

## **The baton of death orchestrating life**

### **A batuta da morte a orquestrar a vida**

### **La batuta de la muerte orquestando la vida**

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#### **ABSTRACT**

Making references to other analyzers of death, I present notes on death organizing life. I hold the idea that death is needed to give meaning to life in this human search of completeness. I look into a special situation of regarding death: the reaction of the individuals when witnessing and feeling the death of their aged ones; the reaction of someone, being a relative or not, who assumes their care and follows their imminent end; of individuals witnessing powerlessly, the hour of the lonely departure of their elder. Lonely and exclusive death, proper of that aged ones of whom we used to take care of, and their natural end, as a human being.

Key-words: Death. Incompleteness. Caretaker. Elderly.

#### **RESUMO**

Com colocações de outros estudiosos da morte, teço e apresento apontamentos rápidos sobre a morte a organizar a vida. Esposo a idéia da necessidade da morte para que a vida tenha sentido nesta busca humana da completude. Endereço o olhar para uma situação especial de relação com a morte: a reação dos que ficam ao presenciar e sentir a morte de um dos seus idosos; daquele familiar, ou não, que assume o seu cuidado e acompanha o seu fim iminente; que presencia, humanamente impotente, a hora da solitária partida. Solitária morte, pois que exclusiva, própria daquele idoso do qual cuidava, do seu fim natural, por ser humano.

Palavras-chave: Morte. Vida. Cuidadores. Idoso.

## RESUMEN

Con base en otros estudiosos de la muerte, expongo rápidos apuntes sobre la muerte como organizadora de la vida. Adopto la idea de la necesidad de la muerte para que la vida tenga sentido en esta busca humana de la complementariedad. Direcciono el estudio hacia una situación especial de relación con la muerte: la reacción de quienes se quedan al presenciar y sentir la muerte de uno de sus ancianos; la reacción de quien, familiar o no, asume su cuidado y acompaña su fin inminente; que presencia, humanamente impotente, la hora de la solitaria partida. Solitaria muerte, puesto que exclusiva propia de aquel anciano del cual cuidaba, de su fin natural como ser humano.

Palabras clave: Muerte. Vida. Cuidadores. Anciano.

## INTRODUCTION

"If you want to endure life, prepare yourself for death"

Freud

"Thou owest nature a death"

Shakespeare

"As long as we exist, death is not here. And when it does come, we no longer exist"

Epicurus

In the reflections presented here, I do not intend to praise death or to pay homage to it; rather, I want to extol life in this life that remains to the individuals who mourn those who were already taken away by death. But it is possible to euphemize fear, or to fight against the fear of death, at least as long as this cultural horror regarding death lets us live, not waiting for death, but in spite of it and in the daily contact with it, as it comes in varied forms, but is never, or almost never, welcome. The memories of our beloved ones who have departed, and how much we miss them, fulfill our soul, more completely, on the Day of the Dead.

Therefore, I consider this an opportune moment to talk about this natural phenomenon that is inexorable to all of us. Talking about death is all that we can do, because it is impossible to describe, in first person, what experienced death is, as it cannot be told by its actor.

The intention is to share fragments of the findings of my studies and research on the theme. To support this discourse, I borrow reflections and positions of other scholars of death, weaving with them the fabric of these brief notes on death as the organizer of life. I am concerned about the elderly individual in face of death, not because I associate old age with death, but because of coherence with my academic research and actions within Gerontology – a science that is devoted to the study and understanding of the old age phenomenon, the aging process and the situations and realities of the old human being in the world -, when I attempt to identify ideas of life and death in the mental imagery of the elderly, and also in that of their caregivers. That is why I study and research the mental imagery of groups of elderly individuals and of those who surround them; at

the present moment, of those who assist them in the final periods of life, always searching for a positive quality of life in old age. I investigate how the elderly and the people surrounding them carry the world; their world views regarding the idea of their own death and the reality of death witnessed or known in relation to other people; how they represent in images and symbols this relational set of images that emerge in: their dreams, daydreams, posture concerning life, speech, life histories, and even drawings, writings or tests<sup>1</sup>.

