

THE EXPERIENCE OF DEATH ANXIETY IN INDIVIDUALS WITH SCHIZOPHRENIA  
FROM AN EXISTENTIAL-PHENOMENOLOGICAL PERSPECTIVE

A DISSERTATION

SUBMITTED TO THE FACULTY

OF

THE GRADUATE SCHOOL OF APPLIED AND PROFESSIONAL PSYCHOLOGY

OF

RUTGERS,

THE STATE UNIVERSITY OF NEW JERSEY

BY

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IN PARTIAL FULFILLMENT OF THE

REQUIREMENTS FOR THE DEGREE

OF

DOCTOR OF PSYCHOLOGY

NEW BRUNSWICK, NEW JERSEY

OCTOBER, 2015

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## Abstract

This dissertation seeks to advance a theoretical understanding of death anxiety as an existential phenomenon, and to apply this understanding to certain experiences observed and reported by individuals with schizophrenia. Death anxiety as a phenomenon of experience can be understood as a representation of the individual's relationship between self and world, which is in part defined by one's existence in the face of the inevitability of death. It is argued that a comprehensive understanding of the experience of death anxiety can be used to contextualize many of the more bizarre utterances, stated beliefs, and experiences of individuals with schizophrenia, which can aid empathic understanding in psychotherapy. In order to do this, contributions from phenomenology, especially components of the *ipseity*-disturbance model of schizophrenia, are used to describe normal and anomalous experiences of consciousness, temporality, embodiment, and nothingness as features of a lived ontology. After a survey of empirical literature regarding death anxiety and theoretical conceptions of death anxiety from the existential and psychoanalytic traditions, seven key concepts regarding schizophrenia are critically evaluated and compared to relevant aspects of the phenomenon of death anxiety: the concepts discussed are ineffability, hyperreflexivity, diminished presence, disturbed grip, double bookkeeping, solipsism, and engulfment. It is argued that these anomalous experiences of consciousness reflect changes in one's ontological status, which involve disruptions, reactions, or defenses against a conventional way of relating to one's own mortality. Phenomenology has done important work to describe the actual experiences of those whose subjectivity is difficult to explain due to psychosis. The present investigation can help to ground our understanding of the subjectivity of such individuals in a context that is common for all human beings, that of Being-towards-death.

## **Acknowledgements**

This dissertation would not have been possible without the loving support of my family, friends, and academic supporters. I must thank my mother, Diane, whose relentless love, admiration, and encouragement have never wavered, even as I have grown in peculiar, obstinate, and sometimes reclusive ways; and my father, Rick, who has made innumerable and often intangible sacrifices for me across the years. Also, my sister, Jenna, for always paving the way for me and leading by example with unparalleled ambition, work ethic, and resilience. Finally, Molly, who has supported me no matter the distance, and shown me how to feel anything and everything.

This dissertation, the capstone of my academic career, is a testament to my teachers, athletic coaches, and professors, clinical supervisors, and intellectual peers throughout my life at Blair Academy, Cornell University, and GSAPP at Rutgers University. Each has contributed to my ongoing education as an intellectual, moral, emotional, and empathic pupil in different ways. I would especially like to thank my committee members, Jamie Walkup, who reminds me that I need not sacrifice intellectual rigor for compassion, and Louie Sass, who has taught me how to think, how to think differently, and what it even means to think in the first place; and shown me what it means to be truly accepting of another person. No amount of theory or philosophy can take the place of appreciating the subjectivity of others (but it can often help).

Thank you all for helping me in these undertakings of academics and life.

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## **Introduction**

### **A prefatory outline of themes and structure**

*We can ask primal questions, but we can never stand near the beginning.—Jaspers<sup>1</sup>*

*The realization that life is absurd cannot be seen as an end, but only as a beginning.—Camus*

Anxiety and fear related to one's mortality is a universal issue, one that Irvin Yalom (1980, 2008) and others have argued is core to both existentialism and psychopathology. Despite this simple yet far reaching idea, clinical theory and models of psychopathology have not (adequately) systematically incorporated the role of death anxiety into any noteworthy meta-psychology. There are likely a few reasons for this fact, one of which is that the lack of a knowable phenomenology of death precludes a reliable construct that can be readily known. Another is that death anxiety in the abstract is generally unpleasant and prone to avoidance or denial for theoreticians and clients in psychotherapy alike (to say nothing of the antipathy towards abstract and esoteric philosophy in general). In other words, death anxiety is extremely difficult to study for theoretical or epistemological reasons and emotional reasons. Due to the elusive qualities of death anxiety that will be described in this dissertation, an understanding of alternative forms of consciousness may offer the best examples of interpreting this peculiar form of anxiety. Phenomenology and phenomenological psychiatry have already made important contributions to understanding conventional and unconventional forms of consciousness and offer an important entrée into real ways people may experience such a state. This connection should be no surprise, given that existentialism and phenomenology share important theoretical roots, with thinkers like Martin Heidegger and Jean-Paul Sartre having bridged the gap.

I seek to argue that death anxiety, when understood existentially, seems to share some important characteristics with the experiences some individuals with schizophrenia have

reported. For this reason, I hope to demonstrate how an existential interpretation of death anxiety as a lived phenomenon can aid an understanding of the phenomenology of schizophrenia as a disorder, and also the reverse. What follows is an introduction to a variety of ways death anxiety and schizophrenia are commonly understood in clinical, research, and theoretical psychology and philosophy, followed by an application of death anxiety to a comprehensive existential interpretation of schizophrenia. I will seek to do this using a framework intended to characterize its phenomenology known as the *ipseity*-disturbance model (sometimes referred to as the IHM, or *Ipseity*-Hyperreflexivity Model, See Sass, 2001, 2004; Sass & Parnas, 2003, 2007; Sass, Parnas, & Zahavi, 2011; and Sass & Pienkos, 2013). The premise of this model is that schizophrenia reflects disruptions in the basic sense of selfhood, or minimal self, which is the sense of an implicit, “pre-reflective” self-sameness—the sense that one’s experiences of consciousness are one’s own, or “mine.” This model boasts descriptive evidence of essential structures of consciousness, a precise but empathic language and jargon, and a growing empirical research base (most notably with the E.A.S.E semi-structured interview, See Parnas et al., 2005). To do this, I will first offer some evidence and description of a comprehensive definition of existential death anxiety and then comment on a variety of specific and fundamental alterations in consciousness or observed symptoms and experiences of schizophrenia to demonstrate how the similarities between the concepts could represent a basic relationship, or reflect latent or overt death anxiety.

I consider the epistemological framework I propose to be “existential-phenomenological” since I do not limit myself to the standards of observable evidence that a descriptive or categorical phenomenology (See Ellenberger, 1958; and Sass, 2010) would suggest. Since my “bias” is towards the tenets of existentialism, I cannot claim to properly “bracket,” in the



traditional phenomenological sense (even though I will criticize psychoanalysis for not doing the same). Though there is some discussion over the role of genetic, explanatory, or causal theories in phenomenology, this dissertation does not promote a particular agenda towards one reductive answer or another (though the question of death anxiety as potentially causal, generative, or the reduction of all pathology will be danced around in the arguments within). I emphasize ‘existential’ over ‘phenomenological’ because I use the evidences and theories proposed by phenomenological thinkers and discovered through phenomenological research and investigation to promote an existential argument: my argument is existential informed by phenomenological. Thus one limitation is that the ideas proposed are merely one of several ways to think about an individual or a disorder generally, and others may be more or equally valid and useful for a therapeutic relationship. On the other hand, I hope to show how the interpretation advanced affords an enhanced opportunity for empathic understanding, relatable interaction, and (ironically, given the highly intellectual and esoteric nature of these concepts) a more down-to-earth and human-centered way of formulating clinically.

The inspiration for this dissertation came from one general and one specific source. Generally, my reading of Irvin Yalom’s 1980 treatise, *Existential Psychotherapy*, was highly influential in my thinking since he does a great deal of work (in a simple and easy to digest way) of generating a model of psychopathology that has death anxiety at its core along with other key existential themes. This text offered a method of generalizing death anxiety to any clinical observation one may make: boasting a universal stance of interpretation, though risking an overly reductive point of view. More specifically, the engine driving my train of thought for this project was Sass’s 1992 article entitled, “Heidegger, schizophrenia and the ontological difference.” In this article Sass offered a conceptual way to interpret bizarre reports of

individuals with schizophrenia using Heidegger's distinction between the ontic and the ontological, known as the "ontological difference." His main conceit, which I will describe and define in further detail in chapter two, is that individuals with schizophrenia seem to report experiences that can be understood as ontological in nature, but mistaken for being ontic in nature. As long as clinicians fail to account for this difference, the patients will continue to be misunderstood and overly pathologized. In reading Heidegger's main work, *Being and Time*, it became clear to me that death anxiety, or what Heidegger refers to (roughly) as "Being-towards-death" is a fundamental component of the ontological that Sass had referred to. Following this, if delusions and other bizarre experiences can be understood ontologically, then they can (at least in part) be understood in relation to death in interesting ways that deserve further elaboration.

In this way, this dissertation is a continuation of theoretical threads laid out by others who continued on in other directions. In another way, the dissertation is a unique analysis proposing a hypothesis that has not been advanced in as rigorous of detail (and within this specific category of disorder) before. Though, as I shall show, death anxiety has been coupled with schizophrenia before in the history of clinical psychiatry, I hope to demonstrate a novel contribution to this hypothesis by using the components of self disorders and categorical phenomenology of anomalous experience as sources of evidence rather than the grand interpretative hypotheses of drive-structural psychoanalysis and its theoretical derivatives. This novel contribution will hopefully offer a clinical utility in addition to a theoretical groundwork, as I will compare, contrast, and utilize methods of interpretation, analyses of behavior, and psychodynamic defenses, and offer a variety of clinical examples and case materials.

