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MAN AND MORTALITY

by

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Common Course

MAN AND MORTALITY

Death itself is obviously the most common affliction known to mankind, but until recently has received little attention. Each of us begins to die the moment our perishable body begins to breakdown. "We live with death," says Sir Thomas Browne, "and die not in a moment."¹ It is most interesting that the one experience we are all assured of we treat as a taboo subject and develop many defense mechanisms to remove ourselves from its reality.

Every society has prescribed ways of dealing with the problems of death. There are rituals for the disposal of the corpse, help for the bereaved, allocation of the possessions of the deceased, and countless other arrangements. All of these methods are used to rationalize the death even though we realize death is unavoidable in the evolutionary process.

Because we live in a more technocratic society, death for many is seen as more gruesome. For example, death is more lonely because of mechanical, dehumanizing machines, and at times it is technically difficult to determine when death has occurred, because of their prolonging of

¹
Virginia Moore, Ho for Heaven (New York, 1946), p. 278.

life. Not only are we faced with the decision "when is a human being dead," but we must also decide if a "technically dead" man can be flown across the country so his organs can be transplanted into another human body. We can no longer use the Stedman's Medical Dictionary definition of death, "the cessation of life."² We now say death technically occurs when irreversible brain damage occurs, or with the cessation of traceable brain waves.

The negative connotation of death is not something new, whereas the recent exploring of our true feelings concerning death is. Why have we found the exploring of the psychological aspects of death necessary? What has been learned about life from the dying individual? How have our attitudes about death developed?

The universality and necessity of death forces each of us to develop some type of attitude toward the topic. Usually when death is mentioned we consciously try to fool everyone that as an individual we have come to emotional terms with death.

Thomas Bell, in his book, In the Midst of Life, helps show our inability to cope emotionally with death. Thomas Bell was faced with inevitable death within six months. The certainty of his death appeared very unreal to him.

² Stedman's Medical Dictionary, 21st ed. (Baltimore, 1966).

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The thought occurred to him: "This can't happen to me. Such things happen only to others. Me with a malignant tumor?"³ Even though the idea of his death followed him, he considered it absurd that he had only a few months to live. He never coped with its reality.

Freud showed us that our attitude about death is similar to Mr. Bell's. We admit aloud that we shall die but in reality we act as if it is not true. Our own death is unimaginable, and when we do try to imagine mortality we realize we are surviving as spectators, because death will never reach us, rather we are immortal. According to Freud, our conscience is not accessible to the idea of death, and we are not in possession of any instincts that prepare us to believe in our own death. Freud felt that we lived beyond our psychological means in denying death and we had better put death in its proper perspective.⁴

According to Pascal, men unable to cure death, hit upon the idea of not thinking about it in order to be happy. They "distract themselves" from the idea.⁵ As the seventeenth century English poet, Edward Young ex-

³Theodor Riek, Couriosities of the Self: Illusions We Have About Ourselves (New York, 1965), p. 16.

⁴Ibid., p. 17.

⁵Jacques Choron, Modern Man and Mortality (New York, 1964), p. 105.

pressed it, "all men think all men are mortal but themselves."⁶

Our experience with death is second hand. According to Martin Heidegger, a German existentialist, we are only capable of communicating our banal experiences. The deep experiences of life are by nature incommunicable.⁷ Because death is a basic experience, the spectacle of someone's death, no matter how close the individual is to the dying person, really would not produce a true psychological experience. In seeing others die we become convinced of our own mortality but as long as we are alive it is merely "someone else" who dies.

Our intellectual rather than emotional acceptance of death can be observed in our speech and behavior patterns. The widespread use of euphemisms for death and dying seems to point to a deep-seated reluctance to visualize the process of death. We always attribute the ending of one's life to a malicious intervention from the outside by something or someone else.⁸ This is reflected in such synonyms for death as; the grim reaper, the pale horseman, the grim monster, the arch foe. We can see our

⁶ Ibid., p. 106.

⁷ Ignace Lepp, Death and Its Mysteries (New York, 1968), p. 10.

⁸ Elisabeth Kubler-Ross, M. D., On Death and Dying (New York, 1969), p. 2.

intellect functioning in our actions. We try to preserve and reinstate the individual with embalming fluid, make-up, and other artificial substances to hold on and prove the existence of the dead individual, and to make him look as if he is sleeping restfully.

