Theodore Lidz

Death

The Person

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From *The Person* by Theodore Lidz

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It may seem strange for an unconsidered moment to conclude this guide to the life cycle with a chapter on death. But death is part of the life cycle, an inevitable outcome of life that brings closure to a life story; and, because humans from early childhood are aware of their ultimate death, it influences their development and their way of life profoundly. Then, physicians—as also nurses and medical social workers—have intimate relationships with death: they confront Death as the immortal antagonist against whom they shield their patient for a time; but when the outcome becomes inevitable, physicians again turn midwife to ease the passage through the gate of life, this time to return patients into the dark womb of oblivion, where they will find surcease from pain and striving.

The topic is large, the subject of countless religious and philosophic treatises and, of late, of psychological and sociological studies (Becker, 1973; Feifel, 1959; Kubler-Ross, 1969). Here, we shall but briefly direct attention to the importance of considering death when seeking to understand a person's life. Traditional psychoanalysis has considered concerns over dying as manifestations of either separation or castration anxieties; and Freud (1920, 1933) believed that a death instinct draws people toward death and the cessation of all striving. He came to consider the struggle between Eros and Thanatos fundamental to understanding behavior—a view that attained limited acceptance.[1]

CHANGING ATTITUDES TOWARD DEATH THROUGH THE LIFE CYCLE

Death has a different meaning and impact on a person at different periods of life. Children usually become aware in a meaningful way of death as the end of life at about the age of four or five. Their concerns are clearly an aspect of separation anxiety; and fears that their mothers will die arouse as much concern as their own deaths. It is a fear of being isolated without a protecting and nurturing person and reflects the child's incompletion and the lack of clear boundaries between the self and the mother. It can mount to become a serious problem in the insecure child, perhaps particularly in children whose mothers have left them for a prolonged period in their second or third years. But many children will also puzzle about death, and experience an uncanny feeling in trying to grasp its essence—the beginnings of

an "existential" anxiety.[2] Many children find solace or release from such anxieties through belief in a life after death in which they will continue to have their parents. A patient recalled what he believed was a milestone in his maturation. Shortly after his marriage, war had broken out and his native country was attacked; on his way into combat he found himself wishing to believe in a life after death but not, as in childhood, from anxiety, but rather because of his love for his wife and the intensity of his desire to be certain he would again be with her.

The interpretation of fears of death and dying as a form of castration anxiety seems, at times, an attempt to handle a pervasive source of concern by changing it into an immature and needless childhood oedipal fear, to consider an ultimate reality by saying, in effect, "Death is no more real than fears that father will castrate you and you are really only suffering from guilt over wishing that your father were dead." Of course, such wishes are sources of anxiety that one will be castrated or die, but they do not explain why death is feared. Death can also seem like castration when a person is cut down in the prime of life, thereby rendered impotent to carry out strivings and hopes, or to find fulfillment in love. Death is the reaper with a scythe who cuts off life. Death also provides a challenge and a test, particularly to men who must prove to themselves that they can face death and not run or flinch—the essence of bravery. Perhaps persons feel that they must conquer death through flaunting it, or at least through looking straight into its hollow eye sockets before they can feel secure enough to live.

With marriage and parenthood, concerns over death transcend the self, even as do concerns in other areas. Parents will be concerned over what will happen to a spouse and their children should they die, and take precautions for the sake of the family as much as for themselves. We also see how, despite self-preservative drives, parents readily give up their lives to save their children. Indeed, anyone with combat experience soon realizes that men will die for their group; and many will seek to preserve their group's good opinion of them at the risk or sacrifice of their lives. Moreover, many men are willing to fight in wars because they consciously or unconsciously believe that preserving a way of life takes precedence over preserving a life.