### **Death does not choose age**

We will all die, we know it well. It is a democratic situation of human nature, where social class, acquired importance, beauty and age do not matter. In this rational world, which crushes emotions and denies alterity, old age has been confounded with disease and related to death, when it is known that death does not choose age whenever it decides to satisfy – metaphorically speaking – its insatiable greediness with one more human prey. It does not stop and, with voracious appetite, swallows even those who thought they were immortal. This is the mark of the horror of death that is imprinted on mental imagery by Western culture. In the same way, health problems indiscriminately affect the elderly, youths and children.

Death, a universal event for the living beings, does not refer only to the elderly. At any age, death, which is unspeakable, ill-famed, horrendous – according to Western qualifications – can present itself without asking for permission, and without bothering whether its victim has lived a long life or not.

Messy (1993, p.3) tells us that, in the exercise of gerontological psychology, he used to wonder: “how many years did these old people still have?”<sup>2</sup> And also, “who would be the next victim? The human being is so fragile that it was the youngest one [...] who died first, victim of a stupid accident”.

Man knows he is mortal, but thinks he is immortal. It is the other who dies, not me! An unreasonable posture, because in this age of deep uncertainties, our only certainty is death. “Death is a universal event par excellence: the only thing of which we are truly certain, although we ignore the day and time, why and how we will die [...]”(Thomas, 1980, p.7). *"Sei que vou morrer não sei a hora [...]"* (I know I'll die but don't know at what time), the song says, but blessed is this lack of knowledge. Knowing that he is mortal already upsets man, what if we knew the day and time of our death? Transcribing Freud, Mannoni (1995, p.8) states that “in the unconscious there is no representation of death, that is, [...] there where desire lives, the subject believes he is immortal [...] the condition of being mortal leads the subject to search for his immortality in desire”. Therefore, “man does not believe in his own death” (p. 7) and insists in understanding, believing that only the old die.

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<sup>1</sup> It is the Archetype Test of Nine Elements – AT 9 -, created by Yves Durand, presented in *O velho e o aprendiz* (Loureiro, 2004).

<sup>2</sup> All the quotations present in the text, except for the epigraphs, were translated from Portuguese into English.

## **Mental imagery and the living mortals**

The human being fears his finitude, his death, and moves it away from the conscious field, euphemizing it in the attempt to postpone it or not even thinking about it, but there are those who fight against death in the illusion of defeating it. The reactions concerning death vary, depending on the mental imagery of each person. These are attitudes that are structured in a different way and represented with different images, which can be noted in the people's forms of carrying life and of positioning themselves in the world, in society and in relation to themselves.

That is why the representational images of death can agglutinate in different "regimes – diurnal or nocturnal" (Durand, 1989, p.44), presenting themselves in a positive or negative way. Ideas of life or death form constellations of different images that emerge in the symbolic representations of the caregivers and of the elderly themselves. They can be seen or read mythically, identifying the anthropological structure of the mental imagery of individuals and/or groups. According to Durand (1989), the mental imagery is the weapon **given to man to defeat the fear of death and the passing of time**. This mental imagery can present itself, archetypically, in a heroic form – with the presence of a fight, trying to defeat the monster of fear, danger; it can emerge in a mystical way – euphemizing danger, not fighting, disregarding the monster of death, of danger; it can let us see it mythically in a disseminating way, sometimes represented in a heroic form, sometimes in a mystical form, simultaneously or diachronically; or it can come to light in a "defective" manner", what Yves Durand (1988, p. 129) calls "the universe of non-structuring". Thus, I strived to learn what time the author was referring to and, after long-lasting, and always complemented, studies, I wrote "A velhice, o tempo e a morte" (Loureiro, 1998), in which I focus on understanding time and identify that Durand was referring to our Judaic-Christian time. In a field research, I surveyed, in Brasília, by means of the Archetype Test of Nine Elements – the AT-9 test created by Yves Durand (1988) –, the mental imagery, the images of life and death of a group of elderly individuals (Lahud, 1993); by analyzing, mythically, the emerged images, represented in the test protocols, I tried to understand the death phenomenon, the relation of the elderly subjects to death, in order to better understand life and the human being. I considered the importance of penetrating this phenomenon viewed as prohibited, even by means of speaking. Thus, I identified the mythical universe of the group of retired teachers, aged 60 or older, living in Brasília. The death phenomenon became the object of my studies. I try to enter into its nature, recognize its characteristics and analyze its rituals in times and spaces, and I also try to understand the posture of the thanatocrats, the owners of death in hospitals, and amplify the in-depth reading about the theme, visiting thanatologists in their writings and research results. Little by little, I began to understand that fearing the unknown is part of human nature. However, hiding the head like an ostrich hinders the opportunity of advancing knowledge about the phenomenon. The fear and uneasiness that