There are those who believe that out of our unbearable need to be stronger in order to defy death man has developed bigger and more horrible weapons. We can also see our inability to face death in the types of research science is focused on today. We are trying to extend life through animal and human experimentation, applications of new treatment, the use of prosthetic devices, and transplants. Scientific research in the field of cryonics offers the opportunity of postponing death by freezing in hopes that new discoveries may permit cure and rejuvenation of the human icebergs.⁹

As men have different philosophies of life so there are various attitudes toward death. Do men ever unconsciously wish for death? Freud has stated that there is a definite death instinct which makes individuals desire their own death. According to him we start life with a vital tension and our lives express the tendency to live down from this higher level of vital tension to one of absence of tension, "death." In this way we reach

⁹Orville Brim, et. al., The Dying Patient (New York, 1970) p. 62.

our predetermined death. Since instincts have regressive tendencies, one strives from one's state of life toward the state of death. Freud describes this tendency as the tendency to self-destruction and aggression against one's self.¹⁰

In connection with various psychoanalytic theories of death fear, it is particularly interesting to examine the concept of existential anxiety. In a universe without the comforts of religion man is left homeless. Therefore, he tears himself apart with anxiety.

Existential anxiety, which "belongs to existence as such," is said to differ from pathological anxiety in the sense that it has an "object," this object however being "the negation of every object," "the ultimate nonbeing." Existential anxiety, according to Tillich, is generally latent---we usually are completely unaware of it. Where it appears, as in some mystical experiences, it is described as "unimaginable horror." This horror cannot be tolerated; therefore, we avoid it by transforming the anxiety into fear---something that can be met with courage. Although we can distinguish between fear and anxiety, according to Paul Tillich, it is impossible to separate them. "The sting

¹⁰ Paul Schilder, Goals and Desires of Man: A Psychological Survey of Life (New York, 1942), p. 61.

of fear is anxiety and anxiety strives toward fear."¹¹

Tillich tries to show this interdependence of fear and anxiety by taking the fear of dying as an example. "Insofar as fear, its object in the anticipated event of being killed by sickness or an accident, and, thereby, suffering agony and the loss of everything, Insofar as it is anxiety, its object is the absolute unknown "after death," the non-being which remains non-being even if it is filled with images of our present experience."¹² Existential anxiety cannot, however, be transformed into fear and it cannot be eliminated since it belongs to existence itself.

From recorded reports of the ancient Greeks we can see their view of death. They reported the coming and going of the gods and the visits of the living to the land of the dead. The Buddhist concept of death is also different. They view life as a continuous process with death. To them death is the time the soul migrates from one form of life to another, perhaps one day to return in a new human birth.¹³

We also have the existentialist position of death.

¹¹ Choron, p. 153.

¹² Ibid.

¹³ Brim, p. 43.

It is the most satisfactory means of defining the outer limits of contemplation upon modern death. The existentialists position begins with a recognition of the "trapped self," who must acknowledge death and assert life.

The existentialist death is an absurd, unpredictable, uncontrollable block to life. This is the major "essence" to which all existentialisms must refer.

I exist, that is, in the sense that I am a being that will sometime cease to exist. The self's awareness of this possibility is one of the major forces governing his choices. Sartre emphasizes the nature of the self-image. The existing being is very aware of what he is at the moment of his being it, but he is also concerned over the future of that image. Garcin of No Exit says that hell is "other people." In death, the self ceases to exist. But the image of self is, except in rare cases, communicated to others. Immortality is the persistence in time beyond death of a self-image created before death but now at the disposal of others.¹⁴

Existentialists view death as a wall. It is, as such, to be distinguished from the images of the doorway leading to a rose garden and the numerous

¹⁴ Fredrick J. Hoffman, The Mortal No (Princeton, 1964), p. 446.

journey images, all of which suggest death as a stage in the souls progress toward an eternity. The wall, on the other hand, defeats future expectations. There is no future beyond it.

There are those men who cannot accept the meaninglessness of mortality. They too are searching for an answer. Pascal answers that meaning to life and death can be found in God. He expresses this meaning by using a "wager," that is a bet that God exists.

In Pascal's Thoughts there is a passage known as Pascal's wager. In it he tries to force us into Christianity by reasoning as if our concern with truth resembled our concern with the stakes in a game of chance. In essence he says this: "You must either believe or not believe that God is----which will you do? A game is going on between you and the nature of things which at the day of judgement will find one a winner or loser. If you chose God and you win, you gain eternal life; if you lose, you lose nothing at all. Although you do risk a loss by this procedure, any loss is reasonable, if there is but the possibility of infinite gain. What do you really have to lose?"¹⁵

"Just as every culture is an effort to give shape

¹⁵ Frederick C. Dommeyer, ed., In Quest of Value: Philosophy and Personal Values (San Francisco, 1964), p. 101.

to life," observes Father John S. Dunne of Notre Dame University, "so too every culture gives characteristic form and provides a characteristic solution to the problem of death."¹⁶ Dunne feels that in the hierarchical society of the Middle Ages, the problem of death was assumed by church and state, each of which asserted its own power of life and death over the individual. In modern democracies like the United States, where every citizen has the "inalienable right to life," Dunne feels that the loss of a mediating institution leaves the individual more exposed.¹⁷ Free to pursue happiness, he is obliged to face death alone.