The structure of the dissertation and presentation of information is intended to offer a certain amount of breadth before the novel contributions become central. In some cases, I have

elected to presume a certain degree of familiarity with relevant literature on the part of the reader and in others have elected to presume no familiarity with relevant literature. A simple reason for this is to conserve space and avoid getting bogged down in unnecessary theory and literature without sacrificing breadth, since death anxiety can be a dramatically broad concept and schizophrenia is arguably the most researched mental disorder in the history of psychiatry. Thus in many cases (especially regarding phenomenology), I have offered brief definitions of concepts and then presumed familiarity with the finer nuances of the concepts at hand. In others, such as the empirical backing for death anxiety, I offer more summary than is truly necessary for my arguments in the service of bolstering the legitimacy of my hypotheses. In the case of psychodynamic and existential philosophy, I have opted for a larger survey and summary in order to “play to the strengths” of my anticipated audience (psychodynamically oriented practicing clinicians) and because the psychodynamic tradition has been the mainstream model of thinking in clinical practice that has even attempted to make room for death in any way.

More specifically, chapter one broadly deals with empirical approaches to death anxiety and schizophrenia, and is divided into three subsections. Part one surveys empirical research on death anxiety from social psychology, called Terror Management Theory. Part two surveys clinical studies that have attempted to link schizophrenia with death anxiety, and part three surveys phenomenological data on schizophrenia, especially as it pertains to suicide and qualitative differences with depression (a potential confound when it comes to interpreting death-related themes). Important themes for death anxiety from empirical literature will include *radical isolation, relations with the physical body, emotional distancing techniques, uncertainty*, and symbolic behavior such as *suicide*. This chapter is included to introduce conventional ways of

discussing death anxiety and also to demonstrate the psychological precedent for linking schizophrenia and death anxiety, or even for considering death anxiety at all.

The second chapter deals with philosophical or theoretical approaches to death anxiety and schizophrenia, and is also divided into three parts. Part one introduces a historical context for psychodynamic ways of thinking about death anxiety and schizophrenia. The purpose of including this background information is to continue to demonstrate where conventional ways of thinking have run theoreticians and clinicians into dead-ends but also uncovered important observations of the quality of schizophrenic experience and anxiety. Important themes from psychodynamic theory related to death anxiety and schizophrenia include the *overwhelming* quality of death anxiety, *timelessness* observed in countertransference, and important defenses against death anxiety including *denial*, the “*rescuer fantasy*” and the “*specialness*” fantasy (versus merger or regression). Part two is intended to outline the definition of death anxiety that will be applied to schizophrenia and introduce key concepts from existential philosophy that will be used to interpret specific phenomenological experiences. I have chosen to offer a slightly more in-depth summary of Heideggerian and Sartrean thought to contextualize ideas and terms of art that are not common in the general psychological community and to offer a reading that will better lend itself to a psychopathological application. I highlight some of the language that overlaps (or conflicts) with the specific topic, schizophrenia, to facilitate the conceptual links proposed. Regarding Martin Heidegger, the *ontological difference*, *temporality*, *possibility and uncertainty*, “*Being-towards-death*,” *sorge*, *angst*, and Heidegger’s ontological definition of death (“death, as the end of Dasein, is Dasein’s ownmost possibility—non-relational, certain and as such indefinite, not to be outstripped,” as quoted in Heidegger, 1962, p. 303) are important issues that will be used throughout the dissertation. Regarding Jean-Paul Sartre, his

understanding of *intentionality*, the “*presence of absence*” absurdity and *Nothingness* (often observed in the process of consciousness known as *negation*—which can take three forms: *lack*, *otherness*, and *obstruction*). The contributions of Heidegger and Sartre form the backbone of a comprehensive theory of death anxiety that chapter three is dedicated to apply to schizophrenia. Part three is included to round out a few general points about schizophrenia, phenomenology, and anxiety. Ratcliffe's *existential feelings* are used to facilitate an understanding of schizophrenic *moods* (distinct from modern mood disorders) like *angst* that reflect the ontological difference, especially in comparison to psychodynamic annihilation anxiety.

Finally, chapter three is divided into seven parts, grouped based on key experiences or concepts relevant to the *ipseity*-disturbance model and the larger phenomenological tradition in schizophrenia. These seven parts include: *ineffability*, *hyperreflexivity*, *diminished presence*, *disturbed grip*, *double bookkeeping*, *solipsism* and *world-catastrophe*, and *engulfment*. Each of these concepts and experiences are presented with case examples to show how each can be a representation of death anxiety, flow from it or flow towards it, or at least mirror elements common to each. No matter what the exact potential relationship between death anxiety and each of these seven concepts individually, it is argued that *some* relationship can be consistently made, and across the array of examples this relationship becomes formidable.

Death anxiety is a universal structure, and so these seven concepts serve to demonstrate some of the specific ways this universal structure could reveal itself in individuals with schizophrenia. One potential problem is that existentialism, with its emphasis on death anxiety, lends itself to arguments or interpretations in terms of death. Instead, this dissertation will hope to remain more “neutral” and present the examples in a way that depicts ‘death anxiety’ and ‘anomalous consciousness’ as *equiprimordial*, or co-occurring, genetically. Despite the “pull”

from an existential epistemology to infer or assume causality, I will resist this assumption because I hope to show how the two are better described as (virtually) synonymous in some ways. One important reason for this approach is that this work is unprepared to make any hard claim as it not empirical in nature. Regardless, I will resist even promoting hypotheses because it is not likely to be a helpful issue to debate in either case. Rather than suggest that anomalous experiences expose one to existential issues or that exposure to existential issues warps one's consciousness, instead we will try to see how both options may refer to the same phenomena. It could be that one *does* in fact lead to another in some cases and vice versa in others, *and* it could also be the case that the two co-occur, or even that some third mediator is playing a role as well. Before any such theories or arguments can be made in the future, this dissertation will hopefully generate a way to think about all these ideas—a structure for interpretation—which can be fruitful for any example.

The seven components of the phenomenology of schizophrenia I have selected are important and well known in the literature. That being said, none are terms that one is likely to hear in a hospital or clinic. While only three (hyperreflexivity, diminished presence, and disturbed grip) are explicitly components of the *ipseity*-disturbance model, each is critical to the broader theory and overlap with one another to greater or lesser degrees. For example, I begin with 'ineffability' not because it is most fundamental to schizophrenic experience but because it reflects a quality of existence that will permeate each of the other listed experiences, and really all experiences by those with schizophrenia. It is the general and permeating quality that makes it relevant to death anxiety, but also the quality that makes it unsatisfying and seemingly weak theoretically. Also, the last but best known component, 'engulfment,' is the shortest part because many of the relevant arguments will have been made already in other sections—a testament to

the interrelatedness of the ideas. Moreover, “engulfment” is really a constituent example of “ontological insecurity,” according to R.D. Laing (1959) which makes the conceptual link relatively straightforward.

Two more points are important to consider. The first is that even though this dissertation is highly theoretical and informed by perspectives from philosophy, it is foremost a clinical investigation. My intention is for this work to help inform clinical practice by helping clinicians generate helpful formulations of their clients with schizophrenia especially. With that being said, as noted, I include a sizeable critique of psychodynamic theory in the service of noting similarities and differences using the language and jargon of theory-informed clinicians. Though in this dissertation I may appear rather critical of dynamic theory, I do support its general process and ambitions. (Many of the ideas I criticize are somewhat outdated even within the dynamic tradition, and by no means represent the mindset of all dynamic thinkers.) A dynamic clinician may be able to best incorporate the ideas represented here if they view them as “ontological (or existential) defenses,” and apply them where traditional “primitive” defenses and other commonly seen defenses (such as regression and fixation) fall short. Rather than shoehorn individuals with schizophrenia into a pre-existing, Procrustean theory (something modern cognitive-behavioral theories do not fare much better at, and if anything, worse<sup>2</sup>), or throw out the baby with the bathwater, hopefully the ideas presented here (and from phenomenological psychiatry generally) can offer important additions to the common treatment of such people.

Finally, the theoretical nature of the current work comes with important limitations. Ultimately, the work is one interpretation of observed phenomena, and nothing further. Few, if any, of the ideas presented are empirical in nature, or falsifiable. In fact, an explicit goal of the project is to demonstrate how a concept such as death anxiety is flexible enough that *any*

observed behavior can be interpreted in such a way to promote the theory—quite contrary to the “falsifiable” standard of the scientific method. As noted, it is not, strictly speaking, a work of phenomenology, nor is it a work of science. In several cases, I acknowledge that certain arguments are only valid if assumptions are made beforehand (such as the case of suicide paradoxically representing death anxiety). Though the implications of the current work can be used to generate predictions which can be verified or tested, I expect that it can primarily be used to facilitate communication, empathic understanding, and relationships in psychotherapy and out, with individuals who are struggling with schizophrenia and other psychotic disorders. I have included first-person experiences and case examples for this reason, and also to enhance comprehension and real-world application. Most of the case examples have been culled from existing literature and cited accordingly; however, some of the first-person material has been reported to me anecdotally by others, clinicians and clients alike. Where necessary, I have protected identifying information to maintain confidentiality.<sup>3</sup> These anecdotal examples are intended to enhance the real-world application of the material, and should be seen as generalizable more than specific pieces of evidence. Most of the examples are important for the types of things individuals with schizophrenia tend to say, rather than the precise example (for example, the process of double bookkeeping is more relevant than the contents that may be double booked). With that being said, this dissertation is not a case-study format, which would have more obvious scientific or theoretical implications. What follows are ideas, and some ideas are less “true” than they are (as my professor and dissertation chair Louis Sass would often put it) “good to think with.”



