**Care of the Dying and Overcoming the Denial of Death**

**By Marius Brand**

There is no right way to die. Just as there is no right way to be born.

As much as we seek to control the way we are born and the way we will die we are, inevitably, confronted by the limits of our control.

Birth, death and, in the inimitable words of the song from the movie *The Lion King*, the “circle of life”, are not something we will ever be able to manage entirely. As much as we try.

In the last two hundred years modern medicine has made remarkable strides in understanding and combatting disease and the rise of curative medicine using a bio-medical model has dramatically extended life expectancies. But there are limits to what curative medicine can achieve. There are still a significant number of diseases that even the best medical care cannot cure, and without a cure the illness becomes terminal. Beyond that there is the aging process that will inevitably lead to multiple organ failure and death.

Within this curative, bio-medical model of medicine, death is often seen as a kind of failure. When all known cures have been tried and have failed, the unfortunate phrase, “There is nothing more we can do,” is often heard coming from medical professionals. In the context of contemporary medical training this is understandable but unfortunate indeed. For there is a tradition of medicine and care that predates modern medicine by centuries, and that is palliative care.

For most of human history we simply have not had the knowledge, skill or technology to cure diseases. So along with high levels of violent and accidental death, most diseases were a death sentence. In the face of this the only care that could be given was to minimise pain and discomfort and to attend to the psychological and spiritual needs of the dying. That is, in essence, what palliative care is.

In most societies this work was done by family members, supported by traditional healers and tribal elders. But in mediaeval Europe an interesting tradition of care developed in the Roman Catholic Church. It is thought that the first hospices (derived from the Latin *hospes*, which can mean both host and guest) were set up by the church during the crusades, both to host travellers on crusade or pilgrimage, and to care for the sick and dying who were far from home. Throughout the Middle Ages it was nuns and monks who did this care work, and although they did have some rudimentary medical knowledge, their care was primarily psychosocial and spiritual.

During the Renaissance the understanding of anatomy improved significantly, and along with the invention of the microscope and the gradual development of the scientific method, one could say that modern medicine was born. It was especially after the development of the germ theory of disease in the 19th century that the medical treatment and cure of infectious diseases increased dramatically.

The burden of curative care shifted completely to medical professionals with the development of modern hospitals (still echoing the name of the earlier hospices), medical faculties in universities and advanced research centres.

Unfortunately in all of this progress and professionalisation, the much older wisdom of palliative care was lost. Medical care became increasingly cold, clinical, and impersonal. Dying, and care for the dying, no longer happened at home, in familiar surroundings with family and community members doing the care work. Most people now died in a sterile hospital ward, often intubated and connected to a host of machines monitoring their vital signs. While this helped to alleviate the physical symptoms and manage pain, it often exacerbated the psychological and spiritual trauma of the dying process.

Socially and culturally it also left us poorer. Instead of death being a natural part of life in the home and community, it now became the exclusive domain of professionals in clinical settings. We humans have always struggled to confront the existential anxiety of our mortality, and have through the centuries developed ingenious death-denial strategies, but this modern medicalisation of death has only served to increase the compartmentalization and avoidance of the dying process. To the detriment of both the dying and their alienated loved ones.

It was in this context that a young nurse in post-war Britain, working with terminally ill patients in a London hospital, became disillusioned with how the dying were cared for. Dr Cicely Saunders ended up getting a medical degree and in 1967 started the first modern hospice, St Christopher’s, in London.

Meanwhile, in the US, Dr Elisabeth Kübler-Ross published her ground-breaking book, *On Death and Dying*, in 1969 and birthed the so-called ‘death positive movement’. Based on interviews with 500 dying patients, the book emphasized the importance of home care, that dying was a natural process that should be accepted and not feared, and that the dying should be treated with dignity and given the right to make their own end-of-life decisions.[[1]](#endnote-1)

In South Africa, the first hospice, St Luke’s in Cape Town, was established in 1980 after a medical student, Christine Dare, who worked with Dame Cicely Saunders in London, came to visit South Africa.

Since those early days of the hospice movement palliative care has become a medical discipline in its own right. There are now hundreds of thousands of hospices all over the world staffed by interdisciplinary teams of professionals and volunteers, though it is still a relatively small percentage of the world population who have access to high quality palliative care.

In 2002 the World Health Organisation adopted an official definition:

Palliative Care is an approach that improves the quality of life of patients and their families facing problems associated with life-threatening illness, through the prevention and relief of suffering, the early identification and impeccable assessment and treatment of pain and other problems, physical, psychosocial and spiritual.

It is therefore fundamentally holistic in nature, and the social workers, psychologists, spiritual counsellors, and homecare volunteers, play equally important roles to the doctors and nurses. The aim is to neither hasten or postpone death, but to treat it as a normal and natural process that should ideally take place at home in familiar surroundings, and surrounded by loved ones.