At an earlier period in United States' history, Americans were less anxious about death because the idea of immortality was widely accepted. Now it is a generally realized fact that religion is no longer an active part of the everyday life of men in the Western world. Physical fear of death is greatly diminished by the conviction that all will not end with death. Historically the negation of immortality gave rise to the fear of death.

¹⁶ "How America Lives With Death," Newsweek (April 6, 1970), p. 82.

¹⁷ Ibid.

Modern youth are looking inward for a sense of immortal life. Seeking "experiential transcending," one segment turns to drugs to expand consciousness and thereby squeeze eternity into one intense moment. They see death behind "straight" society's efforts to avoid the ecstatic possibilities of everyday life.

"Death is the most important question of our time," says Dr. Robert Jay Lifton, Yale's eminent psychiatrist.¹⁸ Much of our communication media is now reflecting on this vital question. At the close of Sydney Pollack's popular film, "They Shoot Horses, Don't They?" death is offered as the only lucid alternative to modern despair. Perhaps poet Robert Lowell best sums up the prevailing mood in his sonnet written after the death of Martin Luther King: "At this point of civilization, this point of the world, the only satisfactory companion we can imagine is death."¹⁹

Why has death become such an important question for us? American death rates have made a sweeping downward curve. In a half century normal life expectancy increased from 40 to 70 years. The greatest gain being among children. Whereas half the population used to die before the age of 40, half now live

¹⁸ Ibid., p. 81.

¹⁹ Ibid. .

beyond the age of 70.²⁰ Death is no longer a meta-physical mystery or a summons from the divine. Rather, it is an engineering problem for death's managers. Along with these changes our life styles have changed considerably. Once the majority of us lived in close contact with the cycle of nature where death was accepted as a fact of life. The place of death has changed also, once death was in familiar surroundings, now death occurs for most in a hospital bed or nursing home. In 1958 60.9% of all death occurred in hospitals with many more in nursing homes.²¹

Psychiatrist Lifton believes that there is a fundamental need among all men and cultures to develop "symbols of transcendence" by which they can connect their individual lives with what went on before and what is to follow.²² For Americans he has chosen three major symbols:

1. The bi-social - The sense of living on in one's offspring.
2. The nature - Even though people die, nature goes on.

²⁰ Brim, p. XVI.

²¹ Brim, p. 21.

- 3. The creative - The assumption man can continue to influence future generations through his art.²³

Lifton feels we are beginning to look at death in a different light because our symbols are undergoing radical changes. According to Dr. Rollo May, "The clamor of sex drowns out the overbearing presence of death, because death is the symbol of ultimate impotence and finiteness."²⁴ This would alter the bi-social symbol. Nature's immortality has been severely shaken perhaps even destroyed by man's awareness of the ecological vulnerability. The third symbol, creativity, is the mode probably threatened most by the aspects of nuclear annihilation.²⁵ Therefore, our traditional "symbols of transcendence," are viewed in questionable terms.

From a study done by the Equitable Life Assurance Society of the U. S., I think we can see the way man in contemporary American Society views the meaning and time of death. There were over 1,000 individuals questioned in this study, using a cross section of people. The results are the following:

²³
Ibid. .

²⁴
Ibid. .

²⁵
Ibid. .

Images of Death% Who Agreed

Death is like a long sleep	54%
To die is to suffer	14%
Death always comes too soon	53%
Death is something of a blessing	89%
Death is not tragic for those who die, only for the survivors	82% ²⁶

What does this study indicate? Nine out of ten people view death as a blessing, although more than half believe death comes too soon. The majority of people when expressing their views on death for themselves are more concerned about the others who will live on, rather than themselves. Today few people think of death as suffering because of the pharmacological advancements. Those who consider death a long sleep are usually from the disadvantaged and less educated population.²⁷ Most preferred to die by instantaneous death, rather than death preceded by a lingering illness or a period of hospitalization following an accident or severe, short term illness.²⁸

All of us have emotional problems with death. We all, in varying degrees fear death or, at least concerned with our own death. Why do we fear death? Probably the biggest reason is because man is incapable of really conceiving death, or a state of nothingness.

²⁶ Brim, p. 36.

²⁷ Ibid., p. 37.

²⁸ Ibid., p. 291.