## Chapter I

### **Empirical approaches to death anxiety in schizophrenia.**

*Once upon a time, in some out of the way corner of that universe which is dispersed into numberless twinkling solar systems, there was a star upon which clever beasts invented knowing. That was the most arrogant and mendacious minute of "world history," but nevertheless, it was only a minute. After nature had drawn a few breaths, the star cooled and congealed, and the clever beasts had to die.—Nietzsche<sup>4</sup>*

This chapter is intended to summarize and explore the empirical grounding for the existence and importance of death anxiety, and also to document the application of death-related theories to schizophrenia. The chapter will briefly review empirical studies that investigate the concepts related to death and the general impact of mortality salience in psychological life. Next it will review empirical studies that have directly linked or measured death anxiety in some way with schizophrenia. Finally, core issues related to death and psychosis will be discussed in the context of specific research and clinical papers regarding the major problem of suicide. The general goal of the chapter is to demonstrate the conceptual links between death anxiety and schizophrenia, identify ways death anxiety can be observed and measured, as well as to highlight a handful of noteworthy effects of mortality salience. The chapter will identify some constituent conceptual components of death and mortality concerns generally in order to introduce key structures that may play a role in the psychology of individuals with schizophrenia.

### **Part I: Review of death anxiety in social psychology.**

*The time when, most of all, you should withdraw into yourself is when you are forced to be in a crowd.—Epicurus*

*Hell is other people.—Sartre*

Most research on death anxiety in empirical psychology derives from the work of cultural anthropologist, Ernest Becker. His work directly motivated the creation of Terror Management Theory (TMT) as a research topic in empirical general psychology, which is somewhat peculiar

since his background was heavily rooted in existential psychoanalysis. He reworked many of Freud's theories and drew liberally from existentialists like Kierkegaard and Medard Boss, analysts like Freud and Otto Rank, and anti-psychiatrists like R.D. Laing. Nonetheless, Becker's corpus, notably his 1973 book, *The Denial of Death*, situates terror (his preferred word for death anxiety) at the heart of all culture and civilization, as well as character, or individual psychopathology. Becker's ultimate argument is that culture and religion represent group-based ways to deal with the knowledge of mortality. Becker noticed a pattern of "hero" cultures or mythologies across civilizations that characterize individual and group morality and behavior, all of which can be interpreted as developing in the service of coping with mortal terror.

Modern Terror Management Theory itself is the area of social psychology that investigates specific ways people generate fantasies that enable them to live on, symbolically or literally, after their death. This can include religious notions of the afterlife, biological notions of passing genes on to one's children, or in group identification through values (e.g., nationalism) and institutions (e.g., the Marine Corps). Thus TMT seeks to explain how attitudes, behaviors, and beliefs are moderated by culture and function to preserve the self in the face of survival threats. TMT measures these attitudes and pro-group behaviors using Mortality Salience (MS) manipulations, typically requiring the subject to write about death or think about their own death. Burke, Martens, and Faucher (2010) conducted a massive meta-analysis of TMT and MS harkening back over twenty years to its theoretical inception. Their study included 164 articles presenting 277 experiments. Their comprehensive literature review included all known articles (238 total) about TMT but only included those that specifically tested the empirical question of the MS hypothesis—that priming for mortality salience will generate predictable effects that can be measured. They ultimately show that MS as an empirical manipulation boasts an effect size of

$r = .35$ , which represents a moderate to large effect on attitudes and behaviors. They conclude that MS is a real and reliable component of our mental lives that has specific associated features that can be empirically measured.

The Burke, Martens, and Faucher meta-analysis is important to show that death anxiety is real, robust, and measurable. The authors identified some notable modifiers, including gender, geographical region, self-esteem, and other study-design factors. They also compared TMT to other competing theoretical models such as “I-D theory” which emphasizes uncertainty and isolation, or “MMM theory” which stands for “meaning maintenance model.” (PNS, or Personal Need for Structure theory is another important competing theory.) TMT can be considered an umbrella concept of these, and MS is a reliable manipulation method. Some specific findings include larger effect sizes for college students ( $r = .36$ ) than non-college students ( $r = .25$ ) from MS manipulations. Americans ( $r = .37$ ) produced larger effects than Europeans ( $r = .30$ ) and Asians ( $r = .26$ ). Mortality Salience effected attitudes toward other people ( $r = .42$ ), all attitudes generally ( $r = .33$ ), behaviors ( $r = .34$ ), cognitions ( $r = .32$ ), and affects ( $r = .21$ ). Finally, the delay between the MS manipulation and the dependent variable (as measured by the number of delay tasks) varied increasingly from no delay ( $r = .30$ ), to one delay task ( $r = .33$ ), two delay tasks ( $r = .41$ ), and three delay tasks ( $r = .47$ ), indicating that MS is insidious, largely unconscious, and subject to temporality (Burke et al., 2010). The time delay, Western bias, and social attitude changes are particularly noteworthy and relevant for the current analysis.

Some noteworthy examples from the TMT literature will help ground some of the proposed themes and components within a death anxiety concept in empirical literature. Some of these studies are indirectly related to the immediate topic or to issues faced by individuals with schizophrenia, but nonetheless add to the general strength of the concept and demonstrate the

relatively young science of death studies. Most central to the TMT literature is the push that MS has towards group identification. Hohman and Hogg (2011) demonstrated in a set of experiments that national (American) identity increased after MS manipulations ( $p=.043$ ), but only when people reported being unsure about the existence of an afterlife ( $p=.002$ ). Believers were more likely to identify as American than non-believers ( $p=.002$ ), a pattern that was not affected by MS. In terms of death denial, this finding is consistent with the theory that functional death denial is associated with group identification. The authors replicated their pattern that mortality salience increased identification in the context of uncertainty even when the subjects were primed to believe, not believe, or be uncertain about an afterlife, instead of asking their pre-existing beliefs. The study demonstrates identification with groups is associated with culturally common death-denying belief structures. The authors interpret their findings to show that mortality salience has a strong impact on social attitudes, but also that a key piece in this process is the role of uncertainty which may even play a larger role than death itself. In terms of schizophrenia, these findings may relate to the incorrigibility of delusions; fixed beliefs may serve to help tether a person to some guidepost (regardless of its specific content) but in the face of mortal uncertainty, individuals will often seek culturally sanctioned death denial and group identification strategies.<sup>5</sup> The Hohman and Hogg studies demonstrate the problem of social isolation and the issues with certainty that individuals with schizophrenia face. Given that the topic is death *anxiety* instead of death *fear*, the role of uncertainty is particularly important.

Another literature review by Vail et al. (2012) sought to demonstrate a balance between negative and positive effects of mortality salience, since death is usually only associated with negativity. The authors review studies that demonstrate how mortality salience can increase “aggressive protection of one’s cultural beliefs and self-esteem” which has negative

consequences including violent in-group bias, greed and materialism, and racism. However, they also focus on how optimal levels of mortality awareness can promote enhanced physical health (such as enhance one's intention to exercise, quit smoking, or get screened for physical health problems and diseases), improve or prioritize goals and goal-directedness, mobilize a variety of mechanisms of self esteem and self-worth (including physical attractiveness attitudes and positive attributes), and mobilize pro-social norms and values (such as egalitarianism, tolerance, empathy, forgiveness, helping, and compassion). The Vail analysis shows some pathways of conscious versus unconscious death thoughts that can lead to positive or negative outcomes, and implies that there is a context in which death awareness that can be motivating, enlivening, and healthy. These positive findings are important because they demonstrate how manageable levels of death anxiety are important for establishing meaningful connections to the world and the other people in it. As Yalom often puts it: "though the physicality of death destroys us, the idea of death saves us" (Yalom, 2008, p. 7). Though death anxiety is usually seen as a dismal topic, a tolerable amount of death anxiety is actually preferable.

One interesting observation Vail et al. mention is that mortality salience (MS) usually decreases creativity, but it can sometimes enhance creativity when it is considered in the interest of the social group or community. Usually "individual-oriented creativity" is diminished under MS conditions including openness to novelty or cognitive flexibility, which sets the individual at odds with others due to uniqueness. Since people seek to simultaneously maintain individuality and social connectedness, creativity that is sublimated to benefit the group can be a positive compromise. In terms of schizophrenia, the Vail et al. review findings apply to general populations that have assumed basic levels of social relatedness and shared experience. Given the difficulty with socialization individuals with schizophrenia face due to their anomalous

experiences, it is unlikely they have access to the social benefits of appropriate in-group biases. Many individuals with psychotic disorders are highly prejudiced, fanatically religious, overly patriotic/xenophobic, or violently homophobic, especially when acutely ill. This observation may be motivated by an exaggeration of in-group/out-group biases to ensure the scapegoating of others rather than the self, or a semi-conscious awareness of one's own outcast status and ambivalence towards connection with their rejecters.<sup>6</sup> (Certainly this is moderated by many factors, and in no way representative of all mentally ill patients. Quite the contrary, some are exceedingly open minded to others, inviting, and inclusive—sometimes to the degree of total permeability, dependency, and engulfment.) Either way, the great creativity of many individuals with schizophrenia is likely associated with social alienation since it is one's uniqueness and idiosyncrasies that others shun.

Routledge and Juhl (2012) have investigated the role of creativity in Terror Management Theory (TMT) to a greater degree, finding strong evidence for the Personal Need for Structure (PNS) theory within TMT. They define individuals with high PNS as preferring “order, simplicity, and predictability. They tend to see the world as black and white.” They compare this to low PNS individuals who “are more comfortable with and may even seek out complexity, novelty, and uncertainty. They tend to see the world as shades of grey.”<sup>7</sup> They demonstrate that, in fact, individuals high in PNS demonstrated significantly lower levels of rated creativity compared to individuals with low PNS ( $P=.02$ ), and when primed with a MS manipulation low PNS individuals increased their creativity ( $P=.000$ ) whereas high PNS individuals did not ( $P=.53$ , ns). Again, these results pertain to a normal population sample, and so the question of where individuals with schizophrenia will tend to fall in PNS is unknown. However, the high creativity often found in schizophrenia can scarcely be doubted, as it is readily observed. Sass mentions the

“pathological freedom” in schizophrenia (Sass, 1992a, p. 127) which could reflect one form or manifestation of creativity in psychosis. Obviously the disorder is highly heterogeneous and would include people who score either high or low on traditional scales of PNS. Schizophrenia patients may offer inconclusive data on this topic, or could embody some paradoxically high *and* low structure needs simultaneously. More research is needed.