Persons' attitudes toward death usually change as they age. To old persons Death becomes a familiar. They have had much experience with it, have thought a good deal about it, and eventually expect the final visitor and may even await his call. Whether the desire for death can be considered an

"instinct" is a moot question. The elderly often tire of life and simply wish to drop out of the circle of the dance.[3]

THE CHOICE OF LIFE AND DEATH

Of the essence is that human beings alone among all living things are aware of death and can make the decision whether the}-wish to live or die. Indeed, they repeatedly face the decision unless they make it once and for all as part of an abiding ethic, as most persons do. Still, human behavior and attitudes can never be comprehended properly unless one realizes that death is often tempting, and that fears of giving way to the desire despite wishes to live are a source of anxiety and various neurotic defenses.[4] When life grows burdensome, particularly when significant persons are lost, or when resentments become pervasive, death can be tempting.[5] Religions have dealt with the problem in various ways. Christians and Mohammedans are assured of a heavenly life after death if they live properly or if they die protecting the religion; but they are threatened by far greater torment than they can possibly suffer in this life if they commit suicide. Some, like the Swedenborgians, consider that we are living through purgatory in this life, and must endure it for the sake of the salvation that assuredly follows—for how else can the torments on earth have meaning? Hindus are tied to the wheel of life, and will be punished for their sins, including suicide, by having lower status in human or animal form in future metamorphoses. They hope ultimately to achieve Nirvana, an oblivion of absence of stimulation and striving which is akin to our concepts of death. Some consider that the essence of Judaism concerns the affirmation of life despite suffering and tribulations.

The Influence of Death on Ways of Living

The belief in some type of existence after death clearly influences how most persons live. Man is directed by future goals as well as impelled by drives—the carrot motivates as well as the stick. The ethos of Christian beliefs blends with superego dictates and heightens conflicts over giving in to unacceptable impulses by stretching the punishment into eternity. The converse attitude which accepts the death of the mortal body as the end of the individual leads some to "take the cash and let the credit go" and seek what pleasure they can while there is still the chance; or to learn to fortify themselves stoically against inevitable contingency. Although which religious or philosophic attitude a person embraces is

determined partly by the culture, the family, and the formal education, it is also influenced by basic attitudes concerning trust and distrust, anxiety and security, hopefulness and pessimism, passivity and aggressivity, etc., established in the early years of life. Nevertheless, religions and philosophies, either explicitly or tacitly, usually concern mortality and contribute to a way of life and personality development.[6]

The desire for some type of continuity into the future is pervasive, particularly in societies in which the person is an individual rather than primarily a member of a collectivity.[7] Individuals seek many ways "to cheat drowsy death" and somehow perpetuate themselves—that is, one's name, ideas, ways of doing things, one's "flesh and blood"—from oblivion. 'The desire for descendants in whom one lives, who will carry the name or keep alive even a spark of memory of one's existence, has been a significant directive in virtually all societies, and influences marriage and divorce as well as extramarital procreation. Some seek to leave their tangible imprint on the world through the structures they build, be they indestructible pyramids or more useful bridges, dams, or buildings; some leave behind the children of their fantasy in poems and story; some strive to insure that posterity will know that the course of history changed because they lived and conquered, and some because of what they discovered or invented. Others will seek a type of immortality through joining their lives to a more abiding organization, a church, philanthropic movement, or library or orchestra; or by playing an active part in the conquest of a specific disease or some other scientific problem. The infinitesimal grain in the cosmos becomes part of a visible body and a significant force. The ways of seeking some semblance of immortality are diverse, but how individuals strive for it provides a key to understanding many aspects of their behavior. Some individuals clearly and loudly proclaim how they seek to perpetuate themselves, but others almost hide it from themselves, yet still it can be detected from their actions and from what they hold most high.

