

Correspondence: Simona DAMIAN
Institute of Forensic Medicine Iasi, No. 4 Buna Vestire street, 700455, Iasi, Romania
E-mail: si_damian@yahoo.com

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ESSAY ON THE MEANING OF DEATH AND SUICIDE

**Simona Irina DAMIAN, Călin SCRIPCARU, Tatiana IOV,
Roxana NECULA, Simona IONESCU, Beatrice IOAN**

Simona Irina DAMIAN: *M. D., Ph. D., Postdoctoral researcher, "Gr. T. Popa" University of Medicine and Pharmacy of Iasi; Assistant Professor, Department of forensic medicine, "Gr. T. Popa" University of Medicine and Pharmacy Iasi, Romania; Senior forensic pathologist, Institute of Forensic Medicine Iasi, Romania*

Călin SCRIPCARU: *M. D., Ph. D., Professor, Department of Psychology, "Stefan cel Mare" University of Suceava; Senior forensic pathologist, Institute of Forensic Medicine Iasi, Romania*

Tatiana IOV: *M. D., Ph. D., Senior forensic pathologist, Institute of Forensic Medicine Iasi, Romania*

Roxana NECULA: *M. D., Ph. D., Postdoctoral researcher, "Gr. T. Popa" University of Medicine and Pharmacy of Iasi; Associate Professor, Department of Philosophy and Social-Political Sciences, Department of Sociology, "Alexandru Ioan Cuza" University, Iasi, Romania*

Simona IONESCU: *M. D., Ph. D., Postdoctoral researcher, "Gr. T. Popa" University of Medicine and Pharmacy of Iasi; Senior forensic pathologist, Institute of Forensic Medicine Iasi, Romania*

Beatrice IOAN: *M. D., Ph. D., Associate Professor, Department of forensic medicine, University of Medicine and Pharmacy "Gr. T. Popa", Iasi, Romania; Senior forensic pathologist, Institute of Forensic Medicine Iasi, Romania*

ABSTRACT:

In this paper, the authors analyze death from both a medical and theological perspective, pointing out the convergent and divergent opinions of the two approaches. More specifically, the authors tackle death as a suicidal gesture and conclude that religious morality should be more tolerant of people resorting to suicide, as the latter need to find in religion an adequate moral support in their attempts to overcome their existential crisis. Our paper actually particularizes a set of theoretic ideas by inserting different opinions emerging from interviews conducted between July 2011 and August 2012 with psychiatrists and patients suffering from diabetes mellitus and mental disorders (depression, schizophrenia), on the one hand, and with priests involved in the spiritual care of chronic patients, on the other hand.

Keywords: death, suicide, chronic disease, psychiatry, spiritual care

REZUMAT:

În această lucrare, autorii analizează moartea, atât dintr-o perspectivă medicală, cât și dintr-o perspectivă teologică, evidențiind opiniile convergente și divergente ale celor două abordări. Mai exact, autorii abordează moartea ca pe un gest suicidal, concluzionând că moralitatea religioasă ar

trebui să fie mai tolerantă cu oamenii care recurg la suicid, întrucât aceștia din urmă au nevoie să găsească în religie un suport moral adecvat în încercările de a-și depăși criza existențială. Lucrarea noastră particularizează, de fapt, o serie de idei teoretice prin introducerea unor opinii diferite apărute în urma interviurilor realizate între iulie 2011 și august 2012 cu psihiatri și cu pacienți care suferă de diabet zaharat și de boli psihice (depresie, schizofrenie), pe de o parte, și cu preoți implicați în îngrijirea spirituală a pacienților cu boli cronice, pe de altă parte.

Cuvinte-cheie: moarte, suicid, boală cronică, psihiatrie, îngrijire spirituală

INTRODUCTION

Man is the only being that knows he will die, and that is conscious of his own finitude given by his Creator, which turns individual death into the very essence of life. Thus, individual existence is not fatality, as man has the mission of changing a so-called predestination into freedom from life and death.

Father D. Stăniloae argued that man is a creature of the divine logos, in both body and soul, and not an irreversible disappearance of this body-soul complementarity.

