

Death and Life. A Pair of Absolutely Necessary Contracts! (C.G. Jung)

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Abstract: In this article I set out to discuss the end of human life and to touch on a controversial and delicate topic for many people, namely death. I have the feeling that in today's society we talk openly about sexuality, drugs and many other topics that were previously considered taboo but we completely ignore the fact that the purpose of life does not bypass us and we avoid touching on this topic. I considered that it would be appropriate to start the article by giving a definition of the concept of death, by mentioning its structures and I summarized how death is viewed at different stages of age. In this article we have reviewed the historical perspective on death over time, predictors of death and attitudes to death.

Keywords: death; historical perspective on death; predictors of death; attitudes to death

Death (engl. Death, fr. Mort, germ tod), = terminal stage of life. It has three structures: social (physical) death; psychological death; physiological death. There is an unequal departure from the functioning of systems and cells in physiological death. Psychological death is apparently charged with the unfolding of events in which some time is delayed (Philip Aviere). In the sec. XVII and XVIII, death was an important family event with long stages of mourning. The meditations on death were very numerous at that time. In the nineteenth century, many aspects of social death, different cultures and customs - especially on the way to extinction and traditional - regarding death were very much interested. In our century death has become a relatively taboo subject, more than sexuality. Psychic death is related to

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physiological (clinical) death. The more the personality and consciousness of the dying person are more complex and instrumented by curiosity, critical reasoning and the desire to notice the course of events, the more difficult they act to instinctively adapt to death, which occurs naturally.

That phases go through several types of reactions that: denial, hope, rebellion, depression and then acceptance. The verbal communication gradually becomes very restricted during the agony, then gives up completely. Just the look, remains loaded with anxiety, fear, across, intimacy, control and critical resistance. Social death begins with retirement and tends to simplify in modern society and in the post-death stages. Aspects related to this phenomenon are in different studies of cultural anthropology, and in the field of psychology in the work "Psychology of the ages", by Ursula Şchiopu and E. Verza. (1981).

The work of Elisabeth Kubler Ross, 1975 (Death, the final stage of Growth), on the progress of death is well known. Special studies were conducted (in Atlanta, Georgia, USA) on patients who have undergone physiological clinical death. Of these 40% reported a trip through a tunnel with a light at its end and a clear detachment and perception of the scenes and characters around, of their own person, seen from the outside through the eyes of a kind of spectator. Naturally, in such representations the man's desire for immortality acts eternally. It seems that in modern society birth and death are rediscovered at home.

A. Malreau in his book "The Human Condition" considers that we are living the first age that does not possess an art of dying. In 1970, the first issue of the Journal of Death and dying, the first scientific journal specializing in the problems of death and institutions for dying, appeared. Subsequently, other publications, magazines, studies on this subject appeared. In 1974 one of the two volumes edited by E. J. Antony and G. Koupernik, "L'enfant dans la famille" was dedicated to the perception of death and disease by children and the family.

Childhood, the whole being is exalted in the process of finding the prerogatives of life, existence and extension of the ego.

The issue of death is ignored and, when it does occur, death is not understood. Adolescence is impregnated by the search for "cosmic significance", in which the

idea of death is realized as an anomaly on the basis of which the great fear and the great inner illumination are constituted. Generally, the intuition of death disturbs the series of order and balance, of the severe causal reasonings accepted at this age, which is essentially the discovery of causality as a way of approaching existence. In adulthood, death is ignored and regarded as an understood necessity indefinitely removed. Towards old age, there is a gradual acceptance of her and balances on the meaning of what could be done; waiting for death becomes discreetly familiar. Loucie Frecette (Canada) supported a doctoral paper in Bucharest (1984) with investigations into how six-year-olds see death and illness (extreme situations), (U.S.).

In the Middle Ages, death was considered a distress, a frightening necessity, but expected and accepted. Only sudden death, during sleep or violence, was really to be feared. According to Schell and Hall (1983), life exists in the shadow of death; the cemetery and the church were the center of public activity, serving as a meeting and socializing place.

In the 15th-16th centuries, the idea of an eternal soul, independent of corporeality and body death, appeared, and in the 17th-18th centuries, the moment of death was loaded with pain and suffering. Later, in the 19th century, death was no longer something to be feared, but a beautiful, expected moment, when the soul found its peace in paradise.

The end of the 19th century brings the phenomenon of denial of death: terminally ill patients were encouraged to believe in healing and recovery, and those on the deathbed were sent to hospital to prevent death from happening at home; death was morbid, a failure of medicine and doctors. At present, there is a realistic awareness and conception of death. Throughout history, cultures have offered systems of philosophical religious beliefs, mythical and ritualistic, to ease people's ability to accept the phenomenon of death.

In simple, primitive societies, people reacted to death with fear, anger or calm, acceptance or joy, depending on the belief system of the respective culture. Grof and Halifax (in Schell and Hall, 1983) state that, in societies such as Murngin (Australia) and Gong (India), death seems to sedate some demons or magic, resulting in a reaction of fear and anger from people; on the other hand, in societies such as Tanala

(Madagascar) and Tlingit (Alaska), death seems to be due exclusively to natural causes and is received with calm, acceptance, joy, because there is a conception that life after death does not differ much from that of life. from the earth, and the deceased are awaited by their ancestor.