we feel when we try to touch the interdictions are natural; and death continues to be an interdiction, a prohibition: “It is no longer the children who are born inside cabbages, but the deceased who disappear among the flowers” (Thomas, 1980, p.7).

### **Multiple and diverse dimensions of death**

It is not easy to find the pace, time and the right rhythm to transit in the cadence of the indescribable, of what cannot be narrated by the protagonist of the fact: talking about death in first person. Talking about death is always something strange to us, because we only know it in other people, outside ourselves. To Morin (1970, p.25), “death is not an idea, but an ‘image’, as Bachelard would say, a metaphor of life, a myth, if we want to put it this way”, but it is there, it is around, far away or close to us. Death is part of life, it orchestrates our existence in a harmonic way or without harmony, putting us in the compass or in the lack of compass of life.

To me, the way Paula Carvalho (1999) naturally compares life to the sun, old age to twilight, to nightfall, to sunset, is beautiful and interesting. The latter, in fact, imitates or is imitated by life in its uroboric process of, constantly, rising, ascending, being high in the sky and descending in the setting of the visible horizon, rising again in other places, with other colors and heat: “ascensiondeclinerebirth on the other side” (Paula Carvalho, 1999, p.38). It is the movement, the incompleteness that is present in nature, also understood as human nature, which is always under transformation... but continues. Koury (2001, p.41) quotes Fernando Pessoa, who says that “everything that lives, lives because it changes, changes because it passes, and because it passes... it DIES. Perenniality is a desire and an eternal illusion”.

Trying to understand the death phenomenon requires a multidisciplinary posture which, in interdimensionality, respects its multiple and diverse reality – biopsychical-anthroposocial – without forgetting the typical individuality present in each case: uniqueness within multiplicity, as in all the cases that involve the human person.

The matrix of time and space is important in the consideration of death, as the attitudes and rituals concerning it have been alternating across times and cultures, according to the interactions that men maintain with each other and the relation of belongingness to or separation from nature; their excessive dedication to properties, unbreakable beliefs, crystallized values, unquestionable dogmas, and their religion. Some traditionally see it as an enemy; they see death as a punishment, the purgation for the original sin. Maybe because Western man understands death as an enemy, he faces it fighting with all his might, which sometimes makes what should be a calm ritual of passage become a sanctified battle. But “the Christian believes in the resurrection of flesh, in the resurrection of the body” (Oliveira, 1999, p.50) and sees in Holy Communion “[...] the prediction of an end, the annunciation and proclamation of a new plenitude... already under way”. On the other hand, in some countries, there is the accepted reality of euthanasia, when doctors give themselves the right to shorten life, on behalf

of a reduction in suffering, which is questionable, because there are many factors that intervene in this delicate and complex process.

