; Thanatology; Dying process.

RESUMO: *Este artigo discute pensamentos e conceitos na área da Tanatologia e dos Cuidados Paliativos, ciências essas que tratam dos assuntos da morte e do processo de morrer, visando a ampliar as reflexões, análises e discussões já existentes sobre os temas, auxiliando tanto o público leigo como os profissionais de saúde a poderem lidar com a questão da morte e do morrer de forma mais humanizada e próxima, como condições que dizem a respeito a cada ser humano.*

Palavras-chave: *Cuidados Paliativos; Tanatologia; Morrer.*

¹ Article translated fully by Vivian Cristina de Oliveira.

*Oddly, death and love co-exist...
 You cannot love
 Without dying every day for your memory.
 It is not possible to embrace someone free of death.
 Where love is, death is too.
 by Jiddu Krishnamurti
 (Translated by Vivian Cristina de Oliveira)*

*Commitment of the heart, from someone who loves and misses it
 (by Maria Júlia Kovács, translated by Vivian Cristina de Oliveira)*

Insertion

According to the data from Census 2010 disclosed by IBGE, the Brazilian Institute of Geography & Statistics, the population in Brazil is aging. The newspaper *Folha de São Paulo*, in news from February 17 2013, supports this conclusion and points out there was an increase on the top of the age pyramid, that can be observed due to the growth on the relative share of the population aged 65 years or older, which was only 4,8% in 1991, became 5,9% in 2000 and reached 7,4% in 2010.

Such increase on the elderly population leads to extra gerontologist studies intended to contribute on understanding the several aspects involved with aging. Accordingly, this article brings a contribution for the debate about “death and the dying process”, within the context of Gerontology.

It is very important to evidence one of the definitions of aging, extracted from the work of Mucida (2006) for this debate. According to her, generally, the aging is defined as a process that follows the Individual from birth up to death; where the old age is a specific period of this process, characterized by changes in the body cells besides reducing and altering daily functions, and does not necessarily imply an accumulation of diseases. Rising of illness is not an obligation to define if a body is old or not.

Gerontology includes different types of concepts, such as senescence and senility, established by the author, respectively, as “an inescapable physiologic process of the body” and “a pathologic process of aging” (Mucida, 2006, p.23). The concept that she adds to the debate is that “*o sujeito não envelhece*” (‘the Individual does not age’, in English), title of her book, and justifies herself stating this Individual is driven by the unconscious, which for Psychoanalysis, is the instance that does not age, because it is

always being worked out and renews itself to the extent of living, meaning, until the death of the Individual. This subject will be discussed further thereafter.

There are two important concepts to be covered to clarify the headline of this article: the concept of death and the concept of the dying process. According to Araújo and Vieira (2004), death is a unique and private phenomenon, when the biological life ends, experienced by the Individual alone. Yet, stated by them, the concept of dying is an ongoing process throughout life and must be understood, existentially, where the dying process happens in each moment of life.

Death and the dying process will be deliberated by us in the framework of the Western Society and its way to handle these issues. From Combinato and Queiroz (2006), we will consider the historicity of the death topic based on the references involving the medieval world and the modern society.

About these researches, as of the authors cited, after the Second World War, the development of Thanatology has expanded seeking for greater awareness on the subject. During the decade of 1960, the work of the psychiatrist Elizabeth Klüber-Ross – mainly on the piece “*On death and dying*”, published on 1969 –, analyzes sentiments felt by the Individuals during the dying process. They believe that externalizing those sentiments is essential when accepting the process. In Brazil, we highlight the studies of Wilma Torres, Maria Helena Pereira Franco and Maria Júlia Kovács, who expanded the concepts of death and dying into the reality of the person living those processes within the Brazilian scenario, regarding the educational and institutional devices of this reality, with their difficulties and exceedances.

Strengthening those ideas, Santos (2009) points out the capitalism and the materialist philosophy build up a type of view of life that numbs the awareness of the finite condition of the Individuals, as we as its ownership process.

Another important scientific field that handles the death and the dying process is the Palliative Care, regarding the people in the final process of the life and aims the physical and emotional comfort of every individual at that moment. Kovács (2008) says the programs to train health professionals studying the Palliative Care provide more detail on subjects such as options for less aggressive treatments, improved control of the symptoms, the family closer to the patients and lower rates of depression.

At such principles and paradigms, Combinato and Queiroz (2006) believe the Individual who lives the dying process, lives those emotions and sentiments in solitude, what brings to the fact that health professionals reflect, in their actions, the

contemporary thought – becoming prepared to handle the life and the cure, but not the Individual who is dying.