The realization of mortality also influences the life pattern by provoking a desire to give it closure. The sense of closure may involve finishing a single important job or a more general life task such as building up an estate for one's children or completing an area of scientific investigation to which much of a lifetime has been devoted. It may concern achieving some final years of relaxed living in order to observe the world or enjoy the fruits of a lifetime of effort; or the conscious rounding out of a life story as if it were a novel being told. The finite lifetime provides delimitation that directs an individual toward specific and limited objectives and counters diffusion and unbridled strivings. Death hangs as a

reminder to persons of their limitations—which they may strive against but with which they must somehow come to terms. It provides the foil for contrasting classical and romantic approaches to living. Life, we may consider, is provided with a frame by death. Death not only influences how the course of life is run, but it lends incisiveness to the meaning of events, sharpens our appreciation of the transitory and of the beauts' we would like to hold. Perhaps, above all, it heightens the preciousness of those we love because of their mortality.[8] It requires of each a willingness to risk pain in committing the self to a meaningful attachment to another, but it also augments the value of such relationships.

To those who reach old age and have attained some wisdom in the process, death often assumes meaning as the proper outcome of life. The world and those who inhabit it have changed. The loved ones are dead or scattered. New ways of doing things have replaced the familiar. The new generation places little value on what is most important. The government piles up debts, encourages the idle, forgets the heroes of the war before the last. Girls act like boys and men dress like women. Life can never contain a moment of inertia, but the ways of the individual begin to congeal. The need to understand differently from earlier in life and to alter standards, ideas, and techniques is resented. Then, too, life brings sorrow and tribulations which are apt increasingly to outweigh the happy occasions. It is time for others to take over, and old persons feel in the way. They have had their run of it, now it is time for others to take the field. They may appreciate life and living, and their hours may be crowded with fond memories that block new experiences, but they grasp that death is nature's way of making possible much life and assuring constant renewal.

Then, too, there is a significant reversal from the child's anxiety about death as some unknown state of separation from parents which would leave the child isolated and intensely alone. Aged persons become increasingly lonely as they are separated from those who have been most meaningful to them. Death now is no longer perceived as an ultimate loneliness, but rather as an assurance that sooner or later they need no longer feel alone—whether because they believe they will be reunited with others or because it will simply bring an end to all experience.

However, people for the most part and under most circumstances do not wish to die, but cling to life as their most precious possession. They will face death and accept it for the sake of what they cherish—for companions and to preserve honor; but they may also cling to life in concentration camps as long as

the faintest glimmer of hope remains. Paradoxically, but understandable, it is those who have never been able to live, either because others have restricted them or because of their own neurotic limitations, who may fear death the most. There are some, even some elderly persons, who not only suffer anxiety but become agitated when they know they are going to die, and who max not only suffer but cause others to suffer with them. Still, people are almost always able to accept the inevitable. It is uncertainty that creates anxiety. Few who know that their death is inevitable and close do not accept the knowledge with resignation.

The Dying Patient

It is an integral part of being a physician to face the dying and to help patients and their families meet the situation. By and large, physicians have in recent years sought to protect the dying from becoming aware that their fate is sealed. Perhaps, as has been suggested, many who enter medicine are particularly afraid of dying and transfer their own concerns to their patients. A considerable literature has appeared to point out that physicians, in seeking to protect patients, often overprotect them and create serious difficulties, and may sometimes be protecting themselves rather than patients from unpleasant and painful situations.

The care of the dying patient is a large topic that is not really germane to the subject of this book, but it seems worth devoting a few paragraphs to it because of its importance to physicians and paramedical workers, and because of the pathological way in which it is so frequently carried out. The physician cannot find a general rule about whether to inform patients that they have a fatal illness,[9] for each patient is an individual. Physicians cannot properly cope with patients' problems in terms of their own fears or of their own religious (or nonreligious) beliefs. An alert physician can usually tell when patients wish to know that they have a fatal condition, and if uncertain, can test out the patient's defenses against recognizing the fact or hearing it. Patients can have strong mechanisms of defense against perceiving what may seem obvious.[10]

However, all too frequently, attempts to protect the patient have unfortunate and sometimes disastrous effects. A wall of deception is constructed between patients and families and friends that keeps them from really communicating at a time when they may wish to be closer than ever before.