A handful of smaller studies in the TMT tradition also have interesting findings. McCallum and McGlone (2011) found that subjects significantly increased their use of euphemisms in communication after a MS manipulation for bodily elimination processes (urination and defecation) as well as copulation processes (sexual activity) ( $p < .02$ ). They argue that mortality salience activates a human propensity to separate ourselves from some bodily functions. The psychological distance created by euphemism use (“use the bathroom” versus “urinate” and “defecate,” or “pass away” versus “die”) can be understood as an everyday way that death anxiety manifests in language and serves to distance the individual from the crudeness of the physical body. The decreased (though still significantly different after MS manipulation) euphemism use for sexual activities is also not surprising, given that sexual contact is often considered opposite to death (as a demonstration of vitality), though the authors instead focus on how it is less associated with unpleasant bodily functions. While the actual experience of the emotion disgust is also unpleasant and might promote euphemistic distancing itself, the connection to death anxiety seems plausible and evidently measurable.

Davis, Juhl, and Routledge (2011) showed that MS increased belief in “teleological beliefs,” which are beliefs that explain the subject in terms of its purpose goal or end (such as: “the ozone layer exists in order to block ultraviolet radiation” or “the sun makes light so that plants can photosynthesize”). Their experiments showed that preexisting belief in teleological

statements was significantly associated with decreased death-related thought accessibility ( $p=.05$ ), and that a MS manipulation significantly increased belief in teleological explanations of the world ( $p=.038$ ), even if they were illogical or scientifically inaccurate. They also showed that personal need for structure (PNS) did not moderate this effect. Their finding is interesting since it shows one way death manipulates belief structures regarding purpose, meaning, and existence, sometimes toward beliefs that are illogical but more consistent with some desired array of existential meanings. This finding is significant for schizophrenia since it shows how death changes the salience of traditional rationalism, and can contribute to “false beliefs.” The study also shows how death can impact epistemological frameworks and structures of meaning.

Heflick and Goldenberg (2012) found evidence that people who identify as atheists become more open to the belief in an afterlife after a mortality salience manipulation, even though it runs counter to their worldview ( $p=.03$ ). The authors interpret these findings to demonstrate that even atheists are more comforted by literal immortality beliefs (an afterlife) than they are by their own existing belief system in the face of death. Heflick and Goldenberg are not intending to show that atheists are fickle in the face of mortality, but rather that rationalizations and intellectualizations do not assuage death anxiety compared to denial based literal immortality thoughts. This again pertains to the rigidity of belief formation in the face of death, and the importance of socialized denial in coping with death fears.

Two other sets of findings from TMT are relevant to the current investigation: the role of the body, and the impact of death on a concept of the self. A recent study by Kesebir (2014) demonstrated that humility, as an attribute, buffers death anxiety. They define humility as “the ability to see the self in true perspective” and characterize it as “the willingness to accept the self and life without comforting illusions, and low levels of self-focus.” Kesebir offers a set of five



studies that demonstrate ways that humility changes death anxiety levels and management tactics when measured to be low, high, or manipulated experimentally with significant results. The author was also able to differentiate humility from other potential death-buffering traits such as self-esteem, secure attachments, mindfulness, and general virtuousness which were not significant and less relevant in comparison to humility. Kesebir also showed that high ‘entitlement,’ considered to be opposite of humility (and core to narcissism), enhanced prejudiced attitudes. The humility data is mostly relevant because of its implications in schizophrenia about self-reflection and “comforting illusions” in the face of mortality salience. ‘Self-in-perspective,’ (as in Kesebir’s definition of humility, or what clinicians may consider “reality testing”) or self-as-an-object-in-the-world (as a slightly more Heideggerian way to characterize perspective as a world context), seems to be a fundamental question for schizophrenia, where delusions can be considered extreme versions of “comforting illusions.” Also, the findings that only anxious attachment significantly predicted death fear, and that narcissistic defenses are unsuccessful in buffering death fears are noteworthy for schizophrenia since insecure attachment and psychotic ‘self-focus’ (a concept possibly related to hyperreflexivity) are observed.

Given that humility is related to self-concept, a study by Landau, Greenberg, Sullivan, Routledge, and Arndt (2009) attempted to directly link mortality salience to self concept, and hypothesized that mortality salience would prompt individuals with high personal need for structure (PNS) to enhance or prefer coherent, clearly-defined, and simply organized conceptions of self. The authors found significant results that MS increased coherence ( $p=.02$ ) (as measured by ratings of self-reflective demonstrations of identity across time, such as life lessons learned in retrospect), unambiguous ( $p<.001$ ) (as measured by extreme scores on a Likert scale of self

reported personality characteristics), and non-complex ( $p=.02$ ) (as measured by a card sorting task allowing an individual to describe themselves in a multiplicity of domains, more domains indicating greater complexity of self-concept). They also tested for self-concept as partially formed by cause and effect relationships in experience across time (as measured by causal word use in a written description of a personal event), and coherence of self across personal history (as measured by the number of meaningful connections reported across three life events at various ages). Mortality salience correlated with increased numbers of causal attributions and meaningful connections reported in individuals high in PNS. The authors conclude that mortality salience improves individual motivation for gathering resources to generate unified self concepts and self narratives across time, and that those same strategies and strengths work to shore up adaptive and protective concepts of self that extends beyond the usual self-esteem or self-serving enhancement literature toward self definition. The authors were somewhat surprised that their findings did not give significant results for individuals low in PNS, and hypothesize that low PNS individuals either prefer different methods of “epistemic exploration” that their methods were not prepared to test or that their methods were not prepared to distinguish a low need for structure compared to an “active desire for ambiguity and novelty.”

Again, the Landau et al. study studied a general population and thus cannot be used to directly interpret schizophrenic experience, but their findings open interesting questions about self-concept in schizophrenia. Specifically, they suggest that exposure to mortality salient thinking recruits resources to reinforce clear and coherent definitions and descriptions of self-concept, which would appear to run counter to the hypothesis of this dissertation that schizophrenia, reflecting some exposure to death, is associated with an unraveling of a core self, or *ipseity*. It may be the case that some basic sense of self or baseline ego strength is first

required to recruit more complex self-organizing processes, or, conversely, that coherence in self-concept is required for adequate allaying of death concerns. Whether one emphasizes the “chicken” or the “egg,”<sup>8</sup> the two seem related, and once again the question of where individuals with schizophrenia may tend to cluster in high or low (or ‘other’) PNS seems relevant to make sense of the findings. Certainly a study using a patient population would be helpful in making more specific claims. The authors mention one paradoxical finding that individuals extremely low in PNS, those below two standard deviations, seem to actively avoid (compared to merely not needing) self-concept structuring and may use nuanced and complex visions of self to manage mortality concerns (Landau et al., 2009). This small subgroup may represent an example of how extreme psychological positions (such as schizophrenia) require radical or paradoxical methods of self-organization, and manage mortality concerns with complexity.

Moving from ‘self’ to the role of the body (the physical self) a clever study by Koole, Tjeb A Sin, and Schneider (2014) found that physical touch decreased existential concerns (death anxiety) in individuals with low self-esteem (but not high self esteem) after a MS manipulation ( $p=.034$ ). They measured this as well as interpersonal connectedness, after the experimenter briefly touched (versus did not touch) the shoulder of the subject ( $p=.012$ ), and also after looking at or holding a Teddy bear ( $p=.011$ ), which is associated with tactile relatedness. In all experiments, touch or the desire for touch decreased death concerns for individuals with low self esteem, but individuals with high self esteem were not affected. The authors conclude that despite evidence that the body fuels death concerns (as above), an embodied approach to death anxiety management can be highly beneficial to some people. Independently of Koole et al., Schwartz (2013) directly related Becker’s work to an embodied understanding of schizophrenia

in a provocative and thoughtful article, complete with a case vignette, that also highlights tactile, or bodily, isolation.

Schwartz (2013) offers an interpretation of schizophrenia based on Becker's conceptualization of schizophrenia as, above all, a "condition of isolation." Schwartz suggests that the individual with schizophrenia is isolated in two ways: first, he is isolated from the "cultural meaning system" that protects individuals with a "death-denying, symbolic order." (That is, in being cultural outcasts, individuals with schizophrenia cannot rely upon the group identification and "hero culture" that Terror Management Theory argues protects individuals from death anxiety.) Second, the schizophrenic is isolated from herself, her own body, or her emotional experience via "dissociation." Schwartz's conception of the disorder relies on a theory of trauma to explain how the body becomes alienated from the ego, or self. For Becker/Schwartz, a mind/body schism leaves the individual existing wholly in their mental world wherein "he relies on a *hypermagnification of mental processes* to try to secure his death transcendence" (Becker, 1973, p. 219 as quoted in Schwartz, 2013, emphasis mine). Schwartz says this is the case in order to build "from the dust" a symbolic ideational system, akin to the traditional cultural "hero" ideology Becker presented generally. Basically, Becker/Schwartz is saying that when an individual is alienated from their body, they have nothing to do but stew in their own minds, and this process exacerbates their sense of isolation, generating psychotically idiosyncratic meaning systems that society would otherwise generate for them. Here, "hypermagnification of mental processes" (which may be Becker's own interpretation of hyperreflexivity) is the direct result of overwhelming exposure to death anxiety, or what Schwartz earlier referred to as the "unmitigated experience of the *mysterium tremendum*."