In this direction, De Franco (2007) reinforces the death is lived, several times, in a lonely way, having gone out from the collective environment to impact a small group around the deceased. This way, the elderly and others, approaching death, gather themselves with anxieties, left with just few ways to share it.

At this time, death is a big taboo, as Leloup and Hennezel (1997) state in their work:

High material and spiritual walls were built, pulling apart the cities between those passing by and those already passed, the latter being visited only, as fast as possible, during a tragic event or during the official feast Day of the Dead. There is a primary resistance facing the obvious fact we've been going through (...) (by Leloup & Hennezel. Translated by Vivian Cristina de Oliveira).

Corroborating such thought, Combinato e Queiroz (2006) indicate that currently the presence of relatives, friends and neighbors together with the person who will die gave way to the hospital site, which is, mostly, a mild and hygienic place, demanding true self-control from the grieving individual, who is not able to completely express emotions and feelings while living the departure of the family member. This happens also with the health care professionals who had close contact with the deceased patient. What is left to each one of the individuals involved, the self-grief ritual, for departure: for the individual about to die; for the family members and friends; as well for the team who took care of the patient.

In order to develop this idea, we mention Oliveira, Pacheco and Py (2009), claiming that, in our culture, the old age appear like:

(...) with greater social weakness and loneliness, besides the accelerated physical transformation, redundant in the losses or in the reduction of the functional capacities. This is also the phase when the Individual realizes and becomes aware there is little time to recuperate and to rescue what has been lost along the way (by Oliveira, Pacheco & Py, translated by Vivian Cristina de Oliveira).

For the patient, as per Leloup and Hennezel (2007), it could be said there are several ways to die, several ways to do what could be called *the departure*: departing to the mystery, to the unknown.

In this work we would like to review some thoughts about death, in gerontology context, to support the creation of a space for observation for something as real and absolute as this subject, in order to make a more humane, closest and smoothing death, diminishing the taboo about it.

One way of reflecting on this subject – carried out in this post – is the direct and subjective observation through the professional activity. The authors bring together experiences as a Gerontology Student and Chief of the Psychology Department of the Medical Care Institute of the Employee State Government, at the Government Hospital “Francisco Morato de Oliveira” (HSPE-FMO). In these roles, the two were able to analyze, by lending an ear & holding and taking care of the individual who is dying – who we will call patient –, different dying processes, the touch or affect, in several ways, the interdisciplinary team and the family members of the patient who lives the processes of death and the dying.

The direct or indirect engagement with those processes was balanced with theoretical research and the literature on the concerned issues, within the education scoping of the authors. Santos (2009) says, among the areas mostly advancing in the debate, education and research about death and the dying process is the Psychology. Beginning of this scope, talking about death is a chance to contribute for further development of the topic by the health care professionals and the general public.

Combinato and Queiroz (2006) believe, for the health care professionals, the understanding of death influences on their quality of life and the way they interact, to fulfill the professional tasks, with the process of death and dying. So, this work aims to raise the awareness about those processes through reflection and theoretical discussion.

The above authors think, for the health care team, after obtaining a better understanding about the topic, the requests of the patient must be satisfied, through greater humanization in treatment and care services, so death and its process will become less distressing and more dignified for everyone involved with the patient.

As for the general public, this text searches for reflection and construction of a specific knowledge to help viewing death as a subject linked to the human condition, since this concerns each and every human being.

Method

The nature of this article is qualitative and descriptive, developed by literature review on the issues related to the Thanatology & Palliative Care sciences, including scientific papers and books references in the field. Yet, other sources were used, such as database of the Regional Library of Medicine (BIREME) and researches by Google Scholar, looking for help to complement the article, as well as the professional experiences of the authors and their comments about the subject of this paper.

The Elderly in the Finitude Process

Oliveira, Pacheco and Py (2009), regarding the process of human development, says:

The final step of this process, the old age, getting longer as the time goes by due to the significant increase in longevity, lead the Individual to the boarding platform of the final trip to another dimension of life – death – which we anticipate and deny, but we are not allowed to know (by Oliveira, Pacheco & Py, translated by Vivian Cristina de Oliveira).

According to Mucida (2006), the real – in regards finitude – embraces the death and the dying process, and as well the elderly who is in the ill condition faces his own finitude, through the failure or collapse of the body. For Psychoanalysis, the death issue is related with castration, setting limits to the desire of the individual, which leaves the individual facing a condition of helplessness and vulnerability towards life, meaning that it is responsible to make the individual to face the finite condition of the mortal person.