Patients are kept from setting their affairs in order, and commonly they are more concerned about the continuing welfare of a spouse and their children than about whether they live for another few years. Some dying persons also feel that efforts to hide their condition almost succeeded in depriving them of properly experiencing their last experiences, and of understanding what dying is like—something they had wondered about since childhood. Even more unfortunate, the insistence to patients with terminal illnesses that they are not so ill and will recover can confuse the patients, provoke profound distrust, and even lead to disorganization and delusion. Patients are not permitted to believe what they consciously and unconsciously know to be a fact. A middle-aged woman who was suffering from metastases in her bones from cancer of the breast was told that she was suffering from severe arthritis; and when she asked if she did not have metastases, the truth was denied. Eventually, she developed delusions of persecution —in part because she was being persecuted in having the extent of her suffering denied and her knowledge negated, supposedly to spare her unnecessary suffering.

Patients with terminal illnesses can usually accept what those around them can accept—albeit sometimes with periods of depression and unhappiness—but they wish to be assured that they will not undergo prolonged suffering, and this is an assurance that can almost always be given honestly today because of the availability of tranquilizers and narcotics.[11]

The author recently had an experience that will serve to close the discussion of this involved topic. I was asked by friends to see their mother, aged ninety-three, who was slowly dying of a malignancy. They asked that she not be told the diagnosis because their aunt, her favorite sister, had died a slow and painful death from cancer some forty years earlier, and their mother had for many years feared a similar end. The relationship between the mother and her children had been unusually good, but now she was angry and did not even wish to see them. I requested permission from both the family and the attending physician to use my own judgment in managing the situation.

As soon as the amenities were over, and the old lady realized my visit was professional, her anger toward her children burst out. She had thought that she had been a pretty good mother and had always considered her children before her own wishes—but now that she was really helpless, her children had abandoned her. Not one of the three had offered to take her into his home! What would she do? She was well-to-do but how long could she spend hundreds of dollars a day for room, nurses, physicians!

Apparently they thought she might live for years, but she wished she could die now and have it over with.

This was a sorry ending for a congenial family. The patient was told that her children had not abandoned her, but that she had but a month or two to live and they knew that she could not leave the hospital. She could feel certain that we would not let her suffer unduly, and it was time to prepare for her end. The patient calmed down immediately and asked why in the world her doctor or her children had not told her. Did they think she was a child? She knew she would soon die even if she were not ill. Why not now? Her relationship with her children and grandchildren changed immediately, as they could again talk about their past days together, and about plans and hopes for the future. I stopped in to see the patient from time to time during the month she lived. She would tell me tales about New York in the 1880s and 1890s, about her travels in various parts of the world, and about interesting people she had known. She enjoyed reminiscing, as if she were going through a final review of a reasonably happy life.

During one of my visits, she fell asleep for less than a minute and awakened with a start and a puzzled smile. She had been dreaming, a vivid and realistic dream. In the dream her aged mother was living with her, and she was sitting in her rocking chair just as she had sixty years before. Her mother had a set of false teeth for appearances but they were not good for chewing. In the dream the patient and her husband were going to dine at her sister's house. She told her mother she would prepare supper for her and in the dream scraped an apple and made a gruel for her—perhaps just as she once had done in reality—and then she had awakened. The patient was not asked to associate to the content of the dream; but it seemed clear it was the manifestation of a wish, a wish fulfillment. Perhaps it was a wish to be young, or to have her mother again; perhaps it was a wish to be treated by her children as she had treated her mother; but I think it also expressed a desire to be able again to be the useful, nurturant woman she had so long been. In any event, it is the only dream I have heard from a ninety-year-old, and it is a very important and informative dream to me.

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Notes

1 An excellent discussion of the confused concepts of aggression, destructiveness, and the death instinct in psychoanalytic theory can be found in Robert Waelder's chapter "Destructiveness and Hatred" in his *Basic Theory of Psychoanalysis*.

