Approach to terminally ill patients: Psychodynamic aspects - "Death as a symbol of transformation"[1]

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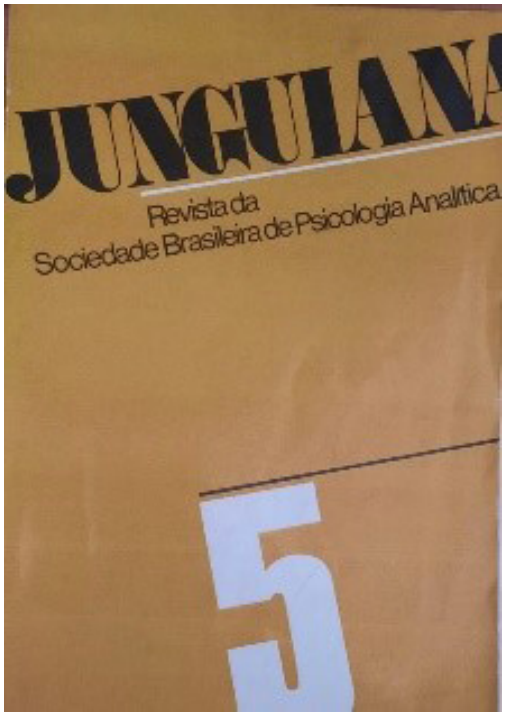
Abstract

The author discusses the importance of readdressing death as something natural, retrieving it from the interdict in which it finds itself. He attempts to show the extent to which this aspect creates distortions to life, determining a series of disorders in medical conduct, especially in the approach to terminally ill patients. He defends the idea that it is a disease of our Western culture and that the situation that leads to this repression is the negation of death. In line with the theoretical references of Jung's Analytical Psychology, the author proposes conducts to try to rescue the symbolic experience of death and restore the life-death dialectical polarity. He supports the proposition that life can only have a full meaning if we do not negate death. He proposes that, as in childbirth, the progress of medicine should harmonize with respect to the limits of life and the patient's personality, which are often disrespected. He discusses death as a fundamental symbol within the individuation process. ■

Keywords
Death: Psychological aspects, Terminally ill patients, Individuation, Symbol of Death, Pathology of Western culture.



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The importance of the theme, as evident as it may seem, needs to be emphasized as it has been consistently denied and treated as a cursed subject: speaking of death is regarded as a sign of morbidness or at least of bad taste. Philippe Ariés regards as a significant characteristic of industrialized societies the fact that death took the place of sexuality as the major interdict.

Death constitutes, along with birth, the two most natural and inevitable facts of a life. Birth is considered a priori good and a reason for joy, whereas death is seen as bad and a reason for sadness, which is not always true in either case.

Our modern medicine has increasingly created situations that are new challenges for the human personality. For millennia, the time that elapsed between becoming aware that one was going to die and the occurrence of death was non-existent to short (from a few days to a few hours). Today it is on average long: a state of dying, in good general conditions, may last for many years.

Of all living beings, man is the only one who buries his dead. Since the beginning of mankind, there has always been some kind of ritual accompanying death.

As we know, there is always a ritual; some important, serious, difficult situation of great transformation for the human being is present. The ritual serves to protect, creating an a priori and stereotyped behavior to be performed in the face of a difficult situation. Burial, as a ritual, is obviously linked to the idea of passage, of transformation. Death transforms living beings into beings of another nature, in a state different from the living.

Our personality creates images, ideas and conceptions about death and the after-death, representing the need to elaborate, on different levels, these situations. Hence, religious symbols appear, which are quite varied and emerge from the deepest and most unconscious layers of our psyche, since the religious dimension is natural in human beings. We will never objectively know what there is after death. It surpasses intellectual possibilities, as the real experience of death would be necessary for the observer to be able to convey objective information about their experience. Parapsychological phenomena such as telepathy seem to point to the fact that the connection between the psyche and the brain, that is, its limitation in space and time, is not as evident or undisputed as it is usually believed. Some of these perceptions occur in such a way as if there were no time factor or space factor.

According to Jung, "the fact that we are not able to imagine a way of existing independent of time and space does not prove that it is impossible". And just as from an apparent independence in relation to space and time we cannot draw the absolute conclusion as to the reality of a form of existence under these conditions, neither can we say that it is impossible. The nature of the psyche surpasses the limits of our intellectual categories.