Still under the above author, Psychoanalysis – beyond the body – places on the stage an individual gifted with a body, crossed by the Other, who is envisioned by the individual and who throws the eye on him: an individual crossed by desire and sorrow. This individual has its own way to drive the real, where this arises as an event, without denial exit, neither rename it, because the real is this: something active. The old age

would limit some bonds losses with the Other; leading the individual to see the grief for the lost objects, allowing the creation of new investments in other people or interests.

For Psychoanalysis, death and aging may symbolize a selfish wound striking the omnipotence fantasy of the individual facing life events. Therefore, Hervy (2001) – mentioned by Mucida (2006) – says the aging process is a process that requires taking a stand, and that each individual will respond by the own spare capacities: biological, emotional or social. Those spares will define the action of the individual facing the own illness and end.

Still with Mucida (2006), during old ages, the Child – meaning, the individual fallen behind – will continue to reverberate on what is a synonym of abandonment, loss of love, of distress concerning the desire of the Other and the individual oneself. In this way, the author points out that endure the life is to encounter absence and the real thing. According to her this is the ironic confrontation of life – who presupposes the issue of death – which everyone can take care to guide the life to a better uncertain death. The imaginary and the symbolic will take care of offering a possible treatment, during the old ages, regarding the issue of death. All of these will impose to the aging individual the lamentation of its own image, the loss of his juvenile power, as well as the loss of objects. You cannot delude ourselves that only the remembrance will be always done during old age. Some elderly will face anger, whining and complaints as predominant feelings towards old age and death, unless such feelings are safeguards for danger that is the issue of proximity to death.

In addition to the spares of the elderly patient, the health care professional and the interdisciplinary team are liable to shield the patient, if unable to help, at least provide any support that can make the departure as comfortable as possible, and those professionals are responsible during the *departure* of the patient individual, allowing it to be the most dignified.

The health care professionals and the death

Hennezel (Leloup & Hennezel, 2012) states about the individual who follow the one dying, being compassionate, without getting dragged by the sorrow of the Other:

It is possible to be very close to the one in pain, in a gap, an intimate sound and, therefore, maintaining a certain distance. This is, then, an inner detachment compared to our own emotions, a detachment between myself and not a detachment between the Other and I. Better clarify my point of view: it is not much of a technique, but an inner work. We will become wiser and more confident in the temporariness of life as long as we work with our interior for this loss issue (by Leloup & Hennezel, translated by Vivian Cristina de Oliveira).

Above thought could be very useful not only for escorts (family member or not) as well as for the health care professionals, while guiding for the best way to deal with the patient facing terminality.

Kovács (2005, p.485) use to question about death and dying topic being constantly investigated by the humankind and the answers produced by religion, science, art, philosophy – none of them is complete and universal. They are all vague, by the eyes of the author, although they may temporarily offer a feeling of completeness. Every health care professional should have contact, at least, with their own finiteness, with their existential questions rolling to a potential interior inner growth for death. Kovács (2005: 486) highlights the education for death requires communication, relationships, losses, edge situations and the vortexes of life, which could embrace losing important people, illness, accidents and even confrontation with death itself.

Júnior, Melo, Monteiro, Moura, and Santos (2011) agrees that is necessary to look after the emotion of those looking after the one dying. In the concerned article, the authors mention concepts that arise from nursing professionals about perceptions about death and dying, which are elements like departure, disconnection and finiteness. Death, seen as departure, is like an event that everyone will attend, in the future – likely unknown–, and that brings with it the representation of spiritual beliefs and convictions of the humankind. However, death as finiteness may be accompanied of grief and anger.

Yet, in the words of the authors, the difficulty in dealing with the patients with the prognosis of death is related to the internal difficulty of the professionals involved to deal with the death topic. Developing the comprehension of suffering arising from the contact with the topic might be a constructive aspect, as a confrontation strategy facing this issue, provided that one has, in the opinion of these experts, mature enough to face

the activity to cope with the dying individual, while retaining responsibility and professional ethics.

We think that some of the tasks of a psychologist are lending an ear and holding, the first being something specific, which enriches the resources of the patient, and the second something that could be moderated and be used as shield for the anxieties of the individual of the patient.

One of the ways of working for the health care professional that might help comforting the individual who is dying is to notice the moment and significance of their work, respecting the limits of the one departing, preventing the work with a routine performance and meaningless at that moment. This issue could be exemplified where the procedures of the team are suspended over the words spoken by the patient damaging this situation and context; the long awaited visits, when even sedated, the patient has the right to get.