For some the fear of death is in reality the fear of the process of dying or the long downhill climb we associate it with. Of course for many death is sudden and unexpected. Many fear death because they are afraid they won't be able to attain their goals, and they will be ripped away before making their mark in society. Still others believe the fear is instinctual and is the root of all other fears.²⁹

Those who survive as they watch others die, while still convinced of their own immortality, must experience the ordeal of funerals. The growth of the funeral ritual is a consequence of such factors as physical environment, social, economic, and religious conditions. The roots of American funeral customs and procedures can be traced back through Western civilization into early Judeo-Christian beliefs concerning the nature of God, man and the hereafter. An underlying conviction of the funeral ritual is that the sacred quality of man exists in the soul during life deserves decent and respectful treatment, and is not an object to be disposed of without due ceremony.³⁰

In our society, many of our funeral customs have

²⁹ Richard VanderBerg, "Let's Talk About Death," American Journal of Nursing (January, 1966), p. 72.

³⁰ Robert Habenstein, and William Lamers, Funeral Customs the World Over (Milwaukee, 1963), p. 279.

evolved from high pressure tactics exerted by the funeral director in a time of shock and mass confusion. While the bereaved family is supposedly receiving mental and emotional solace as a result of viewing the embalmed and restored deceased individual the funeral director is making a small fortune.³¹

The funeral director, who is pictured as the comforting element willing to take care of those necessities, which many individuals prefer to ignore, has recently come under fire. Many individuals have seen fit to expose them for what they are, "big business." The embalming technique, originated by the Egyptians, (because they felt the departed spirit would one day return to the earthly body, and if the body perished the soul would too) to preserve the body, is described as a necessity for the dead of our society by funeral directors. It is, in fact not required by law, but is a costly service that at best maintains the corpse in firm shape for five days.

Funeral directors are also instrumental in helping the bereaved family in choosing the proper casket, which supposedly protects the remains from any foreign creatures. The casket, in particular, the metal casket, is an invention of modern America, which is un-

³¹ Jessica Mitford, The American Way of Death (New York, 1963), p. 90.

known in many parts of the world.³²

Many individuals feel they can beat the high expense of a funeral by using the Greek practice of cremation. But the funeral directors have many ways of discouraging cremation. After all, they can only make a "reasonable margin of profit of about 6% for these services."³³ Who could tolerate a vivid description of what happens to a loved one in the retort. If one does decide on cremation the funeral directors then proceed with the proper care angle for the ashes, promoting of course a permanent resting place in a crematoria, as opposed to scattering or private burying. Cremation is the cheapest form, but it has been made more expensive than necessary by those who have the most to lose.

Recently a study by a funeral director and a college professor of the expenditures of a funeral were completed. The findings are somewhat questionable. The study was centered in a college town where funeral cost were from \$250 to \$1,900 with a median of just below \$800. (This is much lower compared to our area -- the cheapest funeral being around \$1,900 - \$2,100.)³⁴

³² Ibid. , p. 197.

³³ Ibid. , p. 166.

³⁴ Dr. Moore, Lecture Economics of Poverty (January, 1971).

They checked the social status, age and sex of the funeral arrangers. The study showed a low status individual would pay more for a funeral to try and improve their status and impress the townspeople. Women were found to pay more for a funeral than men. This was attributed to women being unaware of how much a funeral should cost. An elderly person was found to pay more for a funeral regardless of his social status. The authors thought the elderly perhaps had more money to spend. In summary the study felt people tended to wait and show their respect for a person by paying a large sum for the funeral.³⁵

Along with the high cost for caskets and preservation one must consider the cost of a grave and marker. The ground can cost any amount of money with some plots as high as \$1,000. The grave digging in 1963, was \$70 - \$130 in commercial cemeteries. A marker which includes the name and the date of birth and death sells for \$75 - \$180 for a single grave. This is a profit of 200%.³⁶

When dealing with the high cost of a funeral we can't forget the florists who derive 65 to 75% of their business from funeral flowers.³⁷ The florists have gone

³⁵ Vanderlyn Pine and Derek Phillips, "The Cost of Dying: A Sociological Analysis of Funeral Expenditures," Social Problems Vol. 17, No. 3. Reviewed by Mr. King.

³⁶ Mitford, p. 142.

³⁷ Ibid. , p. 110.

so far as to become irate and campaign against the "please omit flowers" notice to protect their business. I might add they have been very successful, since few newspapers will print "please omit flowers" in their obituary notices.³⁸

Although we have developed many defenses to avoid discussing death with the dying person we seek means of communicating with him after death. In fact, we spent 1.6 billion dollars on funerals in 1960. (This does not include complete cost.) When we compare the personal expenditures for all higher education (tuition, books, and living expenses) for 3.6 million students in 1960, which came to 1.9 billion dollars, to burial expenses for 1.7 million people in the same year, our society does look ridiculous.³⁹

What does this prove of our society? I think our funeral customs are another facet of our inability to cope with death. If not, then why must we make the dead appear as if they are sleeping, and shield children from the experience of death by keeping them away from the funeral?

Our reaction to death, in American society, is often dependent on the age at which death occurs. The passing on of an elderly person is not as disturbing. We are able to rationalize and say the elderly individual has

38

Ibid. .