Not only does space/culture alter the idea of death, but time also changes mentalities in relation to death. In former times, as Áries (1977) tells us, death was a great ceremony, almost public, presided by the deceased, who was prepared and knew his death was near; the dying person presided and commanded his death. Later on, man, on the verge of death, is deprived of his rights and begins to be protected like a child, as if he had already lost reason and responsibility. The command of death ceases to be held by the dying person and is assumed by the family; the ill individual is deprived of preparing his death; what should be solemn is concealed; the patient dies in ignorance and sometimes he does not even feel that he is dying. Today, death is a dramatic comedy, where the individual plays the role of the person who does not know he is going to die. The dying human is disregarded in his final wishes, his presence is stigmatized in a Bachelardian “complex of culture” (Roy, 1977, p.97) that is evident, torturous. People die secretly, in clandestinity. I recall here *The death of Ivan Ilitch*, a famous novel by Tolstoy (1963). In the last century, the hospitals begin to play an important role in relation to death, which ceases to be a natural event in the family’s daily life. The responsibility for death, which passes from the dying person to the family, is now delivered to or taken by the hospitals. But nowadays there are terminal patients receiving, at their own homes, palliative treatments that make the final phase of life be less traumatic than in hospitals’ Intensive Care Units. Today, it is possible to find health professionals reflecting and acting in a different way regarding the dying person. Burlá (2006, p.1079) refers to new “forms of dying” and states that “the risk of clinical complications” in terminal patients:

[...] and the consequent decrease in quality of life oblige the involved professionals to have a more individualized action and a humanistic posture in view of the situation that is presented, and point that the patient needs to be continuously monitored.

The author sustains that it is necessary to “recognize that the process of dying is as important as making a diagnosis”. Gomes (2004, p.82), referring to the doctor’s role regarding the patient who is in a terminal process of life, mentions the role of “consoling, even when medicine cannot offer cure anymore”. This so-called palliative care, which is in a process of expansion, reflects a good posture in this occupation of accompanying and giving voice until the end to the person who is on the verge of meeting death.

Death is a natural phenomenon that derives from the human being’s biological nature, but dying comes both from culture and from nature. To Ziegler (1977, p.130), “death is a masquerade that approaches us with the mask constructed by society [...]”, because:

[...] the human being, in the cultural diversity of different peoples, submerged in his context, impregnated with his characteristic surroundings and conscious of the deep matrixes inside himself – the archetypes -, accepts, or not, the facts: he fights, or does not react, against things that are unfamiliar to him or to the other peoples. (Loureiro, 1998, p.56)

Jankélévitch (1977) writes that talking about death may be a **philosophical** problem, but reminds us that death is also a **biological** problem “like birth, puberty and aging”; that “mortality is a **social** phenomenon just like natality, marriage or criminality” (p.5-6). Morin (1970, p.10) says that “[...] society functions not only in spite of death and against death [...], but it also only exists as an organization through death, with death and in death”. Jankelevitch (1977, p.5) goes on arguing that, “to the doctor, the lethal phenomenon is a determinable and predictable phenomenon [...] due to the average duration of life and because of the **general conditions of the environment**”. The scholar of death also states that, from the juridical and legal point of view, “death is simply a natural phenomenon and a normal empirical phenomenon, to which the impersonality of the **statistics** and means attributes the whole character of tragedy”. Morin (1970, p.16-7) also notes that “not only does biology take charge of death, but anthropology also analyzes it [...]. Death is the most human, most cultural characteristic of the *anthropos* [...]”.

But each age presents one posture in face of death, and in each place, mentality is formed and expresses itself according to society and culture: from a resigned acceptance of the mortal destiny to the desperation of finitude – and today, in the West, we have almost achieved silence: the prohibited. It is obvious that there is a close relationship between man’s individuality and his horror of death, a relationship that is also verified, in space, between the degree of individuality attained by man and the type of society in which he lives; in the matrix of time and space, history and culture. “There is a society that respects man and accepts death: the African; and another one that is deadly, thanatocratic, where death upsets and terrifies: the Western one” (Thomas, 1980, p.527). In Western societies, man’s individuality has been crushed, and he cannot perceive death in its depth. Thus, he is conducted by the collective to a convenient view (to society), which represses his feelings and degrades him, which, according to Durand (1989, p.29), represents “the pressure of the cosmic and social environment” in the “anthropological trajectory”. The anthropological trajectory is understood as the circular and symbiotic path between man’s desiring interior and the external pressures imposed by the cosmos and society. The institutionalized, abandoned elderly individual, as any man with a destroyed identity and low self-esteem, may desire his own death. Society manipulates the image of death in the way it wants it to be presented, according to the strength of culture that man experiments, being reduced by it to his mere functionality. Today, “man is incapable of integrating his death into a globality that is different from mercantile functionality” (Ziegler, 1977, p.307).

