pitals and doctors could do. She felt she was already doing what she could do to help herself and she requested to go home. She agreed to hospice care, and after several weeks of speaking closely and personally with each of her children and grandchildren, died quietly and comfortably surrounded by her children in her home. When her children reflect on Jane's death they say that she died on her own terms. They all agree that she lived the last part of her life true to the independence and integrity that defined her whole life. They felt all her wishes had come true.

Higher Payoffs with Lower Investments

With realistic goals and hope intact, we can live a long and satisfying life accepting our illness while receiving supportive care. We can transition to supportive end-of-life care at the appropriate time and still wish for longevity. How do we do this? What can we really hope for? If we cannot live forever, if our true "wish" is impossible, how do we approach the hope that we have left?

Accepting that none of us can control illness and death is one of the first steps toward physical and emotional wellness. This includes our doctors and loved ones, and ourselves. Each of us has an emotional and spiritual foundation that comforts us and helps us to cope with adversity. When facing life-limiting illness, it is essential that we identify that part of ourselves and nurture it, as well as focus our faith, hope, and prayers that preserve that force.

Additionally, real risks that each of us fear accepting can be controlled and managed. We need to be clear about what these are. Given Mrs. Coyle's condition, what were those risks that she clearly wanted to avoid? Perhaps they were suffocation, pain, loneliness, incontinence, hunger, or any other number of difficult symptoms. Once Mrs. Coyle and her family had direct conversations about particular interventions, she was able to ensure that her values were understood and met during the last part of her life.

Our current language of hope is often counterproductive to meeting this goal. We routinely talk about fighting disease, battling illness, conquering cancer, losing battles, and withdrawing care. Using this framework we are all sure to die defeated one day. The reluctance to explore our fears and desires can actually cause more pain and suffering. People often feel that foregoing disease-modifying therapies is giving up. Can we be winners by setting realistic goals and hopes such as dignity, less pain, resolving unresolved issues, or saying things that seemed too hard before?

We all have the insight to explore our fears and hopes regarding death, if we desire. Armed with this insight and the ability to express it to our loved ones and healthcare providers, we can "save our own deaths" and bring meaning to the end of our lives.

***Emily Jaffe, MD MBA**, Assistant Professor of Geriatric Medicine at the University of Pittsburgh and the Director of Palliative Care and founder of the Geriatric Palliative Care Unit at the HJ Heinz VA in Pittsburgh. **Andrea R. Fox, MD MPH**, Associate Professor of Family Medicine and geriatrician at the University of Pittsburgh, is the Medical Director of the Squirrel Hill Health Center, a Federally Qualified Health Center focused on care of older adults, and religious and ethnic minorities. They may be contacted at ejj2@pitt.edu and jaketomson@mac.com.* ❑

Fantasies of Death

Technoculture and Virtual Death

Juhani Ihanus
University of Helsinki

The personal inner experience of the passing of time is developmentally connected with the sense of the passing of our own life and with the feeling of something irreversible concerning our existence. This fatal blow to the secure perception of one's life is consciously processed already at the preschool and early school ages. To guard one's integrity against the "bad" experience of mortality at the end of one's consciousness and one's lifetime, the child can recur to the fantasies and fictions of living in another time and place where death is not imminent. Such fantasies help master

the threats of dying and regulate the feelings of impending inevitable fate.

For example, a ten-year-old boy who was dying of leukaemia imagined that on the moon time would pass slower than on Earth, and that he would thus live longer on the moon and become as old as his father. Thus, he hoped to maintain his secure relation with his father and with his therapist (the example is from Tor-Björn Hägglund, *Dying: A Psychoanalytic Study With Special Reference to Individual Creativity and Defensive Organization* [New York: International Universities Press, 1978]).

To maintain the internal flow of living, we project it into the external world that goes on living with us. The end of one's time is then projected into the images of the end of the world that needs to be rescued. The bad experience of timelessness is tied to the fears of losing one's conscious self, living body, and embodied experiences of aliveness. To escape facing the unlived life, we try to build up the new organizations of the self and fantasies of controlling time. Often, we rush frenziedly from event to event, from show to show, desiring endless expansion without admitting any lacunae of slowing and fading.

In his "Thoughts for the Times on War and Death" (1915), Freud stated that we are onlookers to our own death, which we cannot really imagine. In the unconscious, our own death remains impossible, the death of the stranger (the other) is wished, and the death of the loved ones is ambivalently received by splitting it into love and hate.

Omnipotent technological Promethean dreams displace the mortal self and its archaic death anxiety to virtual space. In these dreams, the animate body and consciousness is mediated more as an artificial life spectacle than as a natural living organism. New kinds of artificial objects (virtual pets, digital dolls, and human-like affective computing devices) are produced. They give the appearance of aliveness, but, unlike humans, they do not disappoint or betray. They evoke emotions in the user and enable perfect narcissistic relations with machines that are neither living nor dying. The cyborg as a hybrid between the machine and the human being is both threatening (while destroying human values and qualities) and seductive (while promising to relieve us from the pains of mortal embodiments). Contrary to the child, the cyborg has no developmental history, no parents, and no affiliations—besides those linking to military and economic power bases.