Fate, which is considered part of the human personality, is no fatality, but man's possibility of shaping his existence into something that is good and necessary for him. Fate is but the agreement between moral and spiritual values, which are the source of the symbolic image of person subject to finitude, yet who aspires to transcendence.

This paper is a hermeneutical and anthropological essay on the meaning of death and, in particular, of death by suicide. The opinions expressed here will be illustrated by fragments of interviews conducted between July 2011 and August 2012 with psychiatrists, patients with chronic mental disorders associated with diabetes mellitus and orthodox priests. The interpretations obey a Christian orthodox point of view, and the implications and cultural significances of the term are specific to this cultural paradigm. The anthropological hermeneutical approach used allows the expression of one's personal opinions, attitudes and cultural options, in agreement with the shared cultural perspective, without any claims of universality or validity outside the given cultural universe – i.e. the Christian orthodox spirituality. In other cultural backgrounds, such as the Japanese one, death and ritual suicide may bear a different anthropological meaning and have another moral connotation. The cultural background of the interpretation, namely the Christian orthodox one, does not necessarily exclude other meanings and significances of death and suicide, like the ones identified by Durkheim (1993) who, in his book on suicide, discusses selfish, selfless and anomic suicide.

The data collected by the individual and collective interviews conducted were analyzed using a specific interpretation grid designed to identify the anthropological value of death and the creation of a particular anthropology around death-related cultural and religious symbols.

DEATH AND SUICIDE

Death, as transcendence, is the passage from temporal to eternal life, which raises the question of the way in which man goes before divine judgment, “with the rights that we did not do and the wrongs that we did do”, as father D. Stăniloae used to say.

Therefore, death should be considered a remedy, the putting to good use of life through good deeds, as the human fate is the sum of the successes and failures of one's life, by means of which one may become the master of his own life and even rise above it (Enăchescu, 2006).

By transcending beyond death, man manages a passage from physical confinement to spiritual opening, as this is the only way for him to understand, annul and defeat a fate imposed to him from the outside.

Death reveals the strength of the human character, by judging man according to the way he died, as a person's final hour does not lie, which means that everyone has the death one deserves. Thus, death, although universal, is not uniform too, and the end of life by death must hence be transformed into man's ultimate masterpiece. These assumptions are illustrated in the fragment transcribed below from an interview with a nurse suffering from diabetes mellitus.

My mother is 91 years old and she's praying to die because she's been bed confined for the last three years.

The divine conscience of death determines man to fight for life and to make the most of life, thus passing in the shadow of his creation, by death as becoming, and entering the world of spiritual immortality.

I pray to God. I pray in the evening and I pray in the morning, too. Sometimes I read a prayer book (Nurse suffering from diabetes).

Therefore, he who has no God has no remorse or feelings of guilt. Death teaches us to die with dignity, as everything depends on the quantity of death that we manage to free while living by love and forgiveness.

A cousin of mine died. People were saying that he had had diabetes. I was wondering what could have happened at that age, what he had done, what could have happened, why he got diabetes. I didn't know I was a child. I found it out later, after I got married, when one of my marriage sponsors, who was a priest and suffered from insulin-dependent diabetes, used to carry a little bag all the time, where he had a bottle of tea, a piece of fruit and an insulin syringe. I witnessed how he took it as a priest and, at the same time, as a patient suffering from this disease. He took it with a kind of warmth; he was always like that... he knew that this was the way it was supposed to happen and he overcame it very easily, although he was suffering. Nobody knew about it, he didn't want anybody to know about it (Orthodox priest)

Through divine grace, man fought "to tame death", to make it beautiful and ultimately communicative. Yet, in a consumer society death seems somewhat shameful, it is marginalized and considered a handicap, despite its creative side connected to the fact that life would not make sense without death, and that life manifests itself in response to death.

The world would be a better place if people also thought of death, if they learned to die, just like the poet Mihai Eminescu used to say: "I did not think / I would ever learn to die".

Hence, becoming aware of death as part of life is a good way to lucid and humane living, and a good way to part from life with our hearts at ease.