Schwartz's view of the schizophrenic as the wandering, traumatized outcast struggling alone with their own grim fate is certainly moving and passionate. He captures the feeling of cultural outcasts being "incapable of garnering any sort of solidly felt specialness" (meaning roughly self-esteem) before commenting on how delusional grandiosity makes sense in such a context to generate an internal "hero system," such that "the only option for death-transcendence is to have a direct connection with God" (Becker, 1973, p. 218, also quoted in Schwartz, 2013). While Schwartz is using "specialness" in a somewhat everyday way, he is drawing attention to the paradoxical feeling of particularity often seen in schizophrenia: deep inferiority lacking a core self mixed with a transcendent uniqueness—*all in the service of managing death anxiety*.<sup>9</sup>

Schwartz eventually offers a case example and identifies a number of clear indicators of ipseity disturbance: hallucinations and delusions experienced as alien and "as having nothing to do with her own thoughts or feelings," feeling "controlled, as if there was an outside entity dissuading her from acting in accordance with her own feelings," and "replacing [her feelings] with their own." Schwartz interprets these as typical low-insight experiences, and offers her the interpretation that they are really extensions of her own thoughts and feelings, which she fully rejects. He attributes the genesis of her psychosis to the relational trauma sustained at the hands of her (clearly borderline personality-disordered) mother who was intensely emotionally intrusive, engulfing, and derogatory of the patient's body. Schwartz attributes the therapeutic progress to her attachment to him as the therapist and breaking down the barriers to the "unbearable affect" that lay within in an embodied way. For Schwartz, the mother, as the ambassador of culture, failed to foster a sense of relatedness to others and also actively divorced the patient from her sense of embodied self—a paradoxical neglectful intrusiveness that ran counter to normal death anxiety-protective functioning. Schwartz's case is important and

convincing despite a few possible criticisms. He somewhat glosses over the cultural isolation components he had argued were essential earlier in the paper, relies heavily on a trauma based understanding of schizophrenia (which is debatable and not traditionally accepted), nor does he explicitly point out the patient's death anxiety, and relies on dissociation in place of the more central defense of denial. While the mother was certainly described as annihilating in various ways, the reader is left to speculate on the relevance of TMT to the case.

Becker himself had a few interesting things to say about schizophrenia, though TMT did not take up such issues in comprehensive research. Becker himself quoted Harold Searles at length to come to an understanding of schizophrenia, but ultimately characterizes the disorder as a "failure to build dependable character defenses," which for Becker is a "failure in humanization, which means a failure to *confidently deny* man's real situation on this planet" (Becker, 1973, p. 63). Becker is saying that schizophrenia is the result of radical desocialization. If all of culture is in the service of denying death (living in the face of inevitable death being man's "real situation") and schizophrenics fail to join or reject joining that culture, then insanity is "a desperate style of living with terror" (p. 63). For Becker, schizophrenia represents all the self-consciousness of humanity, but none of the denial that must balance out self-consciousness for a tolerable existence. He talks about the creativity of schizophrenia, sharply distinguishing it from man and beast as somehow "extra human," saying that the schizophrenic is both "furthest from the animal" but lacks the "secure cultural programming of average men" (p. 64). Here Becker is somewhat guilty of romanticizing psychosis, but does important work to reject Freudian primitivity and the Dionysian "wildman" conception of schizophrenia (See Sass, 1994). He is also turning the standard denial of reality view on its head by suggesting individuals with

schizophrenia “see too much” (or are otherwise more in touch with the morbid existential truth of impending death than others) and lack a healthy denial.

Becker, when interpreting Kierkegaardian despair, returns to schizophrenia as an example. Becker interprets Kierkegaard as trying to show how “infinite’s despair” is the limitlessness of consciousness divorced from both the body and the “earthly categories of space and time” (Becker, 1973, p. 76). He says that individuals with schizophrenia lack “a development in depth from a fixed center in the personality, a center that unites both aspects of the existential dualism—the self and the body” (p. 77), which in turn requires an “acknowledgement of...the reality of one’s limits.” Kierkegaardian “sickness” is thus the “plunging into the limitless” that happens when one splits from the body, or embodiment. These themes were well accounted for in the Schwartz case, and Becker seems to be expanding on the problem of the Cartesian *Cogito* in schizophrenia that phenomenology has also wrestled with. Becker emphasizes a concept of self, and discusses a “center that unites,” which can certainly be likened to ipseity. In a way, Becker is expanding the core problem of self disturbance into an existential, death-based context.

To summarize this section, death anxiety is an empirically established concept that has been researched extensively in empirical studies in the form of mortality salience manipulations, which have proven to have reliable effects and contribute to a wide array of positive and negative outcomes. Death anxiety therefore has observable implications for our psychological lives, and these observations can contribute to a general psychological concept of death anxiety. Foremost, it is related to *group identification*, and therefore its opposite *isolation*, and death itself is associated with psychological *rigidity*, *creativity*, *distancing*, and *uncertainty*. The literature in Terror Management Theory also gives special attention to the role of the *lived-body*, and the

importance of cultural socialization in the generation of a sense of self and a repertoire of death anxiety management strategies. The *outcast* status that many individuals with schizophrenia experience leaves them deprived of the benefits of a socially shared *mythos* of death, and feeling misunderstood in their own idiosyncratic death “system.”

## **Part II: Review of clinical research connecting schizophrenia with death anxiety.**

*To one man, lonesomeness is the flight of the sick one; to another, it is the flight from the sick ones.—  
Nietzsche*

Only a handful of empirical studies linking death anxiety with schizophrenia have been conducted to date, and few of them in the United States. Three scales for death anxiety or fear of death exist: Templer’s Death Anxiety Scale, the Collett-Lester Fear of Death Scale, and Abdel-Khalek’s Arabic Scale of Death Anxiety (Abdel-Khalek has also developed a Death Obsession Scale). Hurvich has also created a scale to measure the closely related psychoanalytic concept of annihilation anxiety, entitled the Hurvich Experience Inventory – Revised. Most of these scales have been used with schizophrenia patients. Jimakas (1980) conducted a dissertation study using Thematic Apperception Test responses and Templer’s scale in normals and acute schizophrenia patients but the results were inconclusive regarding death anxiety in schizophrenia. Graftieaux and Kiely (1979), according to their abstract (the article was in French), found that individuals with schizophrenia were significantly more likely to utilize denial based defenses when shown death-related words.

Abdel-Khalek (2002) administered his scale for death obsession, defined as, “repetitive thoughts or ruminations, persistent ideas, or intrusive images that are centered around death of the self or significant others,” to a variety of populations include male and female normals, males and females with an anxiety disorder, males and females with schizophrenia, and males with



substance addiction according to DSM-IV definitions. The author found that in a large Egyptian sample ( $N=765$ ) male and female anxiety patients had the highest levels of death obsession and were significantly different from all other groups. The third highest mean was female schizophrenia patients, who were statistically significantly different from male normals and schizophrenics. The author reports that females scored higher than males across the board ( $p=.0001$ ), and attributes this in part to cultural gender differences in the Arabic culture, which seemed especially true for the female schizophrenia group given the problem of stigma in Arabic culture against women with mental illness especially. Abdel-Khalek attributes the results to the obsessive defenses common to anxiety disorders, but also that “emotional disturbances” in schizophrenia may have disrupted the result somehow, highlighting the difference between obsessive neuroticism and psychosis. Ultimately, male schizophrenia patients scored the lowest on death obsession ( $M=22.92$ ), whereas female schizophrenia patients scored highest ( $M=30.48$ ), except for the anxiety patients who were in a league of their own ( $M=46.85$  males, and  $M=59.74$  females). This finding gives some evidence to the hypothesis that psychosis functions as a death anxiety coping mechanism, except when there are culturally alienating forces like stigma that actually exacerbate the anxiety as terror management theory would predict.

Three studies sought to measure death anxiety or death attitudes directly in schizophrenia. Khanna, Khanna, and Sharma (1988) administered Templer’s Death Anxiety Scale with 30 schizophrenic, 30 manic depressive, and 30 normal subjects and found schizophrenia patients to have the highest death anxiety scores. In particular, schizophrenia patients scored highest on all five subcomponents of the scale (fear of personal death, concern about suffering and lingering death, subjective proximity to death, disturbing death thoughts, and death related fears) except one, “subjective proximity to death.” While higher for all

components, schizophrenics were only statistically significantly higher than normals on “fear of personal death” and “suffering and lingering death.” The schizophrenia group also had the most significantly correlated subcomponents. The fact that the “subjective proximity to death” was the most normative result for the schizophrenia group is interesting, since it seems to contradict the view that schizophrenia could represent a certain subjectively heightened experience of death. On the other hand, the fact that patients do not experience the “now-ness” of death any more than normals could be a testament to the universality of Heidegger’s points regarding death anxiety (below). The Khanna et al. study gives some evidence that individuals with schizophrenia might have quantitatively more death anxiety than controls; however, this analysis is more interested in qualitative differences.

Greenberg (1964) investigated the attitudes toward death and affective response in schizophrenia patients and found mixed results: women increased the number of negative affective words when talking about death but men were just as likely to increase or decrease such word usage. They also report a general decrease in affectivity when discussing death compared to controls (in line with a hypothesis of affective flattening in the face of death, but see Sass 2004b, for a description of affect in schizophrenia), and a wider range of attitudes towards their own death, where men with schizophrenia were more likely to hold negative attitudes than women. They also found lower consistency among the patient groups, and failed to find evidence to support the hypothesis that increased death anxiety correlated with decreased ego strength. The study, however, is subject to a number of methodological flaws, the biggest of which is a low number of subjects (N=19) given that it was a pilot study. Their use of affective words as a proxy for arousal and death anxiety is also questionable and subject to biases or other confounding variables. Their dichotomization of positive and negative affects is also potentially

problematic, and they do not report hardly any of their quantitative values or define variables. The study is at best an example of a crude, preliminary attempt to merely establish a measurable relationship between psychosis and death anxiety, and at worst is a representation of outdated and patronizing views of psychosis. (The authors report sex differences on a number of their results, and discuss the possibility that some schizophrenic women may experience a “Harlequin complex,” where “death is perceived as a lover” and the women are “partly in love with death.”)