### **Death orchestrating life**

From the human being’s relation to the idea and inevitable reality of death derives his posture concerning life. “It is in his attitudes and beliefs regarding death that man is most clearly distinguished from the other living beings, and expresses what is more fundamental about life.” (Morin, 1970,

p.25). This is the posture that is not equal among men – different attitudes among peoples that reflect the culturally determined ways of thinking of each people. By unveiling man's mental imagery, it is possible to understand better: his attitudes, rituals, different positions, conviviality, his escapes, fears or the acceptance of the situations of life and death.

Gomes (2004, p.71-2) states that “death is not an enemy to be defeated, but an integral part of our lives that gives meaning to human existence”. The author also says that “death establishes a limit in our life time and impels us to do something productive in this space of time, while we have it [...], but our society is afraid of death and fights against it all the time”. Moreover, according to the author, the human being denies death, but this denial “impoverishes our lives”.

Thomas (1980, p.12-4) notes that “by knowing death better, man will not teach himself to run away from it or hide it; perhaps he will appreciate life better, he will respect it more”. Therefore, transcribing Freud, Mannoni (1995, p.10) writes, “If you want to endure life, prepare yourself for death”.

The anthropology of the mental imagery considers that the latter results from man's posture in face of death, in view of the fear of death, and of the discovery that mental imagery is the way the subject or groups carry life and the world on their backs. This, to the author of mental imagery's anthropological structures – Durand -, is more important than merely identifying, in groups and individuals, the anthropological structure of their mental imagery underlying the mythical universes that are found. These myths that attend and form such universes are responsible for the way of being in the world of each individual or each group.

While some individuals and groups are terrified at the presence of death, others try to unveil or euphemize it in order to overcome it, and others accept it passively. The varied attitudes – horror, acceptance or indifference – in relation to death derive not only from the individuality of each man or woman, but also from the view that each society has of death. Mentality alters or adjusts itself depending on factors that are, at first, external to man, but which, with time, solidify on him through the surrounding culture: through ideological, philosophical and economic situations.

According to Morin (1970, p.16-7):

[...] a biocultural dialectic constitutes the human being and, in the course of this dialectic, the energy of cultural characteristics [...] exist, conditioning man's biotype [...], and the anthropological principles act through space and time, and the archaic structures, the archetypes, remain under the current structures.

The studied authors directed my eyes to the mentality differences regarding the phenomenon; therefore, I repeat that not only is biological nature present in death, but culture marks and determines it. Freud (1984, p.219) revisits Shakespeare's expression, already recorded in an epigraph in this text: “... thou owest nature a death”.

### **Caregivers of elderly individuals, affection and loss**



Healthy elderly people who are cared for by the family seem to have a more distant idea of fear of death. They seem to be distressed by the possibility or imminence of losing this unselfish care provided by their beloved ones. “What makes old age be synonymous with suffering is abandonment rather than disease; loneliness rather than dependence” (Minayo, 2002, p.14). In this society that is modified with time, the family no longer is what it used to be in past times, the family members are busy surviving and may not be providing care personally, nor the company that is so valued by the elderly relative. Hence, there is space for the role of the professional caregiver: a person who is not a relative but has to embody this role, adding, to her knowledge, training, readings and much love. When the elderly become fragile due to disease or dependence, they need, like all of us at any age, in identical circumstances, special care, the dependent interaction with the person who takes care of them – the caregivers who, in old age, provide assistance, like the guardian angels, relieve pain, give understanding and tenderness, or else the mere presence that eliminates loneliness, or become interlocutors, professional or not, who know how to listen with the ears of the soul.

