



# Thanatological Perspectives in Geriatrics and Gerontopsychiatry

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## Abstract

Thanatology is the science of death in relation to aging and old age. The concept of death and dying is presented in many works and is the subject of many scientific and professional research. Death and dying do not have their proper place in social understanding and are increasingly being ignored and suppressed. Despite modern medical discoveries and achievements, death still eludes human control. People often avoid talking about death, thinking that death happens to someone else. They consider it as an inevitable reality for some upcoming future.

**Key words:** Thanatology; Achievements; Human control; Future.

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### ARTICLE INFO

Received: 12 July 2023

Revision received: 27 August 2023

Accepted: 28 August 2023

## Introduction

*"It is not death that a man should fear, but he should fear never beginning to live"*  
Marcus Aurelius (Roman Emperor)

Thanatology is the science of death in relation to aging and old age. The name comes from the Greek words *tanathos* meaning "death" and *logos* meaning "science". The term appeared at the end of the 18th century and gained acceptance after World War II. Thanatology is not strictly defined science. It is more a reflection on emotional and social disorder, the confusion that occurs around death.<sup>1</sup>

Gerontology encompasses both gerontopsychiatry and the field of thanatology. The science of death involves suicidology and euthanasia (*disthanasia*).<sup>2</sup> Everything is considered here from the perspective of senestology or gerontology. Geriatrics has its medical cast. Aging has significant implications in medicine, what is *scientia, doctrina et ars*. Thanatology is a big topic

that has many facets. It gets involved in bioethics and culturology, anthropology, psychoanalysis, philosophy, theology, art theory and art history.<sup>3</sup> The above title covers the aspects of involution, psychodynamic approaches to Freud's thoughts on *Thanatos*, euthanasia and suicidal settings - all the realities of senescence. The basic principles of the philosophical connotations of psychoanalysis, ideas about the deaths and libidos drive - Eros and the essence of personality, ego and superego - body and soul relations are included. The relationship between Sigmund Freud's understanding and experience of his own death is of great contribution.<sup>4</sup>

Psychoanalysis as a scientific system of the epoch, left a huge revolutionary impact on medicine, psychology, suicidology, anthropology, philoso-

phy of the 20th and this century, psychotherapy, psychology. It manifests itself in more than three hundred psychotherapy methods, techniques, ideas, directions, elaborations and interpretations.<sup>5</sup>

Sigmund Freud (born in 1856) started his career in Vienna, Trieste, Paris (near Charcot), leaning on Mesmer, Piaget, some poets, writers and mythology. He began as a neurologist dissecting eels and as a connoisseur of hypnosis and neurons in general (hysteria), experimenting with opiate drugs, to strike the foundation of a multitude of demarcations and permeations (eg in art).<sup>6</sup> Since then a thousand books and scientific articles have followed on the topic of psychoanalysis and related fields, implying the topics of the unconscious, therapeutic application and other psychological research.<sup>7</sup> The multitude of dissidents and students of Freud branched off into a number of new directions. Even geriatrics, the science of senescence and senility could not avoid the echoes of this epochal system and influence.<sup>8</sup>

## Discussion

Data collection was from authors' clinical cases and exploration through available literature, for better understanding death and dying and with acceptance of our own mortality.

Politics, economics, cultural factors and social concerns have many influences in the way which people live and the way which people die. The science of death is an important chapter within the topics of old age, because thanatology includes suicide as one of its branches, which is quite common in the elderly. Preoccupations with thoughts of death are often found in the old age. It is inevitable and slowly approaching as a threat of the end and is a great unknown on the horizon of every layman.<sup>9</sup> Contraphobic implications and connotations related to death are accompanied by the old age, because an old man tries to fight against this phenomenon at the end of his life, caused by a serious illness in the agonies of death, or the one with no way out.<sup>10</sup>