Therefore, the ritualization of death is a way to tame it and raise awareness among the survivors, who feel closer to it themselves. Yet, untimely sought-after and unprepared death means depriving the survivors of getting to know one through one's death, a state of non-persistence of it in the memory of those left behind, a deprivation of one's fate. Socrates asked Asclepius not to forget to give the doctor the cock owed to him, since Socrates wanted to die debtless and, at the same time, he realized that his untimely death would not allow him to settle his debts. Or, since one's time is unique, it must not be wasted, and the endowment of man with eternal thoughts and ephemeral body gives priority to the body due to its untimely death. Survival is only possible at the spiritual level, by religious and cultural memory. If man is the measure of a path to travel through, unprepared death runs counter to the completion of that journey.

Those who resort to searching an escape from this world by suicide consider themselves masters of their own destiny, and it is with great difficulty that they discover the mystery of death. They regard death as their own masterpiece, whenever their love for God is impossible to attain and death becomes a solution.

For some, suicide may become the redemption for their sins that harmed the others, and in their minds death by suicide is an act of bravery and feeling of guilt.

Regardless of the suicide's image of his own death, life is the creation of God, and therefore man does not have the right to put an end to it, as God gave man only possession and not ownership

of his life. Self-sacrifice as an act of immolation for a superior idea must not be sanctioned as an attack against God, the only sacred owner of a man's life.

We may say that he who dies unprepared or willingly, opposes the love seed found in any human being. Nevertheless, "God chose mostly the weak in order to shame the strong". An idea of Divinity shines in every human being, and this shining must be maintained by faith, which supports one's aspiration to eternity. The untimely, however, interrupts one's dialogue with God, and suppresses one's partnership with Him and the rising of one's soul to His level. Prayer is no longer a state of spiritual life, an emotional state resulting in peace, hope and confidence in God.

A man came to me... he was under shock. He had just found out that he was ill. He had never been ill before in his life and he had never taken any medicine. He was told he had a very advanced form of diabetes, for which he had to have insulin shot 2 or 3 times a day. Then he came to me for psychological support. He told me he had seen a therapist, but he also needed something else. I then heard his confession, I gave him communion and I told him to read Saint Parascheva's akathist hymn every night. I told him to start talking to Saint Parascheva and explain his problem to her after he reads the akathist, to talk to her as he would talk to a human being. This caused a state of peace and calm in him. After that he started to come more often to Saint Parascheva and after a while he even said he started to feel better, and to know God, whom he didn't know before. In other words, he started to rediscover the face of God inside man, and it is then that he found the human body regeneration resource which is inside us. It is the face of God inside us, the presence of Christ by the Holy confession. What is confession? It is the mystery by which we confess all our sins, which leave us when we get the priest's absolution that comes from the Christ. As a diseased Christian used to say, it is as if a blanket full of stones that weighed upon my head was taken off when the priest read the absolution prayer. Then he felt unchained and started to fight differently, he had the energy of continuing the fight... (Orthodox priest)

Unlike the history above, untimely death cannot unburden the soul from tension and may contribute to the assertion of one's moral personality.

The man who chose such death by suicide refuses all psychological support, although it is obvious that his gesture is actually a call. Thus, he deprives himself of the sunny side of life and instead embraces its dark side by his refusal of the presence of others who disregard his gesture's call for help. However, if we analyze his suicidal act, we can see that his revolt is not against life, but against certain living conditions for which he did not feel guilty. This is easily noticeable in an interview of a patient suffering from diabetes mellitus and schizophrenia, part of which is quoted hereunder:

"I wanted to hurt myself, because I can't take it anymore... I've suffered from depression for 7 years, and from diabetes for 3 years. I get along well with my son, but he doesn't live with me... I'm pleased... nothing displeases me, who knows what displeases me..., I wanted to throw myself in the Siret River, I keep having these thoughts... I'm not afraid to die because it's clear to me that I can't take it anymore. I threw myself in the Siret River 5 times. Sometimes I just had the intention to do it but I didn't because the water was cold and I got out of it by myself..." (patient suffering from diabetes mellitus and schizophrenia)

Are these motivations extenuating circumstances? Life is a gift that must be received and kept with joy and gratitude, a gift that needs to be cherished, preserved and protected, but this hard to be aware of for patients affected by mental conditions. Therefore, a suicide's dramatic gesture should not be judged; explanations for it should be looked for instead:

"I have a boy, but he doesn't live with me, I also have a brother, but he lives in another village... It's hard to get by with a small pension... the drugs I have to take are expensive" (patient suffering from diabetes mellitus and schizophrenia).