The soul contains as many mysteries as the universe with its galaxies, before which only a being devoid of imagination and critical spirit is able to deny their own inadequacies and limitations.

A concept from Analytical Psychology that may help us tremendously concerns individuation. It postulates that human beings seek to reach their potential from the time they are born until their death. The human being is always in development; therefore, their life has the meaning of growth and maturation, of discovering and realizing their own self. "Individuation is, therefore, becoming oneself".

Within this process, consciousness is structured from the unconscious through archetypal dynamisms, which are unique to our species.

The first of them, the matriarchal one, is characterized by nutrition, fertility, desires. It is the ideal dynamism for great creativity and adaptation to the basic needs of survival. In the second dynamism, the patriarchal one, ego is kept separate from the unconscious at the expense of a rigid discrimination of opposites, which are ranked and rigidly coded to causally determine conduct. Authority, order, duty, justice, and sacrifice are guiding virtues. The third dynamism is that of alterity. It allows the ego to relate to the polarities of symbols in a dialectical way, maintaining its identity, coherence, letting things happen and opening up to the other democratically, as it needs the other to complement itself. It is the dynamism that teaches us to "turn the other cheek" or "love our neighbor as ourselves" by knowing the role of the other in the development of our personality and thus be able to actually exchange roles with the other. The fourth dynamism is the one that teaches us to transcend polarities and contemplate everything as a whole in transformation, surpassing everything in life, including the body, in order to experience a direct relationship with the cosmos. Its great symbols are Eternity, Infinity, Nothingness, the Universe, etc.

These dynamisms structure our ego through the dimensions of the body, nature, society and our ideations and emotions, thus forming our personality as a dynamic whole. All told, these dynamisms articulate the different dimensions that make up our personality.

In an essay entitled "Death to the Soul", Jung makes considerations about death, stating that

> life is an energetic process and as such it is in principle irreversible and directed toward an objective which is a resting state. Life is teleological par excellence; it is the intrinsic search toward a goal. Every process seeks its end and the goal of life is therefore death, which is the crowning of a life and not something to be negated. A life fully lived is the best preparation for the experience of death. Those who most fear life when they are young are the ones who most fear death when they grow old.

The progressive predominance of the cosmic dynamism naturally prepares our personality for death. Within the natural evolution of our personality, it becomes more prepared to experience death with aging. In contrast, dying as a child or at a young age is usually more difficult and painful and causes greater conflict.

Time is, however, relative, as young people, sometimes in a short time of illness, are better prepared to experience their death and find meaning in their life, whereas elderly people are often unable to face their own death.

Paradoxical as it may be, and paradoxes are often the best way to express profound truths, it is death that gives meaning to life. Immortality is something divine - it is not human. Aspiring to immortality leads man to a lack of measure, making him neurotic, because the desire for something to be eternal makes him crystallize himself, stop being alive, creative, thus becoming repetitive and devitalized. To be alive is to be in evolution or transformation; therefore, it implies "deaths" in the process. A person who does not "die" several times is not "born" to new lives and so remains dead. We symbolically say that if the child does not die, the adolescent is not born, and if the adolescent does not die, the adult is not born, in the same way that if the student does not die in part, the professional is not born, etc. Different situations, to a greater or lesser degree, must die to give way to something that is in its essence unknown or not known. A person who does not "die" several times during their life, surely has not lived it.

Among the Greeks, the myth of Sisyphus, who did not want to die, illustrates through his condemnation the experience of one who negates death. Sisyphus is condemned, for all eternity,

to roll a huge rock to the top of a mountain, but before reaching it, the weight of the rock makes him return to his starting point, so Sisyphus has to restart his useless, meaningless task.

In literature, Simone de Beauvoir, in "All men are mortal", describes the boredom and loss of the meaning in life of a man who cannot die.

All of a human being's profound manifestations, since the beginning of humankind, reveal that to reflect on life is to reflect on death and that the former can never be seen in the absence of the latter, one being a corollary and inseparable pole of the other. Where there is no death there is no life.

The way in which an individual or culture relates to death says a lot about how this individual and culture live. In the same way that an individual, by negating death and living as if they were eternal, makes a pact with the disease because they cease to be creative and to live, the same can happen to a culture. Within this perspective, it is possible to speak of a disease of our Western culture that negates death, turning it into an interdict as serious or more serious than the one regarding sexuality.