Finally, Benveniste, Papouchis, Allen, and Hurvich (1998) demonstrate significantly higher scores on the HEI-R, a scale designed to assess psychodynamic annihilation anxiety, for individuals with schizophrenia compared to controls ( $p < .001$ ) and also offered more annihilation anxiety-related responses on the Rorschach (though less than patients with Borderline Personality Disorder) as measured by the Rorschach Content Scale (RCS) for annihilation anxiety. The authors administered the Rorschach (using the Rapaport, Gill, and Schafer 1968 method) and assessed it with the RCS and a scale for ego strength (Cartwright Strength Score) and also the HEI-R to 25 patients with schizophrenia, 25 patients with Borderline Personality Disorder (BPD), and 25 controls. They found that both patient groups scored significantly higher on the RCS for annihilation anxiety than controls ( $p < .001$ ), with the BPD group insignificantly higher than schizophrenia. In total, Rorschach cards IX, X, and II received the most content scores for annihilation anxiety, and card V received the fewest by a notable margin.<sup>10</sup> They also found, contrary to Greenberg’s pilot study (1964) that both patient groups had significantly lower ego strength than controls, and that schizophrenia patients had insignificantly lower functioning than the BPD group. All three groups were significantly different from each other on the HEI-R, with the BPD group scoring highest in annihilation anxiety, followed by schizophrenia, and controls. The authors provide ample statistical data from their findings, including strong inter-

rater reliability and other coefficients across the board. They offer several interpretations to explain the data, including the suggestion that borderline patients scored highest on annihilation anxiety due to the same “inner awareness of the disintegration threat” as schizophrenia patients but actually lack the powerful and “protective” delusional defenses found in psychosis. They also note that annihilation anxiety was most frequently seen in the most ambiguous Rorschach cards, especially card IX, and least frequently seen in the most well seen card, card V (see above). While this data technically informs on annihilation anxiety, (see below for a comparison with death anxiety) it does provide strong evidence for the unconscious nature of key death anxieties, an association with uncertainty and ambiguity, and a unique pattern in schizophrenia. It also has important methodological implications for the measurement of death related pathology.

To summarize this section, some empirical evidence exists that explicitly links death anxiety and schizophrenia and with a seemingly positive correlation. This research makes claims that are generally consistent with the data and theory stemming from TMT, but is not without some surprises and questions. For example, there were a variety of inconsistencies, including sex differences, and in some cases severity of pathology (anxiety disorders and borderline functioning) did not predict death concerns. In some ways, schizophrenia appeared to be a protective factor against death anxiety. While more research is needed to better understand this connection, researchers have generally struggled to establish a methodology for studying the concept of death anxiety for such a paradoxical and heterogeneous population. Still, the *elusiveness* of death anxiety in schizophrenia is evidence of the qualitative differences psychosis represents, and the *ambiguity* death can generate. Certainly, individuals with schizophrenia are not immune from the anxiety morbidity brings, and the importance of this manner of anxiety for such a population.

### **Part III: Review of research on suicide in schizophrenia and its application to phenomenology.**

*There is but one truly serious philosophical problem, and that is suicide.—Camus*

*Suicide, in fact, is a choice and an affirmation—of being.—Sartre*

Prevalence rates of suicide are notoriously higher in individuals with schizophrenia.

Yalom (1980, 2008) argues that suicide can be seen as a paradoxical behavioral proxy for death anxiety: a reaction formation of sorts rooted in the denial of a complete cessation of consciousness. This hypothesis may or may not be true, but if the link between death anxiety and schizophrenia is to be understood in greater detail, then the connection between suicide and schizophrenia may be important for clinicians hoping to conceptualize and treat clients in psychotherapy who are at greater risk<sup>11</sup>. There is a large body of literature on suicidality in schizophrenia; however, only a few studies approach the issue from a phenomenological perspective. If we can take the liberty of assuming Yalom is correct that suicidal behaviors actually can be used as behavioral markers for death anxiety, a brief review of the phenomenological data on suicide is warranted.

Before the phenomenological data, Hawton and colleagues (2005) conducted a meta-analysis to identify some key risk factors that highlight the important issues in suicide. Their results show that the biggest indicators of suicide in schizophrenia are comorbid depression, history of suicide attempts, drug misuse, agitation or motor restlessness, fear of mental disintegration, poor adherence to treatment (medication compliance), and recent loss. Some additional factors included being male, a higher IQ, and living alone. The factors that did *not* seem to be correlated (no correlation) with suicide included religious denomination, single marital status, unemployment, coming from a broken home, insight into illness, and involuntary

commitment. Active psychotic features were also found to *not* indicate increased risk (no correlation). Even more specifically, the presence of delusions was inconclusively related to suicide risk due to high heterogeneity in the data, but after removing a case with unclear controls, delusions appeared to indicate *lower* risk. Hallucinations were associated with *lower* risk, and specifically command hallucinations yielded mixed data and ultimately not indicative of risk (no correlation). Negative symptoms were also mixed, in general seeming unrelated to risk, and with flattened affect possibly acting as a protective factor. The Hawton et al. meta-analysis reported a number of factors that evidenced conflicting data from different studies, which tended to water down many of the effects out of significance—certainly a testament to high heterogeneity in the disorder.

The central finding that comorbid depression is the greatest risk factor for suicide in schizophrenia leads the current analysis somewhat astray since depression is then acting as a confound to a phenomenology of schizophrenia. A pair of studies by Sass and Pienkos (2013a, 2013b) as well as Fuchs (2005) have contributed to a phenomenologically informed body of literature that differentiates subjective experiences in affective versus psychotic disorders in a way that traditional, quantitative research methods do not account for. This literature does not target suicidality, but illuminates core lived-world differences between the two classes of disorders. In order to understand something unique about schizophrenia in relation to death anxiety and suicide, depressive motivations must be distinguished from psychotic ones phenomenologically. Acosta et al. (2006) found differentiated subgroups of attempters with “depressive motivations” and “psychotic motivations” but at no point in the article were these sets defined or even described. Saarinen, Lehtonen, and Lonnqvist (1999) found in a retrospective analysis of 17 cases that just over half had symptoms of depression at the time of

suicide, which the authors attributed to interpersonal withdrawal, subsequent from paranoia towards the mental health staff. The study points out that almost half of the patients studied did *not* have comorbid depression, indicating that at least for some individuals, schizophrenia itself can contribute to suicidal tendencies. These findings open the door for a uniquely psychotic set of experiences that may have roots in death anxiety.

As noted, Sass and Pienkos (2013a, 2013b) offer a comprehensive categorical phenomenology of disturbances in ipseity in schizophrenia and differentiate it from depressive and manic experiences where ipseity is not diminished; however, the authors do not mention related suicidal behaviors. They do, however, point out the “*aphanisis*” or “pseudo-depression” (2013a) that is “object-less” unlike real depression, which may not be easily differentiated by clinicians in everyday work. Their phenomenological investigations may offer an explanation of the findings from Acosta et al. and are therefore relevant. One could argue that depression as comorbid with schizophrenia can occur as a response to the exhausting grind of a life constantly battling with psychotic experiences in one way or another, and suicide as an end to the pain is plausible but ultimately not a function of the *ipseity* disturbances themselves. Fuchs (2005) demonstrates vividly the difference between “corporealized” and “disembodied” consciousness in psychotic depression and schizophrenia respectively. His basic argument is that in psychotic depression, the individual feels imprisoned and isolated within their own bodies, distanced from the world by an apparatus that does not grant affordances in world. In schizophrenia, by contrast, the seat of consciousness is separated from the body from *without*, and thus divorced from any affordances it would grant.<sup>12</sup> This is a significant, qualitative difference in self-world experience that lends to vastly different psychological state of *over-identification* with the body versus *de-identification* with the material body.<sup>13</sup> Fuchs does not elaborate on a set of attitudes toward

suicide in his analysis, but one can speculate that the depressed patient may feel morbidly oppressed by their body such that suicide is seen as the only option for bodily transcendence. In a state of isolation from the world, freedom may seem to exist only in a radical discarding of the bodily prison. (As a counter-example, one could imagine this scenario in schizophrenia as well, where the individual feels they must escape the surly bonds of their physical body and be reinserted into their true god-like ethereal form.)

In schizophrenia, the individual is already “beyond” the body in some way, and so may find their material self to be inconsequential, irrelevant, or unreal. Alternatively, feeling untethered to a physical space may impress some patients to act upon their own bodies in a drastic way to “shock the system” back into place, and re-establish contact with their bodies (possibly more relevant for para-suicidal behaviors gone too far than an intended suicide itself). As Sass and Pienkos (2013a) point out (congruent with other phenomenological psychologists), there seems to be a difference between “feeling that one is unable to feel” and the “inability to feel that one feels or exists.” These two stances would certainly correspond to inaccessibility to the affordances of the body versus inaccessibility to an identification with the body. A Schwartz (2013) had pointed out, the lived body is of special significance for a theory of death anxiety, but due to the heterogeneity of schizophrenia, for now the comparison to mood disorders may only be able to show that some radical shift in body experience occurs in schizophrenia that may be unique.