Man's fate is his transcendence, in order to fulfil his divine vocation of carrying on and participating in God's creation. The sacredness of life is thus intrinsic to man and therefore its fulfilment must continue beyond the conditions of human life. Bearing in mind this point of view,

life is always worth respecting, since its values does not depend on any conditions, as long as all lives have equal values in the eyes of God.

I know the case of a woman who suffered from diabetes for 50 years. Mrs. O. B was from [...] and she was over 80 years old when she died. When I met her, she didn't come to confession to me, we just talked freely, and when there were fasting periods I used to ask her how she would manage it with her illness and all. Because you see 50 years before father P. O. had granted her absolution for having had I don't know how many abortions, on condition that she wouldn't miss any fasting period. So, in over 50 years, despite her diabetes, she had hardened herself and had never missed a fasting period and she was alright. And she kept all the fasting periods until she passed away. Although everyone around her insisted on her not fasting because of the disease, she said it was not the fasting that was difficult but not losing her patience. And this is because they are very moody and they need moral support, they need somebody to help them and be there for them. It's a sort of psychological counselling, which I would call spiritual counselling, because confession helps freeing oneself from the dark thoughts that fill the mind of a diseased person with despair and discouragement. The priest encourages him and shows his ongoing support to the patient, who no longer bears the burden of the disease alone. (Orthodox priest)

Without condemning the suicide for having resorted to this gesture and without condemning the people around him for not having managed to prevent such an untimely death or for not having responded to his cry for help, we must however understand that those around him lost a way of helping one of their siblings, who did not enjoyed an affectionate and sensitive micro-social climate, and the inner peace he needed. The loved ones of these individuals should fill with love the existential void that the latter experience, and their fractured ego, thus preventing them from feeling lonely. The support of those around them is vital through the feeling of safety that it generates, especially at times of existential crisis. This support proves even more important when in fact some of those who, in a fit of conscience and despair, manifest a wish to entrust themselves to death do not actually experience an authentic desire of death, and thus fatality may be prevented. Therefore, he who is in a vital deadlock must be heard and helped, or, should he actually die, he must be forgiven, as we were unable to help him at the right time.

In general, people who have a chronic suffering, regardless of the organ affected by the chronic condition, bear this burden till the end of their life. A chock usually occurs before the onset of the chronic aspect of the disease, as the patient becomes aware of the onset of this chronic condition, which he will have to live with till the end. Our most important mission is to encourage that person, knowing that he may very well live very many years with his chronic disease. He needs encouragement, he needs to start thinking positively. I've recently dealt with such a case in my parish: a gentlemen's pancreas was very affected by his high blood sugar level, and his problem was not that he would have to get insulin shots for the rest of his life, but whether he would live to see his children grow up. This was his problem, not the fact that he would have to bear the burden of this suffering for the rest of his life. Psychological counselling, that is a permanent dialogue with the priest or with other people able to help this man with his chronic condition a positive thinking, is very important. (Orthodox priest)

Death is a certain and final phenomenon of any existence, and one's attitude to immortality depends on one's attitude to death. Death is mainly a spiritual phenomenon marking the fracture of a continuity of sense, whose subsidiary materialization is a physical material phenomenon.

Through the rituals connected to it, death becomes a plea for life, a plea for the art of dying with dignity, a preparation of the survivors for their death. Thus, in the past, the respect for the deceased of the survivors materialized in various gestures and customs, such as the custom of not covering their head for 30 days, of carrying water to another house every day, of men's not shaving, etc. Thus, death became a "growth" for the living. Therefore, we may argue that the history of humanity is also on the cemetery crosses.