It is worth saying that the meaning of death is, as already quoted, something that pervades the mystery of life. Even after so much technology, the Medicine is not in control and, sometimes, it is not able to anticipate the mystery of life and death. And even when it is possible, times when the medicinal resources go beyond the perspective of disease cure and saving the patient, respectfully acknowledging the limits of the professional humankind facing the individual of the patient and this one's history.

CONCLUSION

Considering the aging of the people and the proximity of death, the elderly see themselves facing a reality where, most of the times, it is necessary to grief for the loss of the beloved ones in order to live and inform the others about its own finiteness. By a wonderful sentence, Hennezel (Leloup & Hennezel, 2012) states:

Surely, learning how to live is learning to love and, consequently, learning to loose. Obviously, all of this is inseparable. But, it is correct saying that we can't 'learn' to die, once there is no way to 'work on it'. Learning to love is to accept out limits, assuming our helplessness and only be present in the acceptance of the course of things, which is. Life is this learning: the acceptance of the real (by Leloup & Hennezel, translated by Vivian Cristina de Oliveira).

Above sentence can help on the learning process of the health care professionals who see on a daily basis the death of patients. There is no aging without the mourning for the losses piled up during live, as claims De Franco (2007). The, death may be a space to die, meaning just by speaking of and letting it infiltrate life, death makes space in order to continue the dying process.

Mucida (2006, p.145) says, among the roads indicated by Freud love is there to ease the pain embedded in life, even getting failure shares from this feeling, as long as the individual relies on the Other, who is a mortal, the individual will remain hostage of mismatch, abandonment and rejection, leading to the pain. Elderly brings the incisively abandonment topic. During those years, death is not feared, but the death of the desire for life, which is not measured by age. The author believes the movement of life does not exist without the movement of death.

Py, Pacheco, and Oliveira (2009) are convinced that elderly would be a meeting with the nothing, with the “not to be”, (existentialism) an emptiness of existence that fades. It is necessary a work of elaboration of grief, for the losses piled up throughout life, wherever they came from.

Kovács (2005, p.487) says about the importance to talk about death and its connection to the fact that, when talking about this topic, we are talking about life and its quality turns out to be reviewed. Quoted in an important reflection:

There is, in the human being, the desire to feel unique, creating work to prevent his forgetfulness, providing the illusion that death and dissolution will not happen. This strength breastplate is a lie hiding an inner weakness, the finiteness and vulnerability (by Kovács, translated by Vivian Cristina de Oliveira).

Yet, Kovács (2008) says the education for death is everyday work, grounded in questions, in the self-knowledge, in finding a meaning in life, never trying to give out recipes, simple answers, rules or coaching.

Rachel Léa Rosenberg, in *Morte e desenvolvimento humano* (1992, p.70) (death and the human development, in English), reflects – in an existential-phenomenological perspective – which has expectation from, as older as people are, the most they fear death. Rosenberg agrees, as per his own experience and from other people he knows, showing this statement may be not totally correct. The author reflects, then, elderly

could be a time for accomplishments and personal satisfactions and is essentially not a chronological concept, being changeable from a series of conditions.

We complement the epigraph from Jiddu Krishnamurti (*In: Hennezel & Leloup, 2012*), who says that death and love go together, with the reflection from Rossevelt Moisés Smeke Cassorla (*In: Kóvacs, 1992*), who says that only felt love when perceived death. Quoting Drummond, says:

<p><i>I love you, because I do. You don't need to be a lover, neither know to be so. I love you because I do. Love is a blessing and cant be paid with love. Love is for free, sprinkled in the wind, in the waterfall, in the eclipse. Love is not in the dictionary and neither has rules. (...) Love is related to death, and by her, he is the winner, because though it is killed (for real) in every moment of love.</i></p>	<p><i>Eu te amo, porque te amo. Não precisas ser amante, e nem precisas saber sê-lo. Eu te amo porque te amo. Amor é estado de graça e com amor não se paga. Amor é dado de graça, é semeado no vento, na cachoeira, no eclipse. Amor foge a dicionários e a regulamentos vários. (...) Amor é primo da morte, e da morte vencedor, pois por mais que o matem (e matam) a cada instante de amor.</i></p>
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The authors expect, with those reflections about death and love, the reader of this article could look, more sensitive, to the individual – the patient – who is dying. This look shall be fulfilled with love for the human being, as a commitment from the heart that loves and misses those already departed.

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