Returning to suicide more explicitly, Škodlar, Tomori, and Parnas (2008) conducted interviews with suicidal individuals with schizophrenia and analyzed their interviews qualitatively. They found that a radical sense of isolation and solitude mixed with a core sense of inferiority: being unable to participate or be included in ‘normal’ personal experience or



interactions were the key factors that defined psychotic suicidality. They also found that almost three quarters were not suicidal when acutely psychotic, as they were “totally absorbed in dealing with or solving the new ideas and situations they were starting to experience” (Škodlar et al., 2008) and only one mentioned suicidality in the wake of the “weariness” of chronic delusions (as considered above). Many of them described suicidal thoughts or plans as “whims” or in an overly casual way, as if it were any other everyday behavior one might engage in. This “whim” attitude may correspond to an utter irrelevance or superfluosity that the body may seem to have in relation to a disembodied and derealized seat of consciousness in schizophrenia. The authors acknowledge that their results can be interpreted as resembling depressive features, but suggest that the present data is more specifically related to ipseity and diminished presence. The “absorption” noted is particularly noteworthy, and may pertain to hyper-reflexivity generally. It also helps show how schizophrenia can sometimes act as a protective factor, consistent with Benveniste et al. but for a different reason. It is the unbridgeable gap from others and the sense that others have a core vitality that the subject lacks that seems to generate notions of suicide from this perspective.

The authors follow up their study with another (Škodlar & Parnas, 2010) administering the EASE semi-structured interview and found that suicide items including ideation ( $p < .05$ ), plans ( $p < .05$ ), and the two findings from 2008: isolation ( $p < .05$ ) and inferiority feelings ( $p < .01$ ) correlate significantly with Domain II of the EASE, which is the primary domain related to ipseity disturbance. Haug et al. (2012) found, consistent with Škodlar and Parnas (2010), that suicidality was related to self disorders, but found that depression *did* seem to mediate the results ( $P = .05$ ). They found that EASE domains I (Cognition and Stream of Consciousness) and III (Bodily Experiences) were significantly correlated with current suicidality, but that only domain

I remained significant when controlling for depression. Haug and colleagues suggest that since their sample was relatively young (and therefore earlier on average in the course of the disorder) depression may mediate the relationship between self-disorderedness and suicide in the capacity of a reaction or adjustment. The fact that Haug et al. found that EASE domain I remained significant after controlling for depression is important and consistent with Fuchs' interpretation since 'spatialization of experience' occurs in domain I, as does disturbance in temporality. The implication of temporality disturbances also helps explain Drake and Cotton's (1986) findings regarding the centrality of hopelessness<sup>14</sup>, since it gives evidence to the dissolution of a sense of 'future' that would engender hopelessness (See Fuchs, 2007, 2013 on temporality disturbance in schizophrenia).

Again, the inclusion of suicide is only relevant to an analysis of death anxiety if Yalom's interpretation is correct that sometimes suicide is a behavioral proxy (a marker for the manifestation of death anxiety enacted in paradoxical behavior) for latent death anxiety. This interpretation has its roots in the Freudian notion that the unconscious cannot comprehend or symbolize its own nonbeing. In this case, the fantasy that consciousness will exist after death in order to have some experience or cognition retrospectively reflects typical denial based defenses. There are a variety of ways suicide can be interpreted in schizophrenia phenomenologically, which the remainder of the dissertation will investigate. For example, one further study, a case study by De Leon and Nolan (2010) is worth noting in this literature review because the authors present a case where the experience of hyperreflexivity is argued to be directly related to suicidal behavior. The case brings a clear example of ipseity disturbance and command hallucinations together towards suicidal behaviors in a therapy. Since this article is a case study and not an empirical study it is better explored in detail in the section on hyperreflexivity in chapter three.

To summarize this section, suicide can be considered a behavioral proxy for death anxiety in some cases, though a careful review of case evidence is needed to make such an interpretation on an individual basis. Given that suicidality is easier to investigate, it can offer important data for understanding the attitudes toward, context of, and experiences related to death in individuals with schizophrenia. Suicide has been linked to ipseity disturbance in terms of the sense of *isolation* and *inferiority* that self disorders seem to also feature. Disturbances in consciousness and also the body were associated with suicide in schizophrenia , which is consistent with other research on death anxiety and opens the door to further understanding the connection between structures of consciousness such as *temporality* and the relationship to one's own *body* that are already understood using phenomenology. There is also some evidence that *hyperreflexivity* can contribute directly to motivations for suicide. Given the success that phenomenological theory and measurement techniques such as the EASE have had in understanding core features of schizophrenia, it may be possible to investigate some of the questions of death anxiety using these methods as well.

## Chapter II

### A theoretical conception of death anxiety

*Being-towards-death, as anticipation of possibility, is what first makes this possibility possible, and sets it free as possibility.—Heidegger<sup>15</sup>*

This chapter seeks to summarize and evaluate two major theoretical accounts of death anxiety, those from psychoanalytic and existential literature, and introduce one major theory of schizophrenia deriving from existential-phenomenological literature. A working definition of death anxiety will be developed and explored in depth, incorporating existential philosophy and clarifying the psychodynamic conceptualization of “annihilation anxiety” in psychopathology. The chapter will be a discussion of the various components of a unified concept that can converge on a shared language and enhance a variety of clinical observations. Part one introduces the psychodynamic theoretical context, part two identifies major existential components primarily from Heidegger and Sartre, and part three augments them with some modern existential phenomenology and introduces the basic premises of ipseity disturbance in schizophrenia.

#### Part I: Psychoanalytic roots of death anxiety and schizophrenia.

*Death is an abstract concept with a negative content for which no unconscious correlative is to be found.—Freud<sup>16</sup>*

In psychology and psychiatry, early psychoanalysts needed a way of understanding death and did so by proposing a second Id drive, Thanatos (from the ancient Greek god of death), linking together primitivity, aggression, and psychosis<sup>17</sup>. Death anxiety in psychodynamic psychotherapy is primarily referred to as “annihilation anxiety.” Given that existentialism is not typically intended for therapeutic uses, a brief introduction to the conceptualization of death that exists already in psychodynamic theory is useful to offer a historical, theoretical context for the

novelty and need of this current analysis. A small selection of examples from the psychoanalytic tradition that represent the classic connection between psychosis and death (such as aggressive/regressive, merger/regressive, and castration/homophobia based) shall precede a slightly more in-depth review of two major figures, Harold Searles and Marvin Hurvich. These latter two represent the most influential death-psychosis psychodynamic thinker and the most precise and clear contemporary annihilation anxiety thinker, respectively. A few more theorists in the dynamic tradition will then be mentioned as they offer bridges to the current topic, featuring Irvin Yalom, who is undoubtedly the most influential contemporary American existential psychotherapist.

Annihilation anxiety is a term of art originally understood as representing aggressive drives from the so-called death instinct that are rooted in trauma or panic anxieties rather than conventional Freudian signal anxieties. Melanie Klein was the first major writer to give death special standing in a theory of psychopathology. Piven suggests “annihilation anxiety *is* death anxiety for Klein, but these infantile [annihilation] anxieties are elaborated (as opposed to displaced) into a more complex imagery of death” (Piven, 2004, p. 138 n. 11, emphasis mine). Klein saw annihilation as the primitive, infantile, and unrefined version of death anxiety and ultimately equated the two anxieties. Klein writes: “I hold that anxiety rises from the operation of the death instinct within the organism, is felt as fear of annihilation (death) and takes the form of persecution” (as quoted in Spillius et al., 2011, p. 251). In Kleinian theory, annihilation, as a competing drive with libido, bifurcates the ego (and, by extension, critical objects such as the mother) into “good” and “bad” causing an internal fragmentation that is perceived by the subject as deriving from external sources, and hence are felt as persecutory. The infant is forced to deny (also considered equivalent to annihilation as a way of “killing” a thought or ego-state) this part

of the self and then retaliate aggressively against the “bad” object that caused the pain, leading to further fragmentation, disintegration, and possibly psychosis. In the Kleinian model, it is imperative that the mother be able to survive and contain these aggressive impulses until the child’s ego develops more fully (Spillius et al., 2011, p. 252). The Kleinian and Freudian perspectives both assert that death preoccupations and themes are pre-oedipal in nature due to their survival-based primitive correlates, and as they manifest in a psychotherapy, are indicative of deep pathology, usually (but not exclusively) associated with psychosis.

Thus, death themes and psychosis both represent regression in present psychological functioning corresponding with infantile development and early childhood. McCarthy’s (1981) paper on fear of death, as well as Piven’s more recent analysis of death in psychoanalysis, offer discussions of schizophrenia that are firmly rooted in classic models and may best represent the standard psychoanalytic views of the role of death fears in psychopathology. McCarthy begins by connecting death anxiety to depression and separation anxiety, the former of which is rather superficial since it implies that if a person is preoccupied with morbidity it must be because they are depressed (since morbidity is *depressing*), which is a tendency that is not likely to promote further consideration. McCarthy seems to suggest that death anxiety is both a symptom and a defense (insofar as the anxiety functions to activate or generate character defenses and transferences), and will emerge in transference as the analysand creates a “symbiotic-like” relationship that “mirrors the child’s reliance on the parents to lower anxiety about the dark” (referring to childhood fears of the dark as a metaphor for death) (McCarthy, 1981, p. 27). Death is immediately related to infantile regression in this view and couched in the larger concept of separation anxiety. McCarthy writes on schizophrenia that “fear of death emanates from a truly fragmented self” and that “to the degree that self and other are identical in the transference,

separation means death” (p. 25). This last line means that since the psychotic individual is presumably unable to distinguish self from object, and a fragmented self does not allow for autonomous existence, isolation is tantamount to death.

To exemplify the importance of merger, McCarthy offers a case example of a schizophrenic woman who recalled through analysis a memory from very early childhood where her mother momentarily left her in her stroller just as a large dog growled and bared its fangs at her, terrifying her. McCarthy thus interprets the adult woman’s intense “catatonic regression” as a “silent, motionless state of symbiotic merger in which no foreign element could possibly intrude to threaten the self,” given that the child was “unable to flee from danger under her own power” (p. 24). While it may be true that the individual, unable to flee, adopted a “freeze response” and that the “momentary separation from her mother had had the meaning of total annihilation and utter helplessness” (p. 24), McCarthy does not report the subjectivity of the individual at all, nor does the interpretation refer to it. While the desire to flee facing overwhelming terror and the utility of a caregiver in warding off that terror are fair assumptions, the link to catatonia symptoms is only apparent with the preconceived notion of regression in psychosis.