Whatever the material status of each of us, regardless whether, while alive, we preferred "to have" rather than "to be", death is the absolute master of us all. Therefore, death should not be

regarded as a loss into nothingness, but a “great initiation” for the extension of life beyond the physical life, into the spiritual life, which is eternal and accessible to everyone.

We do not know to what extent the suicide’s environment alienated him from the truths and Christian significance of the end of life:

“My faith helped me, I have a good priest at my church who hears my confession, who gives me my communion, who knows I can’t fast” (patient suffering from depression and diabetes mellitus).

We do not know that projection created the suicide against the physical death, yet his manner of neglecting the assertion of his identity should not make us believe that his physical way of existing characterized him.

Life cannot be lived only in immanence, and therefore the meaning of life, which transcends reality and immanence, should be subject to theological and philosophical interpretation. As man is placed at the core of the Universe, his morals and philosophy have turned God into an attribute of man. The need to understand man resides in God, who has the power to reveal mysteries to man and to lay reason and spirit on him.

The church has a very clear message about the attitude that a genuine Christian should have towards a sick person and this message is in the criteria against which Universal Judgment is done or the freedom of all of us at the end of times is evaluated. One of the 6 criteria is I was sick and you looked at me and it is obvious that, in theology, Christ himself hides behind that sick person, Christ who is in suffering at the side of the person that suffers from the disease. In fact, as one can notice, we all talked more or less about Christ here, as Christ the archetype, the most powerful example of person in pain. But how does he suffer? In certain conditions, at a time of, let us say, esthetic completeness, of what powerful social ascension means because, let us not forget, He had been received in Jerusalem as the Emperor. Also, He does not suffer because He erred, but because the others need to benefit from His suffering. Therefore, thinking of the passion of Christ our Savior is an encouragement for he who suffers, as a sort of solidarity in suffering with Jesus Christ our Savior is thus created. On the one hand, He is present in the person of the sufferer and must be helped by the family, and, on the other hand, He is the one that suffered without being guilty of anything... by giving up any kind of social ascension, showing that there is no other person that has suffered more. The suffering of Christ our Savior reaches paroxysm and therefore, if he meditates on this, each of us who suffers may find a powerful spiritual support in his solidarity with Christ (Orthodox priest).

Revelation presents man with the universal and ultimate truth, the word of God who invites him to contribute to the continuation of the divine creation, because reason is not self sufficient, but always tends to attain what exceeds it, to reach transcendence. The fact that man’s life originates in transcendence and a spiritual evolution gives the true meaning of life, as long as only man is in the image of God, which allows us to understand God starting from man and not vice-versa.

Hence, being a devout Christian is first of all a *modus vivendi* in the proximity of divinity.

The purpose of fasting is not the killing of the body, but the killing of the bad habits, as that man already has a cross to carry, has a suffering that makes him... I’m sure that if, hypothetically speaking, he were left to choose between fasting all his life, carrying, doing, and not having to take insulin shots, that man would choose fasting over disease. That’s why priests are very flexible from this point of view. But they’re not flexible because it’s a personal choice, but because the teachings of the church let us absolve people who suffer from diabetes. Their fasting is easier, they may eat the food they need, and they may keep the diet prescribed by them by specialists, by doctors. These are the issues I would focus on: counselling them, talking to them, encouraging them, no matter their suffering – be that diabetes or other disease – and allowing them to keep their special diet during fasting periods (Orthodox priest).

THE PSYCHIATRIST – THE “PSYCHOTHERAPIST OF THE SOUL”

The psychiatrist, through his expertise in the psychotherapy of human soul, can empathize with his patients from his position of healer, he can protect the lost and help those with ailments of the soul to regain their will to live:

“The shock of being a diabetic is not an easy thing. That person must change his habits, as everything becomes more laborious for them and later he may even get depressed, a depression that sometimes may be severe” (psychiatrist).

His work is an incessant impetus towards the earthly condition affected by disease and projected into the spirit and divinity. Through this work, he gets to understand human suffering in the absence of any phantasms or totalitarianisms in mind and soul disorders. Through his job, the psychiatrist is a genuine healer of the soul, who tries to make the aching mind come back from its shadows to the divine light of creation, love and reason.