The person who has this occupation and dedicates herself to it unselfishly, with her soul’s decision, with willingness and solidarity, besides her survival, is worthy of admiration and respect. It is not only a kind of priesthood, but a professional activity that deserves a fair reward for its important specialized “care” acquired through refined education and performed with loving dedication. The action of taking care of elderly people – terminal patients or not – cannot happen through loving improvisation only, not even when the ones who provide care devote tenderness, emotion and affection to the elderly. This action must happen with the conscious and consistent preparation regarding the attitudes, abilities and skills needed in the chosen profession/work/task.

But it is necessary to think about the feelings awakened in this human being who, unselfishly, professionally and consciously, takes care of her elderly and also of strangers who become her elderly too, aged people who receive daily care provided by them, the caregivers. Contradictory feelings may complete the picture in the evidence of loss, of the death of their elderly, like: pain, lack, relief, guilt, loneliness, fear, impotence, conflict, anguish and others. How do these caregivers react internally? How do they represent, in their mental imagery, the fact of the end of a life that was so close to them? How do they react in view of the death of these elderly individuals who were already theirs?

This is an academic curiosity which, when satisfied, will enrich the knowledge about the thanatic situation: to survey the image and symbolic representations concerning the finitude of the other; in this case, to discover the caregiver’s mental imagery in face of the death of one of her elderly “patients”<sup>3</sup>.

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<sup>3</sup>At Universidade Católica de Brasília, I supervised the Master’s thesis in gerontology authored by the physiotherapist Ana Paula Terra (2007), who investigated the mental imagery, the ideas of life and death of a group of caregivers of elderly individuals, in Ipatinga – State of Minas Gerais.

Loss is always a death, an end; it is an overwhelming feeling in any circumstance; and it grows as a negative feeling when it does not allow the recovery, in the same measure, of what was lost. When we witness the suffering and agony of the other, fear invades us, because the death of the other brings to us our finite human condition.

But if we cannot do anything against the inexorable, it is necessary that, with informed knowledge, we deal with it inside ourselves. Worrying about our own death is something common and human; we have our individual conceptions, although contaminated by culture, of our death, of our finite and limited condition, of incompleteness; but our focus here is on the idea of loss caused by the death of one of our elderly, that aged person for whom we cared during a long or a short period of time.

It is natural that affection happens after some time of daily interaction, an unequal interaction between a healthy person, the caregiver, and the dying person, or terminal patient, who sometimes is not patient at all – in fact, he can be very impatient. But let us try to be in the caregiver's shoes, in the recommended and human empathy of the task of providing care. The other is a terminal patient. Perhaps for this reason we acquire the bond and, when we lose the patient, this loss affects us. Kübler-Ross (1987) lists stages through which the patient goes, when he discovers he is dying or will die: “denial, anger, bargain, depression and resignation”; the caregivers of people in terminal phase go through these same stages. Even knowing that the person is a terminal patient, the expectation concerning the arrival of this end, the end of life, affects the emotions, and reason is weakened in the deluded hope that her patient, whom she already loves, who is already part of her daily life and of her affections, will not die. Crazy illusion, because everything that is born, grows and dies – and man, even when he is much loved, is included in this truth. Finally, resignation in face of nature, which does not leave anyone behind. Mourning happens and it may come in advance when the caregiver distressfully waits for something she knows beforehand will happen (Py, 1999).

Death is always far from us in our hopes; those who die are the others, those human beings that do not belong to us, that are not part of us, as if this were possible. We push death strongly – or carefully so as not to wake it up – away from our eyes and our heart. The suffering brought by loss is perhaps larger than the fear of death. We commonly hear: I'm not afraid of dying, but I'm afraid of suffering or of becoming dependent. And the loss of the other makes me suffer! Losing my mother, my father, my brother, my son, my friend: I can't even think about it!