The exaggerated and rigid patriarchization fixes the life pole as good and the death pole as bad, forgetting that life in its fullness must always contain dialectical polarities, insofar as it makes our culture a sick culture. It is this disease that will help us to understand why so many people, and unfortunately so many health care providers, deal so poorly with death and terminally ill patients.

Death as the final stage and crowning of a life, as a great passage and experience of profound transformation, cannot be trivialized. Like every profound and significant passage, it has always been surrounded by rituals. Today these rituals are empty, often remaining as formalities without symbolic content and no longer living rituals.

Faced with the death of a loved one, children are often alienated and not infrequently untruths are invented, such as "so-and-so went on a trip" or "they were taken by the father from heaven", etc. Death is a bad thing that children should be spared. And it is as punishment that children often experience the mysterious disappearance of a loved one. Death is not part of life, especially for children in large urban centers who no longer see animals being born and dying as is typical of life.

In our professional arena at the hospital, death is often regarded as the great enemy, which must be beaten at all cost. It is the failure of medicine and not the natural end of life. Patients do not "die" but have a "lethal exit". The "deceased" is soon hidden. Given all that, we understand why we so often see physicians become disinterested and sometimes run away from or even get aggressive with terminal patients.

Caring for and helping a patient to die well seems to have ceased to be a medical act of the greatest importance and significance. Physicians often feel unmotivated and like a failure when caring for a terminal patient, because deep down they identify more as someone fighting death and not as a professional providing health care to the patient.

When dealing with the life and death of their patients, physicians are often called upon to reflect on death and life, on their own death and life, which can be very distressing. Hence the need for physicians to be able to deal with this polarity in their own life in order to be at the service of their patient's process. Only in this way will they be able to follow the symbolic manifestations of their patient and thus help the patient to arrive, in his or her own way and within his or her limits, to the best possible elaboration of this experience. It is very detrimental when physicians, due to their own limitations and restrictions, constrain or even hinder the patient in his or her path, taking actions that they a priori deem appropriate in a generic way, without taking into account the specificity of each case.

Unfortunately, there are still frequent situations in which a physician, omnipotently identified as the one who knows what is best for the patient, does not take them into account and so

often decides, without the patient's participation, the medical course to be followed.

Unless they are unable to participate, the body and life belong to the patient and, therefore, they are the ones who must ultimately decide, by listening to the physician they trust, whether or not they agree with the course of treatment proposed.

Patients are sometimes submitted to extensive surgeries without even knowing their diagnosis, probable prognosis and possible alternative approaches. We believe to be iatrogenic the kind of conduct, very common in practice, which the physician decides upon alone, not revealing the patient's real situation to him or her. We refer here to the problem of telling or not telling the patient their diagnosis and prognosis. Perhaps it is more appropriate to talk about the problem of disclosure, because, in principle, the patient can and should know about their situation. This should not happen only when the patient tells us in different ways that they cannot know, that their ego is not yet able and perhaps will not be able to process that experience. It takes a lot of reflection and consideration, because sometimes the best way for the patient is denial, at least for a while.

The situation of disclosure to the patient is complex and delicate. It must be done by someone who is capable not only of doing it well, but also of caring for the patient in this process. It must be at the service of their individuation; therefore, how, when and to what extent it should be done changes considerably from case to case.

Physicians should help patients to reach, within their limits, the peak of their development and the power to deal with their reality to the extent that their personality is capable of doing so. Whenever possible, we should help their personality to complete itself, to become itself. Since the experience of death is something inherent to everything that is born, not being able to experience it is a limitation.

The classic works of Elisabeth Kübler-Ross, a pioneer in working with terminally ill patients, show that, whenever possible, the patient progresses through different stages, not always successively ordered, until they can accept their death well and with hope.

We physicians must respect the path of each patient, helping them to follow it, without solving it for them, but with them. A patient may need to stay in the denial phase for a long time and need our help to live it well, until they are able and/or willing to evolve to the next stages.