The psychiatrist, through the sturdiness of his creativity, is able to capture the sense of human existence in values and to offer support to the one whose soul aches. His work is also a cure for his own despair and, with the help of orthodox psychotherapy, he can alleviate psychological suffering and determine the despondent to pursue their salvation by regaining the health of their soul and by transferring the life of their soul beyond the transient disease.

From the viewpoint of the theological precepts, today's world is ravaged by a crisis in which the lack of meaning of the profane also diminishes its sacredness. To the modern world, God is always a remote boundary, as He prolongs the path from biological nature to spiritual world, from physical nature to God. Or, our search for Him should be the discovery of our own self, because it is to God that we owe man's tendency to perfection as a final process of evolutionary creation.

A psychiatrist tells us the following during his interview:

“The priest from this church helped many patients, especially those with chronic diseases, even materially... There are people who live in the city and come to talk to this priest about their diseases, although they have no connection to his church”.

CONCLUSIONS

Human life has its specificity. It is a conscious life that is always lived in an ontological relation with God through transcendence. Death is a moment that should crown life, as long as man is aware of the finitude of his life and he must prepare for death through the meaning that he gives to life. Suicide, no matter how many motivations we would look for it, cannot be an act of moral reconstruction, an act of regaining of the self, since, as long as God created life and death, suicide is nothing else but a painful proof of human non-fulfilment. A strong spirit subordinates his life preservation instinct to his spiritual-conscious faculties. Therefore, suicide is an act of failed existence in those who lose their faith. The individual that commits suicide bears the guilt of his action as long as otherness through love comes from God. Suicide is actually the absence of the others in whom man's vital security resides and therefore both the doctors and those around the individual in question should ask themselves if they did everything to prevent this manifestation of human helplessness. Moreover, we must understand that some of us live their lives at a peak of sensitivity and vulnerability and they may become victims of their own complexes. Untimely death dissimulates the ontological dimensions of dignified death by the fact that it hinders the passing into immortality and reintegration of the soul in the life of the living. In today's depersonalized and anonymous society, one must avoid dying anyhow, exclusively naturally and randomly, by taking such attributes as sainthood and dignity away from death, as long as death is the utmost concentration of spirituality.

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REFERENCES:

- [1]. Arries, Ph. *Omul în fața morții*. Meridiane Publishing, 1996
- [2]. Bălăceanu Stolnici, I. *Incursiune în lumea spiritului*. Paidea Publishing, 2003
- [3]. Berdiaev, N. *Cunoașterea de sine*. Humanitas Publishing, 1998
- [4]. Calinic Botoșăneanul. *Tanatologie și nemurire*. Cantes Publishing, 1999
- [5]. Calinic Botoșăneanul, Scripcaru, Gh. *Predici la înmormântări*. Cedo Publishing, 2006, Cluj
- [6]. Calinic Botoșăneanul. *Logica trinității*. Gedo Publishing, 2005
- [7]. Durkheim, E. *Despre sinucidere*. European Institute Publishing, 1993
- [8]. Eliade, M. *Arta de a muri*. Eikon Publishing, 2006
- [9]. Enăchescu, C. *Experiența vieții interioare și cunoașterea de sine*. Paidea Publishing, 2006
- [10]. Nicolescu, B. *Moartea azi*. Curtea veche Publishing, 2008
- [11]. Ponea, S., Sandu, A. *Grupul de socializare apreciativ. Un model de creativitate socială colaborativă*. Lumen Publishing, 2011, Iași
- [12]. Popa, Gh. *Lege și iubire*. Trinitas Publishing, 2002
- [13]. Sandu, A. *Etică și deontologie profesională*. Lumen Publishing, 2012
- [14]. Scripcaru, C., Damian, S., Scripcaru, Gh. *Eros și Thanatos, Dragostea și moartea în infinitul transcendenței lor*. Lumen Publishing, 2012, Iasi
- [15]. Șestov, I. *Revelațiile morții*. European Institute Publishing, 1999