The idea of reincarnation appears prominently in Hinduism and Buddhism: death is an integral part of life, a temporary state in the continuous cycle of life and death. People can transcend death by accepting it and identifying and union with God.

Western societies are marked by two visions: a scientific perspective- in which death constitutes the end of life, and the death of the physical body represents the end of life; a religious perspective - in which the soul continues to exist in evil or paradise.

There were also particular concerns regarding the phenomenon of death; books have appeared, true “manuals” about death, such as the Tibetan Book of Death, which includes Buddhist teachings that teach you “how to die well”.

One or two years before the death, the attitudes before it are varied: renunciation, docility, resignation, or revolt and impotence; physical and cognitive functionality are restricted so that physical suffering is doubled by psychological suffering. Thus, in the physiological plane, weight loss, difficulty in breathing, heart problem appears. On the cognitive level, there is a decline in verbal and learning skills with 4-5 years before death.

As part of the Australian Long Term Study on Aging, Anstey and his colleagues investigated changes in memory, verbal skills and processing speed over two years (1992-1994), on a sample of 1,500 people over 70 for years; it has been found that only one significant transformation concerns certain aspects of verbal and cognitive abilities, as a predictor of death, four years before death (Schultz, 2006).

Variables such as life satisfaction, self-esteem, depression, and other characteristics that relate to psychological adjustment were analyzed and studied in many studies that targeted the elderly population. Inevitably, the role of these variables in predicting death has been studied. The deterioration of health, the loss of family, friends and the inability to get involved in daily activities generates the sentimental old man that it is a burden and causes him to oscillate in the desire to live. In this context, negative thoughts and feelings towards oneself and towards life become a

predictor of death, especially in the subjects whose life has undergone dramatic changes (Connor O. and Vallerandm 1998).

In a study it was observed that the quantitative and qualitative elements of social relations are predictors of death. Also, job satisfaction for men and reminiscence of pleasurable sexual acts, in the case of women, are predictors of longevity (Palmore, 1982). Stones and his colleagues (1989) observed that low activism and declining cognitive functioning are predictors of mortality.

Death is the biggest crisis that a human being has to face, a procedural phenomenon, anticipated of deterioration, disappointments, suffering and loss. The terrifying fear of people in the face of death stems, according to St. Levine (2009), from their tendency to identify exclusively with the body (Muntean, 2011).

Psychedelic therapy for terminally ill patients, whose initiator was Stanislav Gorf, began in the early 1970s. The first stage was the training period; for 12 hours, an analysis is made of the past of the patients, the present situation, establishing the working relationship with the patients and their families, determining the volume of unfinished work. The second stage represented the psychedelic session itself; discuss the substances, patients and families being informed about the three substances to be administered: LSD, DPT, MDA.

The patient was accompanied by two therapists, a team consisting of a man and a woman. He was lying, wearing a mask on his eyes and listening to relaxing music. Then the patient opened his eyes, got up, and was encouraged to share his experiences. The moment of family reunion followed and a sincere and open communication with the patient in the holotropic state was followed, discussing the feelings about the disease and death.

S. Grof concluded that the use of LSD reduces physical pain, anxiety about death and modifies the conception of death (S. Grof, 2007). As Levinton (1977) pointed out, it is important to understand our attitude to death, to develop a true addiction in this regard, in order to help people develop a supportive belief system about life and death, by reducing anxiety, by reducing anxiety. accepting the death that on a natural phenomenon, by understanding the phenomenon of pain, etc.

Theory of terror management provides an explanation for understanding how people manage to deal with the inevitable fear that accompanies awareness that at some point they will end their lives (Greenberg, Pyszczynski, & Solomon, 1986). The theory states that in order to minimize anxiety about death and to function at an optimal daily level, people need to be motivated and believe that they live in a world that supports them, so that they can become useful both for they, as well as those around.

Otto Rank, who has long been concerned with the issue of fear of death, noted that one of the most significant features of human experience is the perception of our temporary existence.

The theory of terror management claims that the human being differs from the other species by the fact that it is aware of the inevitable approach of death and is the only one concerned with managing the fear that accompanies it.

Some studies have addressed a possible connection between the degree of religiosity and the attitude towards death. Belief in a particular religion can thus influence attitudes toward death, as a coping mode, to give meaning to death.

Human development is not complete without the phenomenon of death. It is important to realize that death is not a moment, but rather a process. Death is accompanied by feelings of guilt and fear, the need to blame one's own self and destiny, the reassessment of decisions and actions, medical expertise, addictions and the need of others. There is also the extremely anxiogenic question, regarding "what will be next?". But also the seductive and compensatory illusion of the life beyond.

In the end I want to assure you, that it is a gift, to sit at the bed of a sick person, that love is not a sad and sad thing, but more that you can learn wonderful and dear things. And if these teachings, which you learned about death, you would pass on to the children and children of your children and neighbors, then this world would soon be a heaven. And I think it's time to start with this.

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