2 Thus, a patient recalled how at the age of six he suddenly stopped playing with a construction set while his mother was singing a melancholy tune; he felt confronted by an intangible but impossible something as he suddenly thought to himself, "Death—what does it feel like, what happens?" After a time he asked his mother, but felt that her remarks about God were simply evasive, and lie went about in something of a daze, seeking to avoid thinking about it. Similar episodes returned upon occasion later in childhood and still had repercussions in his adult life. The interpretation of these episodes in terms of an earlier separation anxiety docs not explain away the phenomenon.

3 Freud (1915) believed during World War I, when life was growing burdensome, that although people could desire the death of an alien, and

even unconsciously wish for the death of someone they love, they have profoundly repressed ideas of their own mortality. He asked if it would not "be better to give death the place in actuality and in our thoughts which properly belongs to it—it has the merit of taking somewhat more into account the true state of affairs, and of making life again more endurable for us. To endure life remains, when all is said, the first duty of all living beings. Illusion can have no value if it makes this more difficult for us . . . If you would endure life, be prepared for death." A somber note and view of life, but one that can fortify.

4 The fear of giving in to suicidal impulses as a source of anxiety is perhaps seen most clearly in combat situations where the temptation to have it over with and no longer suffer the anxiety, deprivation, anger, and loss of comrades can become great. The temptation is usually repressed but the wish reappears in nightmares—or is projected in the form of heightened danger from the enemy (Lidz, 1946). Similar conditions arise in civilian life. Suicide is the tenth leading cause of death, and accidental deaths which are not always so "accidental" are another leading cause of death.

5 As the most popular soliloquy in the greatest Western drama reflects:

> To be, or not to be, that is the question;
> . . . 'tis a consummation
> Devoutly to be wish'd, to die, to sleep;
> But that the dread of something after death,
> . . . makes us rather bear those ills we have . . .
>
> (Hamlet, Act III, Sc. 1.)

6 As Montaigne expounded in his essay "To Study Philosophy Is to Learn to Die," and concerning which Freud comments in "Thoughts for the Times on War and Death."

7 In more collectively oriented societies, the continuity and reputation of the family, the city, or the nation may take precedence over individual life.

8 Freud (1915) considered that people invented ghosts in their desire to preserve loved persons who die.

9 Physicians usually have greater difficulty telling patients that they have a malignancy—that is, a neoplastic illness—than other, even more definitively fatal conditions. Perhaps cancer seems more final and seems to conjure up greater suffering.

10 Thus a young physician who had caught a very serious infectious illness from a patient verged on dying for a week. He was aware that he had relatively little chance of recovery but fortified himself by preparing himself for the next week when, he convinced himself, the illness would first reach its height. After recovering, he wondered why he had never been afraid he was about to die. He then recalled that one night when he was most ill, he had been afraid that someone was going to come through the window and shoot him. He had projected the danger from the illness within him to the environment that could be controlled; and at the same time it was a regression to early childhood when he had had such fears of burglars coming in the window to kill him.

11 Currently many persons fear going to a hospital when in the last stages of a fatal illness because patients are often kept alive by desperate measures, and even after they can no longer regain consciousness. Persons fear they will become hopeless and helpless burdens to relatives and society, exhausting funds they would like to leave to heirs, or wasting public funds that could be spent usefully. Hospitals and physicians fear malpractice suits unless they keep patients alive, if it is in any way possible—though such practices are, in essence, malpractice. Physicians had formerly assumed, and still covertly assume, responsibility—usually with consultation—for allowing persons to die rather than letting them suffer when recovery is impossible and living has also become impossible.

The author, when a house officer, asked the great neurosurgeon Harvey Cushing to examine a patient with numerous metastases from a malignancy whose pain could not be adequately controlled and to advise whether a cordotomy—an operation severing the nerve tracts in the spinal cord that conduct pain—should be performed. After Dr. Cushing examined the patient and assured himself that the patient was suffering great pain and could not live very long, he looked me in the eye admonishingly and said, "Young man, in conditions such as this you give the patient morphine, more morphine, and more morphine." He meant enough morphine so that the patient slept deeply and stopped taking fluids and would soon die peacefully.