The technological extensions of human organism enact shared group-fantasies and cultural visions. Internet contacts do not mean personal touches with the other; on the contrary, they disconnect us from too much grief for the lost ones and expose us, simultaneously, to entertainment violence and satisfaction. To grieve attests that we have dared to love, and we can still love because we have grieved. Such grief is counter to the pursuit of productive efficiency and consumer happiness (see Robert D. Romanyshyn, *The Soul in Grief: Love, Death, and Transformation* [Berkeley: North Atlantic Press, 1999]). In technological culture, grief has been turned into depression to be instantly doped by pills. Grief is a waste of time, and it does not sell.

On the Internet, we can inscribe an e-obituary, build a virtual tomb and immortalize the memory of our loved ones in the eternity of the Net/Matrix. There are several virtual cemeteries (even for the pets) offering their discrete easily accessible services for commemoration and for replacing the body with body images, with the imagined subjectifications of the deceased. We can locate and visit tombstones whenever and wherever. The matrixial unconscious never sleeps and never forgets its virtual members on which it nourishes itself.

Technocultural dreams and bioneuropsychological utopias move fast toward posthuman bodies and virtual cemeteries. The subject of technoculture can perform his/her death by surfing the Net and leaving the body and the terminal identity behind, kissing goodbye on the monitors and changing the virtual body/identity program. The media repeat and simulate deaths and resurrections. The struggle about the convincing and appealing images of death has accelerated. Death is not a cultural taboo: we witness death in different poses on every channel. However, the "best possible" death in the media is the sensational and provocative death of the other, distanced and detached from the viewer. Virtual death can be dosed individually and in a mass scale.

Various experts on dying (philosophers,

medical doctors, psychotherapists, sociologists, theologians, and thanatologists) express their views of "human" dying, using their specialist jargons. The age of effective treatments has created the psychotherapeutic encounters of the dying, but also the overarching biomedical surveillance strategies and technologized hospital death for all consumers. Controlled, sterilized and sanitized death is produced by the medical institutions as the last societal anointing and cosmetic procedure. The wild and meaningful "own death" outside this regulatory circle is barely allowed. Everybody is forced to die decently and systematically, according to the parameters of the disease and the model set forth by the medico-therapeutic organization. The care for the dying is part of institutionalized and bureaucratic-empathic treatment that deprives dying of personal intensity—and of developmental perspectives: the life-long death work, the process of having been born and died—psychologically—several times during one's life, is erased.

The "prosthetic God" that Freud (in *Civilization and Its Discontents*, 1930) already anticipated is becoming serialized in artefacts. The age-old desire to extend and transcend the body and the limited self-experience through technological and communicative tools across space and time is alive. At the core of these manifestations is the illusion of immortality, which excludes the living relation to one's "own death," the psychic task of experientially approaching the personal limit. Dying is projected onto the other scene, with endless re-enactments. Memories of the dead are filed and sealed in the archives to be revisited and replayed through the code name.

Traditionally, we saw the human predicament through a shared sense of mortality. Now, we will never have to face the loss of any objects, but only to interface their re-emerging in engineered artificial life environments. We used to have ambivalent feelings, but they will be obsolete when we get intertwined with and immersed in programmed realities and relations. The global electronic network is the space of apparition where the virtual and the real, the living and the dying, co-emerge and co-evolve.

Virtual reality, image technology, and high-speed computing are no longer only tools. Actually, they constitute our imaginal environments, our resonating fields of memories and larger consciousnesses. Technologies bear the symptoms of disorders and at the same time offer windows or portals through which onlookers or participants are invited into interaction and transformation. With the systems/matrix interface in our brain, we will have access to the designed realms of memory and memorizing. We are on the threshold of the emergence of exciting and terrifying forms of connectivity of people, places, and ideas. In this new reality, what are the dialogical positions and relations of the self? What kind of narrative identities and life transitions emerge on the World Wide Web, in the flux of life our stories?

An old motto maintained that "it is necessary to navigate, but not to live." On the Net, this motto can be restated, "it is necessary to surf, but not to die."

***Juhani Ihanus, PhD**, is Adjunct Professor of Cultural Psychology (University of Helsinki), Adjunct Professor of the History of Science and Ideas (University of Oulu), Senior Lecturer at the Open University (University of Helsinki), and Contributing Editor of The Journal of Psychohistory. He has published books and articles on psychohistory, cultural and clinical psychology and the history of psychology. Dr. Ihanus is the author of Swaddling, Shame and Society: On Psychohistory and Russia (2001) and may be reached at juhani.ihanus@helsinki.fi.*

All That Death

Tom Ferraro
Sports Psychoanalyst

Death is an ugly affair; there is nothing pleasant about it. It seems impossible to discuss it in a way that suggests hope, uplift, or joy. Yet, as this call for papers suggests, it is an important fact of life that warrants discourse.

My father died on September 10, 2008. He was ninety-four years old and had lived a good life. His slow dance with the Grim Reaper was symbolized by an ugly cancerous growth on his forehead which he refused to have removed the last year of his life. Instead, he wore a Mets baseball cap to hide it from us. At age eighty-seven on October