### **To conclude**

It is necessary to process well the idea of non-guilt, the empty space that remains in the track of the death of our beloved ones, relatives or not. We must resort to the equilibrium that is always fought for, cared for, preserved and amplified during our caregiver education and in the period of the action, of the act and of the dynamic process of providing care. We must be aware of the inevitability of that death, and, ultimately, of the death of all of us; we

have to acquire the clairvoyance that enables us to listen attentively to the true suffering of our “patient”, paying attention to the possible embarrassed disguises of suffering. We live in a culture in which being strong and perfect, with lots of energy, is the demanded model, and within this context, the human being feels the fragility of his condition of old person who is ill. It is necessary to learn how to listen to the weak voice of the elderly person lying in bed, facilitating, in every way, his complaints, listening to him in the way he deserves. The alliances established with the patient’s relatives and other professionals will help in the delicate intervention, in the action of taking care of the terminal elderly person. The waiting time of the family and of the professionals must be endured without desperation, revolt, and every negative feeling – although natural and human - that may emerge given the dateless proximity of the inexorable arrival of death. Waiting for the inexorable is strange, complex and distressful, as we do not want it to happen. We want to keep safely in our hearts the eternal life of those we love. How can we wake up every day knowing that death is around and that, at any time, it can control the situation and take away, between its sharp teeth, that being that we learnt to want in life? In that life that is already frail and obscured by disease, suffering and pain, in the phase in which they need our care, solidarity, tenderness and more attention than ever.

The caregiver’s task is dynamic, as she deals with neotenic human beings, that is, with creatures that change and that, each day, may be in a different form and mood. “The living beings, in fact, can assist the one who is going to die, but it is in loneliness that he takes the last step, frequently in a subtle way, in front of those who surround him. It is like a “refined thief” that death behaves in these cases” (Mannoni, 1995, p.16). Listening to them is fundamental, as sometimes their voice has already been silenced at home or on the street, perhaps due to the fragility of its potency that cannot compete anymore, that cannot be heard in a competitive society, with stronger voices, or with a competent discourse. The important thing is to let them talk, speak the last word, allow them to have life until the end; not to hide anything from them and see in them, even when they are dying, the dignity of the human being, “that is, as speaking beings” (Fuks, 1995, p.10); viewing them, even at this moment, as citizens. What we will hear may seem confused, but it is the last effort to be connected with the world, with the life that exists in us and that, to the dying person, is almost finished. As Octave Mannoni used to repeat, “the devil will not have me”, while the town’s priest, reported by Georges Bernanos and remembered by Oliveira (1999, p.52), used to say, “what does it matter? Everything is grace!”. The loss then happens and, as zealous caregivers who were there until the end, providing assistance during the last sigh, we suffer the unpleasant contact with death, but, “after the initial horror of some serious loss, in the darkness of impotence and lack of resignation, some gaps begin to open through which the old light falls on the present moment” (Luft, 2004, p.105). And life continues until the ‘next victim’ is chosen by death, the ‘insatiable glutton’.

Gonzaguinha used to sing, in a song that is still heard nowadays, “*ninguém quer a morte, só saúde e sorte*” (no one wants death, only health and luck).