As death approaches, the thoughts of the dying inevitably turn towards the spiritual or existential meaning of life and death. Because death is by definition the very limit of human experience, it cannot be spoken about or approached with conventional wisdom and experience. This is why Lucy Bregman says that death requires myth:

Death requires “myth” not in the sense of “untruth” or “prescientific worldview,” but myth as scholars of religion have used the term. “Myth” means a comprehensive world-vision, a “landscape” of reality that serves as a model of how things are, and a model for acting within such a “how.” Myth in this sense places the human drama upon the widest possible stage, expands our everydayness so that the boundaries we ordinarily accept are transcended or shattered.[[2]](#endnote-2)

Furthermore, in trying to comprehend and accept the fact of death, the dying have to overcome the innate human drive to deny its reality. In his remarkable book, *The Denial of Death*, for which he won a Pulitzer Prize, Ernest Becker argues that the denial of death is a universal human phenomenon linked to our basic narcissism.[[3]](#endnote-3)

As self-conscious beings—that is animals that are conscious of being conscious—we cannot help but be hopelessly absorbed with ourselves. We are the most real reality to ourselves and it seems simply inconceivable that this consciousness will one day be extinguished. That is why a soldier will go into battle feeling sorry for the fellow next to him who will probably die because in his heart he doesn’t feel that *he* will die.

While St Augustine argued that this self-centeredness was, at root, mankind’s sinful nature, his *corruptio totalis*, Becker argues it is simply the evolution of an organism that has to protect its integrity. He writes:

If you took a blind and dumb organism and gave it self-consciousness and a name, if you made it stand out of nature and know consciously that it was unique, then you would have narcissism. In man, physio-chemical identity and the sense of power and activity have become conscious.[[4]](#endnote-4)

Moreover, to have a sense of self-worth and agency, to find purpose and meaning in one’s life, one has to be the hero of one’s own story. But few actively plan for the final act of their hero’s journey. For the very idea that the journey will end is too much to bear.

So, as self-conscious narcissists, we are stuck with an existential dilemma. On the one hand we feel we are, as the Psalmist wrote, a little lower than angels, crowned with glory and honour, and made rulers over the works of God’s hands. Indeed, that we are imbued with divinity itself, made in the image of God, inheriting God’s immortality too.

And yet, on the other hand, we are trapped in these mortal bodies; brother Ass, as St Francis of Assisi called his body. And the person who did the most in confronting us with this was that master of suspicion, Sigmund Freud. The profound truth in his theory is not his sexual drive theory—which his first followers like Adler and Jung soon realized was overblown at best and a dogmatic fixation at worst—but rather the disgust and guilt, and concomitant repression, that we feel at our physicality. Becker describes it like this:

Freud never abandoned his views because they were correct in their elemental suggestiveness about the human condition—but not quite in the sense that he thought, or rather, not in the framework which he offered. Today we realize that all the talk about blood and excrement, sex and guilt, is true not because of urges to patricide and incest and fears of actual physical castration, but because all these things reflect man’s horror of his own basic animal condition, a condition that he cannot—especially as a child—understand and a condition that—as an adult—he cannot accept.[[5]](#endnote-5)

So the Oedipus complex is not so much a sexual obsession with the mother and guilty desire to kill the father, but rather a response to the ambivalence of our animal condition—to put it bluntly, our defecating, bleeding existence. Norman Brown put’s it like this:

The essence of the Oedipal complex is the project of becoming God … it plainly exhibits infantile narcissism perverted by the flight from death.[[6]](#endnote-6)

Our basic problem then, is that we are angels that shit. Or little gods that die.

So we devise strategies to fend off the awareness of our own mortality and suppress the related existential anxiety. We consciously identify with our divinity and repress our animal condition.

One could argue that these immortality projects are at the root of all human religious and cultural systems. Going back to the ancient Egyptians with their incredible preoccupation with death and the afterlife, or the Mayans and their sacrificial systems, or the Hindu Vedas that teach about the eternal cycle of birth, death and rebirth.

At their best, these cultural-religious systems should help us reconcile the opposites of life and death, immortality and mortality, divinity and humanity, but unfortunately distorted or immature versions of these mythic systems often end up doing the opposite.

Even the violent nature of immature religion—in which all forms of fundamentalism can be included—can be explained by this denial of death. Otto Rank wrote:

The death fear of the ego is lessened by the killing, the sacrifice, of the other; through the death of the other, one buys oneself free from the penalty of dying, of being killed.[[7]](#endnote-7)

This truth is also at the heart of the mimetic theory of René Girard, which explains how the scapegoating of the other, psychologically relieves the anxiety of chaos and disorder—which at its root is the fear of non-being and death.[[8]](#endnote-8)

In contemporary post-religious society, when people are not anaesthetizing themselves with shopping, alcohol, social media, or prescription medicine, a common immortality system is the romantic ideal of love. That is, the idea that a total erotic union with their beloved will ensure an everlasting bond that can survive death, and therefore a measure of immortality.