Admittedly, there are many analgesics for reducing psychophysical pain, from hyoscine butylbromide, diclofenac sodium, tramadol chloride, oxycodone and other drugs to marijuana for medical use and other heavy drugs such as: opium, co-

caine, heroin, LSD, all the way to antidepressants and anxiolytics.<sup>11</sup> Patients with addiction problems take all of these for the purpose of "enjoyment" and all those who consume artificial drugs (eg crack), as well as natural ones: mescaline from mushrooms, cactus and peyote. This also suppresses the phobia of death in the life of unfulfilled personalities, who cannot come to terms with a peaceful departure - parting with fatigue from life analogous to fatigue from physical and mental stress escaping into chronic suicide.<sup>12</sup>

Therefore we stress out some of the thanatological themes and dilemmas; for example macabre depictions that accompany man from medieval times to those in modern art, from frescoes in small churches to Munch's cry on the bridge. Also Mexican cultural celebrations of death in many morbid and bizarre ways, from biblical and ancient (Antigone's drama) to themes of Susanna, Judith, Holofernes, etc. *Memento mori* with statues and images of skulls, worms, snakes, graves, rot, but also the ascension, resurrection of Lazarus and Jesus. All this is in service to prevent inherent horror, constituents death, final things in general, prepared people and prevented unnecessary fear of the unnamed. Terminal topics preoccupy both the senior and the suicidal one.<sup>13</sup>

It is written *In memoriam*. The days of the dead "All Saints" are celebrated. Obituaries and memories are written for the dear ones who have left us suddenly into the unknown to never see them again and we continue with our lives, through thorns and rose petals, feeling guilty that we didn't do enough good for them. Nonetheless, we could do more for them. *Tempus fugit - ars longa - vita brevis et de mortibus nihil nisi bene*, and with these sayings we suffer karma, projecting our sins onto them like into a sacrificial lamb.<sup>14</sup>

Projection and projective identification are significant old age defence mechanisms that are resorted to: in murders, crimes, hatred, persecutions, Holocaust, exodus of others and "different ones", mental patients stigmatisation of entire nations, heretics, non-believers, people with special needs, Jews, Muslims and others who are not to the taste of haters. In whom they project their own evils, sins and vices into them, but they remain pure, full of virtues.<sup>15,16</sup>

In that projective frame of reference, ominous prophetic forebodings are also like: pessimism, resignation, depression, dysphoria, dysthymia, abulia, demotivation, anxiety and other fears,

mostly those of Death as a constant threat of disappearance - *nihil ex nihil* they additionally burden the individual.<sup>17</sup>

The big bioethical topic of euthanasia occupies a significant place here, also thanatological. Other medics are asked to actively - passively help our death.<sup>18</sup> Such assistance is prohibited in the medical Hippocratic code of ethics and deontology, pronounced at every oath of a new doctor. Easing the agony of death in futile treatment becomes a medical topic and a task left to close people independently, so as not to "dirty the doctor's hands".<sup>19</sup> Euthanasia is still questionable despite its legalisation in some countries. Admittedly, there are opposing opinions when it is seen that a patient with dementia is completely deprived of the vital functions of self-feeding and fulfilling physiological needs. Patient just vegetates without the social dimension of life.<sup>20</sup>

Leaving someone terminally ill to die, deprived of anyone's care, care and love, except for professionals, humane and dedicated, to die naturally, is passive euthanasia - mercy killing.<sup>21</sup>

## Conclusion

Modern culture, current technology and medical care often allows people to live longer. In literature and philosophy is established the concept of lung breathing - respiratory, inspiration and expiration "while I breathe, I hope". Hope dies last. It is said "until the last breath" and about the "last exhalation" - he exhaled. Vital functions are reduced to the most important organs; brain and heart. There is talk of brain death, while the heart-pump is still active. It is spoken and written about "vegetation" when the "social being" human has died forever, but only when a straight line is shown on the ECG it is real death.

## Acknowledgement

None.

## Conflict of interest

None.

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