39

Ibid. , p. 40.

lived a "good life." The reaction also demonstrates the diminishing importance of the elderly in our society. The death of a middle-aged person sparks more emotion, since others are reminded that a portion of individuals die of natural causes before they reach their theoretical life span. The living are reminded that they could become a victim and be cheated of their allocated time. The death of a young child brings much more distress to the living. In a society which places high value on youth the death of a child affects family, friends, hospital employees, and anyone else, who has come in contact with the youngster. The death is considered a great social loss. Since the focus is on the young it is generally felt he is entitled to life.⁴⁰

Keeping these differences in mind we need to explore the mechanisms used by the living to adjust to the personal loss of another human organism. We have recently begun to distinguish the process and importance of grief.

To give a concrete definition of grief would be impossible, for grief is an emotion - a feeling. Once one has experienced grief it will be recalled easily. Grief has been described as one feeling suddenly very alone in a foreign world. One's body suddenly feels heavy, emotions are supersensitive, and one feels that his own life has also ended with the death of the loved

⁴⁰ Leonard Pearson, ed., Death and Dying (Cleveland, 1969), p. 85-101.

one. One feels as if his emotions and brain waves are jumbled. During this period one questions the possibility of insanity, and he wonders if anyone else has ever felt this way.⁴¹

Researchers feel there are six processes one goes through when working his way through grief:

1. Shock and disbelief.
2. Developing an awareness to what has happened.
3. Restitution - process of gathering the family for the funeral.
4. Resolving the loss - one deals with the emptiness.
5. Idealization - this requires all negative and hostile feelings toward the deceased be repressed which takes months.
6. Outcome - which often takes more than a year, depending usually on the relationship of the deceased to the living person.⁴²

These processes can be condensed into three stages; shock, suffering, and slow recovery. The stages of grief are interrelated and an individual can teeter back and forth between the stages.

Shock is considered a mechanism to help protect us from the future. Shock is displayed by most individuals, including those who are fully aware of the prognosis of the individual. Shock is defined as a chasm

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Bernadine Kreis and Alice Pattie, Up From Grief (New York, 1969), p. 2.

42

George Engle, "Grief and Grieving," American Journal of Nursing (September, 1964), p. 95.

between the griever's logical thinking and his emotions, it is possible for him to be trapped in these conflicting emotions.⁴³

"During the first stage of grief one is likely to feel pulled in two directions, one's feelings will include restlessness and weariness; one will feel hated and need love; one will feel alienated and need sympathy; one will feel isolated, and need companionship; one will feel dead, half alive, betrayed and abandoned."⁴⁴ There will also be physical obstacles to overcome. The griever has a weight loss, decreased appetite, fitful sleeping patterns, and looks drawn and haggard. During the first stage it is necessary for the griever to cry and be reassured.

Suffering, the second area of grief, is a very long and slow process which is very individualized, depending upon one's own personal make up. Others reassurance is extremely important and necessary in this stage, along with the need for distraction and great deal of affection.⁴⁵

During the recovery phase there is a gradual lifting and dissolving of the burden of sorrow and suffering, and a new kind of strength and understanding emerges.⁴⁶

⁴³ Kreis and Pattie, p. 2.

⁴⁴ Ibid. , p. 12.

⁴⁵ Ibid. , p. 24.

⁴⁶ Ibid. , p. 48.

Friends take a different role in recovery. One becomes much less dependent on them and begins to take up new activities and acknowledges that the challenge of life and inner understanding comes from within. In this period one continues to have low days especially on anniversaries or special occasions. Frequently the griever will ask why?

Why is it necessary to understand the process of grief? Grief is nature's way of helping a person resolve feelings and insecurities about someone else's death. We understand and encourage a person during this time in order to help him get through the three stages. To cut a person off, or to make them more insecure by acting as if they are carrying on out of proportion could freeze them in a stage and prevent recovery. By understanding and accepting others' grief I think we can face death with less fear.

Grief for children is entirely different and must be handled properly to help them to develop a healthy attitude toward life and the inevitable. They are often forgotten when a death occurs, because of the uncomfortable feeling most adults have about talking to a child about mortality. Children first see death as separation, then a mutilation. By the time he reaches the 3 - 5 year range death is seen as an act that is not permanent. At age five

death is regarded as the bogeyman, who takes people away. Death is attributed to an outward intervention for children in this age group. Around the age of ten a more realistic concept begins to be formed, such as death is a biological process. Adolescence brings an even more realistic approach. Greater understanding is needed when a death occurs in this age period, because the age is such a difficult time. To help a child or young adult through the process of grief it is necessary to listen to them and allow them to express their feelings, whether it be guilt, anger or sadness.⁴⁷

Thus far I have discussed origins of attitudes, philosophies, and answers for death, the funeral, and the grief process, which is for the living. Like everyone else lastly I would like to discuss the feelings of individuals who have been told they have a terminal illness, and will face death definitely in the near future. This is a limited view for it excludes sudden unexpected death, suicides, and is concerned primarily with adults who have been told their prognosis. My information will be based on recent studies and the findings of Dr. Kubler-Ross.