And there is a partial truth here. Because the acceptance of the reality of death does lie in the union of opposites, or reuniting that which was split. But fusing yourself with someone else you think can ‘save’ you won’t do it. It is a different kind of unification we are talking about here.

The Franciscan priest and author, Fr Richard Rohr has written powerfully but simply, about the four splits that necessarily occur as the child develops. This process of splitting and repressing—that is splitting off the bad or threatening from the good or comforting—is derived from the writing of Melanie Klein and the Object Relations school of psychology. But Rohr applies it in an accessible way to our topic at hand.[[9]](#endnote-9)

He explains that the first split is the splitting of self from others, as the infant becomes self-conscious. It is, of course, vital to the development of a healthy ego, but leads to what Rohr calls the masculine principle of competition and the feminine principle of envy.

The second split is splitting the mind from the body. As Freud describes so well, during the anal phase of sexual development, the child must learn to gain mental and physical control over its excretions, and this is facilitated by being inculcated with disgust of bodily fluids and excrement. This eventually leads to an over-identification with, and over-evaluation of, the mind, and a denial of the animal body.

The third split is the separating of the good self from the bad self. As Donald Winnicott described, this leads to the development of an acceptable but false self. Or in Jungian terms, splitting and repressing the disavowed shadow from the self and the acceptable persona that is presented to the world.

And the fourth split, which in a certain sense encompasses them all, is splitting off death from life. Resulting in the myriad immortality systems described above.

The overcoming of these splits, or the reintegration and union of these opposites, is what is ultimately required to overcome the denial of death. In other words it is by fully confronting and accepting our nature as angels that shit, that we can learn to bear the anxiety of our finitude.

As I am able to let go of my ego identity and the illusion of separateness, I begin to realise not only am I connected to everything and everyone, I also contain within myself both the masculine and the feminine, the animal and the human. In theological terms I can also say, I am, like Christ, both divine and human. It is in the tension of these opposites that my creative response to life and death lies.

Secondly, in realizing that my true self is both ‘good’ and ‘bad’—or in the language of Reformed theology, *simul justus et peccator* (simultaneously righteous and sinner)—that my disavowed shadow is as much ‘me’ as the persona I project to the world, I am able to become the unique contribution to the world that is this whole, but ephemeral ‘me’. This whole self is true to both my transcendent or divine nature, and my earthly or animal nature.

Third, I fully inhabit and own my body. I am my body, not just my mind. Indeed it is getting sick that forces most people to really become their bodies. If you ask those who work in palliative care they will tell you the biggest struggles are not just with pain, but with constipation. You spend your whole life learning to control it and keep it in, but when you are terminally ill the struggle is to let it go! Psychologically-speaking I do not think that is a coincidence.

Lastly, we need to overcome the split between life and death. Death is part of life, and life is part of death. Throughout the ages, philosophers and sages have understood this. Socrates is reported to have said that, “the true philosopher practices death,” while Friedrich Nietzsche wrote, “Let us beware of saying that death is the opposite of life. The living being is only a species of the dead, and a very rare species.” But for the ordinary person facing death it is a fact that they need to learn to live with and live through, rather than philosophise about.

Rohr says that these splits are most often overcome or unified through either great suffering, or great love. But facing terminal illness—and this is the gift of the dying process—is often our last and best chance to do so.

When we can truly and experientially hold and unify these opposites, we can let go of our immortality systems. We are no longer compelled to frantically search for the hidden meaning in death. Rather, through the acceptance of death as a natural part of life, we realise that it is, in fact, death that gives life to life.

Whether your mythic and symbolic representation for expressing this is self-sacrificial death and resurrection, karmic death and rebirth, or simply that you become food for worms that stimulate new, organic growth, they all express something of this free, creative and loving giving of the self to both life and death, and thus also giving meaning to our lives and our deaths.

1. Kübler-Ross, E. 1969. *On Death and Dying*. New York: Macmillan. [↑](#endnote-ref-1)
2. Bergman, L. 1992. *Death in the Midst of Life: Perspectives on Death from Christianity and Depth Psychology*. Grand Rapids, MI: Baker Book House, p.15. [↑](#endnote-ref-2)
3. Becker, E. 1973. *The Denial of Death*. New York: The Free Press. [↑](#endnote-ref-3)
4. Ibid, pp.2-3. [↑](#endnote-ref-4)
5. Ibid, p.35. [↑](#endnote-ref-5)
6. Brown, NO. 1959. *Life Against Death: The Psychoanalytical Meaning of History*. Middleton, CT: Wesleyan Press. [↑](#endnote-ref-6)
7. Rank, quoted in Becker, p.108 [↑](#endnote-ref-7)
8. Girard, R. 1988. *Violence and the Sacred*. London: Bloomsbury. [↑](#endnote-ref-8)
9. Rohr, R. 2013. *Immortal Diamond: The Search for our True Self*. London: SPCK. [↑](#endnote-ref-9)