## REFERENCES

- ÁRIES, P. **Essai sur l'histoire de la mort en occident**: du Moyen Age à nous jours. Paris: Le Seuil, 1977.
- BURLÁ, C. Palição: cuidados ao fim da vida. In: FREITAS, E. et al. (Orgs.). **Tratado de geriatria e gerontologia**. 2.ed. Rio de Janeiro: Guanabara Koogan, 2006. p.1079-89.
- DURAND, G. **As estruturas antropológicas do imaginário**: introdução à arquetipologia geral. Trad. Helder Godinho. Lisboa: Editorial Presença, 1989.
- \_\_\_\_\_. **L'exploration de l'imaginaire**: introduction à la modélisation des univers mythiques. Paris: L'Espace Bleu, 1988.
- FREITAS, E. et al. **Tratado de geriatria e gerontologia**. 2.ed. Rio de Janeiro: Guanabara Koogan, 2006.
- FREUD, S. **La interpretación de los sueños**: obras completas. Buenos Aires: Amorrortu, 1984. v.4.
- FUKS, B.B. Vida e morte numa profissão impossível. In: MANNONI, M. (Org.). **O nomeável e o inominável**: a última palavra da vida. Rio de Janeiro: Zahar, 1995. p.7-10.
- GOMES, L. O amor e a finitude da vida. In: LOUREIRO, A. (Org.). **Terceira idade**: ideologia, cultura, amor e morte. Brasília: EdUnB, 2004. p.31-92.
- JANKÉLÉVITCH, V. **La mort**. Paris: Flammarion, 1977.
- KOURY, M.G.P. (Org.). **Imagens e memória**: ensaio em antropologia visual. Rio de Janeiro: Garamond, 2001.
- KUBLER-ROSS, E. **Sobre a morte e o morrer**. Trad. Paulo Menezes. São Paulo: Martins Fontes, 1987.
- LAHUD, A.M. **Imagens da vida e da morte**: vetores culturanalíticos de um grupo de idosos e pistas para a criação de um espaço cultural. 1993. Tese (Doutorado) - Faculdade de Educação, Universidade de São Paulo, São Paulo. 1993.
- LOUREIRO, A.M. **O velho e o aprendiz**: o imaginário em experiências com o AT-9. São Paulo: Zouk, 2004.
- \_\_\_\_\_. **A velhice, o tempo e a morte**: subsídios para a continuidade dos estudos. Brasília: Editora da Universidade de Brasília, 1998.
- LUFT, L. **Perdas e ganhos**. 23.ed. Rio de Janeiro: Record, 2004.
- MANNONI, M. **O nomeável e o inominável**: a última palavra da vida. Rio de Janeiro: Zahar, 1995.
- MESSY, J. **A pessoa idosa não existe**: uma abordagem psicanalítica da velhice. Trad. José Werneck. São Paulo: Aleph, 1993.
- MINAYO, M.C.; COIMBRA JR., C. (Orgs.). **Antropologia, saúde e envelhecimento**. Rio de Janeiro: Fiocruz, 2002.
- MORIN, E. **L'homme et la mort**. Paris: Seuil, 1970.
- OLIVEIRA, F.P. Finitude na experiência religiosa. In: PY, L. (Org.). **Finitude**: uma proposta para reflexão e prática em gerontologia. Rio de Janeiro: NAU, 1999. p.45-54.

PAULA CARVALHO, J.C. Velhice, alteridade e preconceito: dimensões do imaginário grupal com idosos. **Interface - Comunic., Saúde, Educ.**, v.3, n.5, p.29-40, 1999.

PY, L. (Org.). **Finitude**: uma proposta para reflexão e prática em gerontologia. Rio de Janeiro: NAU, 1999.

ROY, J-P. **Bachelard ou le concept contre l'image**. Montreal: Presses de l'Université de Montreal, 1977.

TERRA, A.P. **O imaginário de um grupo de cuidadores de idosos asilados**. 2007. Dissertação (Mestrado) - Universidade Católica de Brasília, Brasília. 2007.

THOMAS, L.V. **Anthropologie de la mort**. Paris: Payot, 1980.

TOLSTOI, L. **A morte de Ivan Illitch e senhores e servos**. Trad. Marques Rebelo. Rio de Janeiro: Tecnoprint, 1963. (Coleção Universidade de bolso)

ZIEGLER, J. **Os vivos e a morte**: uma sociologia da morte no ocidente e na diáspora Africana no Brasil e seus mecanismos culturais. Trad. Áurea Weissemberg. Rio de Janeiro: Zahar, 1977.

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