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Ross, p. 157-58.

The recent inquiries and studies into the feelings of the dying individual comes out of a recognized need to understand and help the dying individual and his family through this period. Hopefully this will enable the healthy to develop a new attitude about death and throw the old superstitions and fears out of our society. For a society that can conquer many diseases, explore DNA and RNA, and walk on the moon, it seems very necessary to try to understand death, the one thing universally feared.

Recently there has been a great deal of interest shown by medical students, theological students, and psychology students concerning the process of death. They have been concerned with the individual's reaction to pending death and how they could help the dying and their family. Through their studies they have found the medical profession to be the bases for many inadequacies in dealing with the dying individual. The majority of doctors, unable to cope with the prospect of their own mortality, often tend to avoid coping with one of their dying patients. By this I mean they treat them with the most advanced medical care, are very kind to them, but tend to avoid their emotional needs. In these aspects I would also include nurses and many other professionals who come in contact with the terminally ill.

Since nurses have the greatest contact with the patient, many studies have uncovered several of their defense mechanisms for avoiding the important emotional needs of the terminally ill. Nurses were found to delay answering the call lights of the dying therefore reinforcing their fears of loneliness in strange and threatening surroundings.⁴⁸ (This was a very unconscious act on the part of the nurses and they were very shocked by the results of the study.) Dying patients often were found isolated in a private room or placed in the corner of a ward, in every effort to hide the final stage of life--death. This comes at a time when patient's need for others is greatest.⁴⁹ Often this is done at the request of family members, therefore the fault would lie in the inability of the medical personnel to explain the needs of the dying person.

When nurses are faced with questions from the dying they use innumerable devices to change the subject. Some example would be: moralizing, stating facts, (your pulse is strong) denying the fact the

⁴⁸ Richard Kalish, "The Aged and the Dying Process: The Inevitable Decisions," The Journal of Social Issues (October, 1965), p. 88.

⁴⁹ VandenBergh, p. 72.

patient could die, philosophizing to the patient, changing the subject, referring the patient to someone else, kidding the patient or avoid questions with silence or turning away.⁵⁰ Again the mechanisms are often necessary, since communication between the doctor and the personnel is often absent and they are unaware of how much the patient knows about his condition. Therefore nurses would not be able to give the patient a straight answer.

Oftentimes a pretense is put on and demanded by the family members to keep the patient from knowing the truth about his prognosis. Comments such as, "if he finds out what is wrong with him he will give up," are frequently uttered. I find few people in this age can be kept completely in the dark about the implication of their prognosis. Even if the words aren't specific as he goes downhill he suspects and frequently begs for the facts in a round about way. This is very unfair to the patient, since he must continue the masquerade he is not able to communicate his true feelings. Therefore he is not allowed to prepare for his own death and neither is his family.

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Joan Baker and Karen Sorensen, "A Patient's Concern with Death," American Journal of Nursing (July, 1963), p. 90.

Many times family members and the physician(s) decide the patient should be told about his disease. This does not guarantee proper communication and support because of our own superstitions and fears about death. In general, an individual will accept the prognosis by using one of the following superficial symbols; death is seen as a redeemer or avenger punishing them for sins; as an injustice plucking them away while still in the bloom of youth; still others see death as a democratic force the great equalizer that reduces everyone to the same level; and those with religious faith who feel they have lived their life span sufficiently and look forward to death when they will once again be able to join loved ones who have gone before them into the hereafter.⁵¹ These are superficial beliefs, but many patients have erroneously been thought to have accepted death because of some of these statements. Patients' feelings go much deeper than these simple statements.

There are about five structural conditions which prevent many patients from realizing their true status. The term closed awareness context has been adopted to explain this phenomenon. The conditions providing for the existence and maintenance of closed awareness context are; most patients are not experienced in

⁵¹ VandenBergh, p. 72.

recognizing the signs of death; American physicians ordinarily do not tell patients outright that death is probable or inevitable; families tend to guard the secret; the commitments of personnel who work in hospitals; (not to discuss the case among other patients or outside hospital settings) and the somewhat less apparent condition is the patient has no allies who reveal, or help him discover what everyone else knows.⁵²

Dr. Elisabeth Kubler-Ross, a psychiatrist, has done a great deal to change many attitudes concerning death in the medical and theological profession.