We are not the ones who should authoritatively decide for them. If denial defense is necessary for that personality, as in any other situation, we must respect it. However, we must never make a pact with defense mechanisms or reinforce them and whenever, so to speak, the "cost" of that defense becomes higher than its benefits, we must help the patient to overcome it. Whenever possible, it is better to deal with reality than to deny it. However, this is not always true for everybody. Our task is to help each patient in their individuation process instead of imposing anything on them. In our view, this understanding is fundamental to prevent health care professionals from acting on their truths as if they were universal truths. This shady behavior, often clothed in the best of intentions and of purposes, can cause damage. The judges in the courts of Inquisition were also imbued with the best purposes, wanting to save the souls of the convicts and spare them from eternal sufferings.

The stage of anger, rebellion and envy has been, in the case of AIDS patients, of great epidemiological importance. It is on this occasion that the patient, unable to adequately deal with their feelings, can concretely act on their desires and feelings and affect countless other people, as they are dissatisfied with their reality at this stage.

Helping the patient to evolve to the perception that there is something, even a lot, to be gained with their experience is not a "deception" or a "gilding of the bitter pill". In order for us to accept our death as valid, it must have meaning, and this can only be achieved by rescuing the

symbolic experience of the archetype of death. This experience can help us to perceive a meaning to our death or to our life, since the symbol always includes all polarities.

We often witness, in hospitals, a process that we may call the pathologization of dying. The patient is abandoned when they most need company, requested when they need space for introspection, and finally life at its limit is disrespected, as the physician often becomes a thanatocrat, deciding when and how the patient must die.

We must indeed influence the natural process of dying, but not by transforming ourselves from passive victims at one extreme to omnipotent masters at the other extreme. It is important to have a relationship of balance and mutual respect in which the limits of nature are respected, in which life has reached its limit and the physician's intervention is done so as to make our death less painful and distressing.

We see in birth that the remarkable progress of medicine is at the service of a better and safer delivery, but, as suggested by Leboyer, with respect to the needs of the personalities of the newborn's parents.

Even in death, while not renouncing the incredible technological advances of medicine, we can maintain respect for the individual needs of the terminal patient's personality. In doing so, we will be respecting the natural and the sacred both in birth and death. ■

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Resumo

Abordagem do paciente terminal: aspectos psicodinâmicos - "A morte como símbolo de transformação"

O autor discute a importância de se resgatar a morte como algo natural, tirando-a do interdito em que se encontra. Tenta mostrar o quanto este aspecto cria distorções para a vida, determinando uma série de distúrbios na conduta médica, em especial na abordagem do paciente terminal. Defende a ideia de que é uma doença da nossa cultura ocidental e a situação que leva a esta repressão é negação da morte. Dentro das referências teóricas da Psicologia Analítica de Jung, o autor propõe condutas para se tentar resgatar a vivência simbólica da morte restituindo-se a polaridade dialética Vida-Morte. Defende a proposição de que a vida só pode ter um sentido pleno se não negarmos a morte. Propõe que, como no parto, o progresso da Medicina se harmonize com respeito aos limites da Vida e da personalidade do paciente, frequentemente desrespeitados. Discute a morte como símbolo fundamental dentro do processo de individuação. ■

Palavras-chave: Morte - aspectos psicológicos, Doentes em fase terminal, Individuação, Símbolo da morte, Patologia da cultura ocidental.

Resumen

Abordaje del paciente terminal: aspectos psicodinámicos - "La muerte como símbolo de transformación"

El autor discute la importancia de rescatar la muerte como algo natural, sacándola del entredicho en que se encuentra. Intenta mostrar cuánto este aspecto crea distorsiones para la vida, determinando una serie de perturbaciones en la conducta médica, especialmente en el abordaje del paciente terminal. Defiende la idea de que es una enfermedad de nuestra cultura occidental y la situación que lleva a esta represión es la negación de la muerte. Dentro de los referentes teóricos de la Psicología Analítica de Jung, el autor propone conductas para tratar de rescatar la experiencia simbólica de la muerte, restituyendo la polaridad dialéctica Vida-Muerte. Defiende la proposición de que la vida sólo puede tener pleno sentido si no negamos la muerte. Propone que, como en el parto, el progreso de la Medicina debe armonizar respecto a los límites de la Vida y de la personalidad del paciente, que muchas veces son irrespetados. Se habla de la muerte como símbolo fundamental dentro del proceso de individuación. ■

Palabras clave: Muerte - aspectos psicológicos, Enfermos terminales, Individuación, Símbolo de la muerte, Patología de la cultura occidental.

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