Death

Let Us Talk About It

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'TO be born is to die' makes every one to be afraid of death. Death is a phenomenon occurring in all living organisms. All organisms run for life (including human beings) when they are physically threatened. And disease is one physical threat to life.

Incidence of death in one's surroundings initiates thinking about death. It triggers the feeling of self and awareness of one's existence in this world. He realises its eventuality and absolute irreversibility in life. In this realization, every one develops a meaning to it.

Unfortunately, death is never discussed openly. May be it is not considered a fit topic for conversation. Death is not salient, may be, because one is not going to die today, people die when they are old. Neither *The Nursing Journal of India* talked about it in the last decade, at least.*

Individuals gradually develop a meaning to death from science literature, philosophical and religious discourses. Individuals react diversely depending on the meaning one developed. Some become very tense, others afraid to see death, yet others are calm and composed. Since death is usually a tense situation, helping personnel have to maintain composure to conduct it smoothly.

The need basically arises from the fact of pure physico-physiological orientation to disease and death, and neglect of psychological aspect of it. Another reason could be the medical personnel's preoccupation with other disease conditions of our overpopulation, relegating the need to understand and cope with death to a last priority. In earlier days the place of death for a dying person used to be the home and hence nurses were not concerned about it much. But with change of time and availability of medical opportunities within a reach to some extent, the place of death has also changed to hospitals. Hence nurses encounter death more often than earlier and so they are to be professionally prepared to face and deal with it confidently and comfortably. In a sense, she must seek to desensitize herself to death but, sensitive to the psychological state of dying person and his relatives who are also facing death.

A Three-Pronged Need

Thus the need is three pronged—helping a dying person, helping survivors of the dying one, and oneself. Sometimes a nurse may want to talk, verbalize about death but may not find words to express, or some may live in an uncertainty of what exactly she is feeling about it. This article may help to crystallise, concretise the floating ideas about death to feel confident and less anxious. Verbalization might help a nurse to face death better.

Inspite of the best technical skills, health care providers may bring a set of unexamined and inarticulate assumptions to the bedside of terminally ill patient or to their interaction with family members. Care-givers might not realise that patients might have conceptions of death different from their own. Under these circumstanees, a variety of miscommunications, non-communicatfons and unfortunate behaviours might result. It is not that situation is alarming when we talk of death anxiety among care givers but we are interested in that health professionals should overcome these ordinary anxieties and misconceptions.

Meaning of Death

The tendency to assume that everyone thinks about death as we, is bound to result in behaviours in an insensitive and inappropriate manner. Religion and culture influence the meaning one develops. Thus death is seen as continuation of life through other forms into seven generations/births; or death as starting point of a new life with almighty. People of different ages have different meanings, emotions and reactions to death.

Infants and pre-school children would not have acquired any meaning of death, since they have not acquired the concept of self and existence of self. But some children who are 'grown ups' in their age-group may develop a meaning that they are going very far, to the God, to 'up' into the sky to meet grandfather or grandmother. They do not have a fear of dying while actually dying because they do not know what is future.

An adolescent may take death as curtailment of his opportunities and his future. The emotions in a dying adolescent are usually fear, anger and helplessness. The fear is of going to an unknown place; and anger at early termination of his life compared to other people, and on his helplessness. Adolescent of highly future oriented family may experience a higher degree of anxiety than from the family which values the present and past.

Dying young people would have many meanings —Death as punishment, as a failure in life, loss of future, going to an eternal place of no return, as nonfulfilment of desires and opportunities, unfortunate to enjoy fully, powerlessness or a feeling of

(Continued on page 252)

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*This is not true (Ed., *NJI*).

Let Us Talk about Death

(Continued from page 236)

loosing power on self, and on rest of the world, and some times death is welcome as a relief from worldly bondages. To academicians, scholars, achievers and ambitious adults, death is a nonfulfilment of life.

We can observe anger, fear, hopelessness, frustration, guilt, loneliness, a sense of humiliation and abasement in the dying adult. These emotions correspond to the meaning they developed of death. When death is seen as nonfulfilment and a failure, they experience frustration leading to anger. In our culture this expression of anger is not so common but some times this anger may be directed on to oneself. The fear is most common in our culture because of fear of going to an unknown place, fear of going alone, a fear of uncertainity of next life (was his 'karma' in this life good and sufficient to be reborn as a human being or going to be born as some animal?).

Hopelessness and feeling of humiliation can be due to the meaning he attributes as an 'unfortnnate', loss of control and powerlessness. The most common thing is that fear of death actually is the fear of pain. He is most afraid of pain during death and after death. Guilt feelings are not uncommon because one is leaving behind the spouse, children and other loving persons.

Older people are commonly assumed to be having less fear of death. But it need not be true. However, death usually is not as frightening to the older persons as to an adult because, by this time, they have closely seen death of many near ones and friends; and had unique way of his life experiences. Some do invite death as a relief from suffering of old age, but still, every one wants to die 'peacefully', implying painless death. At this age, some may not have a feeling of loneliness in dying because he/she has already been left behind by the spouse. Intellectualization among less literate one, though literacy may not always lead to less sentimentalization. The personality of dying individual also influences his reaction to death. Introverts and persons with low self-concept would solicit lot of care, constant assurances and physical presence of near ones compared to extroverts, highly positive in self concept. One common observable characteristic among dying adults and older persons is a compelling oscillation between hope to live and desire of death, desperate to live and desire of death.

What Do We Learn Out of it?

The most general implication is that there is a need to understand the meaning of death to other person to be able to help the dying one and the relatives. It would be possible only if we give those persons full opportunity to express to us. This occurs more readily if caregivers develop the ability and willingness to listen. There is much desirability of suspending our own personal convictions to learn what other people truly think and feel about death. A thanatologist Kastonbaum suggests: "Openness to experience is useful when we are interested in other persons' death".

Since it is obivious that mostly people are afraid of death because of the uncertainty of pain and amount of pain intervening the death process. Hence relief from pain may help people to face death boldly. Remember that a tablet is not always an answer to the pain. It is the presence of health professionals may simply give relief!

References

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Preliminary Treatment for Tuberculosis

(Continued from page 235)

of health education to reduce the losses in time and money referred to in this paper. It would, obviously, be a great help if general hospitals and dispensaries and general practitioners develop a high suspicion index in respect of patient reporting with chest symptoms. Further, the general practitioners themselves need to be informed about recent advances in chemotherapy. Where patients are not in a position to bear the cost of treatment, private practitioners would be well advised to refer them as early as possible to a specialized TB institution with free treatment facilities. Only if action is taken along these lines can we expect some improvement in the present situation.

Reference

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