Dr. Ross's studies began in 1965, with four Chicago Theological Seminary students, who were writing papers on "Crisis in Human Life," (to them death was the most crucial) when they asked her assistance with research. They soon found interviewing the dying patient as the only means for study. They came up against many negative responses from the hospital personnel in their search for suitable individuals. In two years there was a tremendous change of feeling among the personnel and students. More and more people have become interested in this area and through special devices hundreds can gain insight from the first hand experience of listening to the responses of the dying

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Pearson, p.p. 113-116.

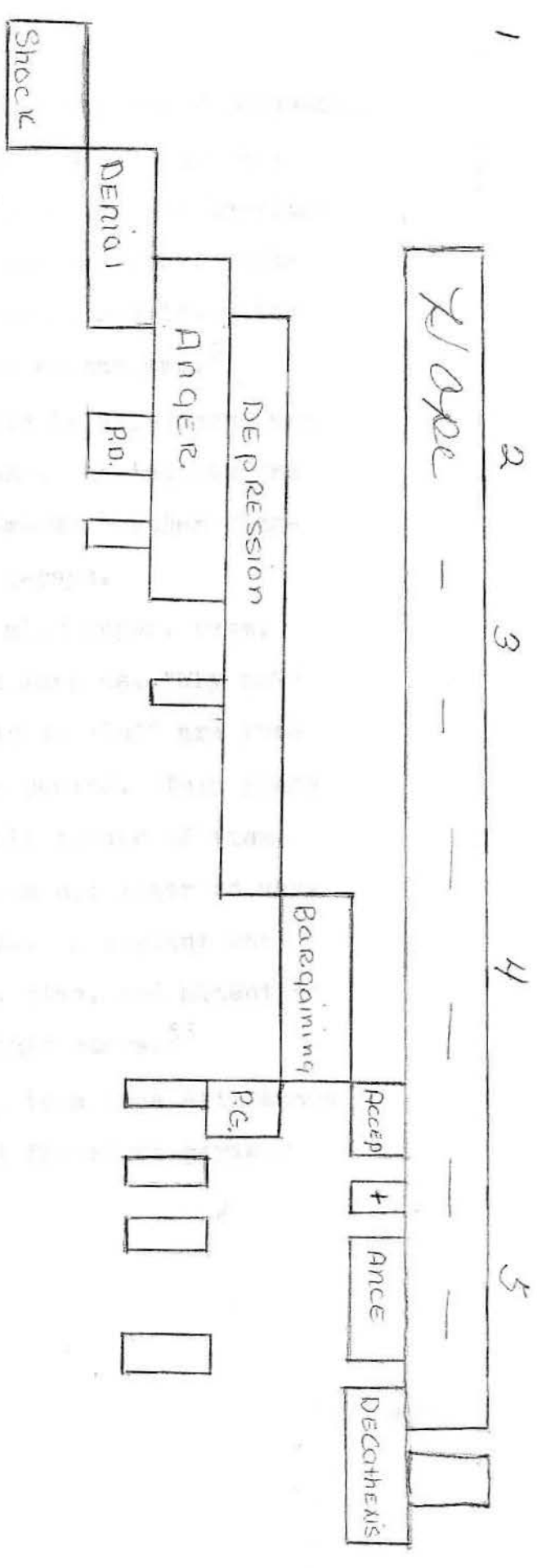
individual. The interviews are only done on individuals when doctors have given permission and they include family members. The interviewing process continues throughout the illness and visits are made even if the patient is unwilling to talk at first.

Through these interviews, individuals working with the patient and family members have been able to support them in their preparation for death. This process has improved the emotional support of the dying individual. Hopefully the participants will consider the death process while healthy and will enable them to have a more positive approach to the reality of death.

The patients who have been observed have been found to go through five stages; denial and isolation, anger, bargaining, depression, and acceptance. There are not any definite break-off points for each stage, they may even exist side by side. This can readily be seen by looking at the chart "Stages" of Dying.

The first stage, denial and isolation is a temporary defense used by the majority of patients and is seen to reappear at times throughout the illness. Denial and isolation works as a buffer after the unexpected shocking news and allows the patient time to collect himself and mobilize other defenses. The use of denial is due to our belief in our unconscious mind that we are immortal. It is inconceivable for

- "Stages of Dying -"



↑ AWARENESS OF
TOTAL ILLNESS

TIME

PG = Preparatory GRIEF
PD = PRAETIUM DENIAL

53 Elizabeth Kubler-Ross, M.D. On Death and Dying (New York, 1969), p. 83b.

us to acknowledge that we have to face death. Depending on how the patient has been told of his condition, the amount of time he has to acknowledge the inevitable, and his general social and psychological background, he will gradually drop denial and isolation and to on to less radical defense mechanisms.⁵⁴

As an example of denial would be Mr. Jones, who has been told he has a brain tumor. He insists the x-rays have been mixed up and demands further diagnostic tests and another set of x-rays.

Denial is usually replaced with anger, rage, envy, and resentment. Questions such as, "Why me?" or "Why couldn't it have happened to him?" are frequently uttered during this time period. This stage is very hard to deal with from all points of view. The patient displaces and projects his anger to anyone in his environment at anytime. A patient who is given a little understanding, time, and attention will soon work himself through this stage.⁵⁵

The next stage, bargaining, is a less well known act but is useful to the patient for short periods

⁵⁴ Ross, p. p. 34-36.

⁵⁵ Ibid. , p. p. 44-45.

of time. This defense mechanism is used because the patient feels God may look upon him more favorably if he asks nicely to live. This reaction can be equated to a child who first demands a favor seeing that this approach doesn't work he then asks nicely for a favor. Of course, before asking nicely the child behaves extra good for a few days or does a special deed hoping the parents will accept this bargain and relent. This bargaining is really an attempt to postpone. It includes a prize, which is offered for their good behavior, it also sets a self-imposed deadline and includes a promise that he will not ask God for another postponement. A promise that is never kept!⁵⁶

Bargaining was used by Mrs. Green. She wanted to see her son married and had insisted upon helping plan the wedding even though she was in constant pain and very weak. As the happy day approached she bargained by asking to get better for the wedding and she would then be willing to die. She was able to attend the wedding and few realized her true condition. As she returned to the hospital she told everyone to remember she had another child to see married.

The fourth stage a patient is seen to go through in his battle with death is depression. This stage

⁵⁶ Ibid., p. p. 72-74.

is usually apparent when a patient can no longer ignore his illness because of the severity of his symptoms, need for further surgery, or perhaps the realization of the cost of treatment, and the necessity of other family members in sacrificing to obtain this care. There are two types of depression, reactive and preparatory. Reactive is usually due to loss of self-esteem. Such as a radical mastectomy for a woman, or colostomy for a man. The second type of depression is due not to past loss, but to impending losses. This mechanism is used silently by the patient to help him prepare for the future loss of all objects that are dear to him. This stage requires listeners, whereas reactive depression requires encouragement and communication.⁵⁷

If an individual has had enough time and has received help and support in the other four stages, he will reach a stage in which he no longer feels depressed or angered. The patient, in the previous stages, will have expressed his envy for the living, and anger at those who are not faced with impending death. He will contemplate his coming end with a certain degree of quiet expectation. By this time the patient is usually very weak, thin, and drawn.

⁵⁷ Ibid. , p. p. 99-101.

The stage of acceptance of death is not a happy stage, rather it seems to be void of feeling. Communication is usually non-verbal and the presence of family members is reassurance for the dying patient, that he will not be left alone or forgotten. At this stage the family members need more support than the patient.⁵⁸ The stage of acceptance may be best compare with a description of infancy; "Indeed it was an age when nothing was asked of us and all that we wanted was given."⁵⁹

These are the different stages which have been observed in the numerous people interviewed by Dr. Ross, her associates, and students. These stages last for different lengths of time and the patient will regress back and forth between stages. The one thing which persists through all stages is HOPE. It is the glimpse of hope that maintains them through days, week, or months of suffering. Patients hope that maybe the cure will be found today and their life will be spared.⁶⁰

This has been a summary of the results obtained from the interviews of several hundred people. These are just the highlights of the study; there are many

⁵⁸ Ibid. , p. 106.

⁵⁹ Ibid. , p. 122.

⁶⁰ Ibid. .

variables which enter into each case which I have not mentioned.

I believe we can see why our society places such high value on youth and finds it so difficult to accept the life process of aging and dying. I can see how I have helped reinforce some of my patients fear of death through my inability to discuss many concepts with the dying person. I have been an example of the lack of education we receive in what death is all about. We can see death has always been distasteful to man but for the first time perhaps we will see an all out effort to understand death and eventually lose some of our fear. While transplants, cryonics, and other experiments dispute this thought we must look at the other side. We saw the development of the Foundation of Thanatology in August of 1968. This foundation is devoted to scientific and humanistic inquiries into death, grief, and bereavement. We see many pages devoted to death and its meaning in the journals of the social scientists, medical profession, and theologians. The final example would be the publication of Dr. Elisabeth Kubler-Ross' book "On Death and Dying" in paperback form.

"Perhaps if all of us would make an all-out effort to contemplate our own death, to deal with our anxieties surrounding the idea of our death, and to help others acquaint themselves with these thoughts

there could be less destructiveness around us to help
us deny our mortality."⁶¹

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Ibid., p. 12.

water in a vessel is sparkling; the water in the sea is dark
small truth has words that are clear; the great truth has great silence.

Tagore, from Stray Birds CLXXVI

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