Piven (2004) catalogues the Freudian corpus in a detailed and dense book to point out the inconsistencies between Freud’s repeated claims that death anxiety was not an “irreducible psychodynamic” and the endless examples of death anxiety related defenses and fantasies that Freud himself proposed. His purpose is to affirm Freud, not undermine him, and encourage analysts to continue the implications of analytic theory without prematurely stopping where Freud did. While a more detailed analysis of Piven’s book is currently unnecessary, he represents a classical psychoanalytic interpretation of death anxiety from a drive-structural perspective.

Core to his analysis is sexual repression and regression as key defenses (in addition to variants like denial and disavowal) against death anxiety as a *symptom* of pathology. Piven briefly mentions how this Freudian position is at odds with existentialists who view death anxiety as the “strife which engenders” pathology, or its cause not its effect (Piven, 2004, p. 144). While he agrees with Hurvich (below) that annihilation anxiety and death anxiety are distinct, he follows the Kleinian perspective that annihilation is merely the infantile form of death anxiety that indicates regression.

Ultimately for Piven, death is associated with the disgust and shame related to the body in its weakness, grotesqueness, and proclivity for decomposition (Piven, 2004, p. 221). He reiterates other Freudian notions as well regarding narcissism and fantasies that associate death with the myriad of human experiences ranging from terror to sleep to orgasm (p. 222).<sup>18</sup> In this way, it reflects the equally disgusted and shameful attitudes toward the body in sexual repression and generates fantasies of bodily transcendence. Piven connects death anxiety to fears of loss, including loss of love and separation, especially separation from infantile symbiosis with the mother and the womb. Castration, while related to loss of love and retaliation, is more so a response to the threat to bodily integrity and the self-preservation instinct against death. Regarding Schreber and psychosis, Piven says that Schreber’s father and doctor both inflicted massive, overwhelming, and humiliating castration-like attacks that served to render him helpless in the face of authority. He writes that the hallucination that god was turning him into a woman comes from these experiences, and “made him feel as if he were being castrated and feminized, and his hallucinations are a fragmented, hyperbolized, symbolism of those experiences” (Piven, 2004, p. 118). His defenses are thus a self-preservation technique in the face of punishment and threat. In fact, due to the power of the father/super-ego/god he became



the “avatar of god so as not to be his victim” (p. 214), a reversal of the power dynamic. Piven’s account is not dissimilar from other psychoanalysts like Karon, who defined hallucinations and delusions psychoanalytically. Karon (2008), in a case formulation, wrote that hallucinations are merely, “waking dreams, understandable and treatable using Freud’s theory of dreams, with minor modifications.”<sup>19</sup> Such an attitude fails to appreciate the radical difference in the lived experience of these individuals and will tend to fit a schizophrenia patient into theory like a square peg in a round hole. In the parlance of psychodynamic theory, it would be inappropriate to use neurotic metaphors to interpret psychotic processes. In the case of individuals with schizophrenia, those neurotic issues may well be relevant (after all, the patients would have been considered neurotic before the prodrome) but a “both/and” mentality may be needed rather than a “more is better” one when it comes to uniquely psychotic structures.

Given that “annihilation anxiety” is a term of art, its rootedness in psychodynamic drive-structural theory brings a variety of assumptions and therefore relevant limitations. The Id-dominated view of psychosis has long been outdated and widely criticized (Sass, 1992, 1994) and Freud’s famous contention that the unconscious cannot consider its own non-being (Piven, 2004) is no longer taken for granted. The rise in popularity of the death drive and its equally unceremonious decline, the debate between multiple forms of anxiety (See Hurvich, 1997), and the rise of object-relations and attachment research have reduced the utility of the complex drive-structural theories. Analytic viewpoints on death and schizophrenia have been overly corporeal<sup>20</sup>, seem to gerrymander theory to fit observations rather than revise theory (such as the association to aggression and libido) and do not sufficiently discriminate some important terms (such as fear from anxiety). Since annihilation anxiety is not synonymous with death anxiety in current usage, notable useful features and limitations must be understood. Hurvich’s core propositions on the

concept deserve mention, since Hurvich has worked to offer the most clear and precise contemporary definition of annihilation anxiety. Most important for understanding schizophrenia, are the psychoanalytic defenses of regression and merger and the limitations they bring. Despite some limitations, psychoanalysis does have important ideas and observations to contribute to the current interpretation of death anxiety in schizophrenia, and so a few thinkers will be looked at in further detail.

Hurvich (2003) writes that annihilation anxiety is a conglomeration of subdimensions or constituent fears including: fear of being overwhelmed (the most central single feature), being unable to cope and losing control, fear of merger or being devoured, disintegration of self or identity, emptiness meaninglessness and nothingness, impingement penetration or mutilation, abandonment or need of support, and apprehension related to survival persecution or catastrophe. All of these subcomponents are important for death anxiety and relate directly to schizophrenia and other issues within psychosis. While Hurvich does not fully explain what is meant psychoanalytically by some of these concepts like “nothingness,” (compared to a Sartrean conception, for example) or “self” (which can be thought of several ways) the list artfully describes core preoccupations and anxiety provoking threats to ego integrity. The centrality of “being overwhelmed” is a broad but accurate way to understand the subjective experience of an individual faced with the magnitude of existence versus non-existence. Day-to-day experiences of being overwhelmed generally act as reminders, examples, and metaphors for the tidal wave of existence itself. The feeling of being overwhelmed for Hurvich threatens an individual on a number of levels: an ego-integrity level of one’s capacities to manage, on a body-integrity level of being corporeally secure, and on a mental level of being in control of one’s own internally threatening thoughts. Hurvich quotes Risto Fried, writing: “ultimately, the threat is annihilation

of the self, of one's ability to *think one's own thoughts* and act one's own acts, annihilation of one's very being" (Hurvich, 2003, p. 590, emphasis mine). In the context of *ipseity*, the connection here is obvious since the coherence between self and consciousness is disrupted in schizophrenia, but questions remain for analytic conceptions regarding the precise implications of the feeling of being overwhelmed.

Hurvich says that annihilation anxiety is presymbolic, originating in preverbal, "preanxiety" phases of development like the first six months of life (2003). One useful point is that this type of anxiety is "unfocused" or diffuse and free-floating, often linked with tensions from before systems of meaning exist. For example, the hunger pangs of an infant who cannot yet understand that lack of food gave way to internal discomfort after time elapsed represents a bodily feeling state that the infant has no means of contextualizing. In adults, unsymbolized "nameless dread" can be readily made to fit with psychodynamic structures like stage arrest, infantile autism or omnipotence, and regression; however, the precise nature of "unfocused preanxiety" remains somewhat ill defined since anxiety that escapes language need not be minimized as infantile. Hurvich also suggests that annihilation anxiety can occur with or without an element of surprise, which raises the issue of 'anticipation' in theories of anxiety. He links this feature to schizophrenia since many analytic writers including Hartmann and Eissler had noticed poor anticipatory functioning in schizophrenia. Hurvich maintains the standard dynamic interpretation that disrupted signal functioning in psychosis is indicative of immature or absent ego functioning, and causes anxiety to lead to panic rather than adaptive (neurotic) defense (Hurvich, 2003, p. 596).

Hurvich documents the role of annihilation in psychosis and neurosis alike, but gives special preference to psychotic organization given the importance of the fear of losing control of

thoughts and behavior. He also references Little who argues that annihilation is uniquely psychotic (and not even representative of borderline pathology) because of merger transferences (p. 602), though Hurvich is skeptical of such exclusivity (Benveniste et al., 1998). Two more points of Hurvich's comprehensive work on annihilation anxiety include conceptualizing annihilation operating as a secondary phenomenon to existing anxiety, symptoms, and disorganization. This is important to avoid the temptation to reduce all psychopathology as derived from death anxieties, as he suggests Melanie Klein believed (p. 601). His other point is that symptoms, beliefs, affect states, and behaviors are "especially resistant to change" when they are defending against annihilation anxieties. He refers to delusions in particular, relying on the known persistence of delusions to exemplify the rigidity of annihilation defenses.

Hurvich's analysis of annihilation can be seen to highlight a variety of core death anxiety components including being overwhelmed, merger with another, loss of self and disintegration of one's self, temporal continuity and expectation, as well as a sense of isolation and meaninglessness. All of these components figure prominently in existential understandings of anxiety and will resurface throughout an investigation of schizophrenic death anxiety, though Hurvich's primary agenda is not specific to psychosis. In fact, Hurvich differentiates between "catastrophic" and "non-catastrophic" annihilation anxiety, ultimately separated by the degree of reality testing impairment, or the neurotic/psychotic border. Catastrophic annihilation here refers to the felt certainty of catastrophe versus the mere possibility of it, and typically relates to neurotic or psychotic manifestations in symptoms (panic feelings, eating disorders, somatization, claustrophobia or agoraphobia, in comparison to psychotic delusion). However, as we will see, certainty is less cut and dry of a concept than Hurvich may acknowledge.

In a presentation at the Institute for Psychoanalytic Training and Research (IPTAR) in Manhattan (Hurvich, M., personal communication, January 9, 2014), Hurvich clarified the specific difference between annihilation anxiety and death anxiety. Foremost, death anxiety is anticipatory and future oriented. Hurvich suggests that annihilation anxiety is experienced viscerally and immediately relevant in the present, possibly corresponding to past traumas. Similarly, he says death anxiety is a distinctly cognitive event and is always conscious or available to consciousness. In other words, death anxiety is a proposition or thought: ‘some day in the future I will die.’ Annihilation anxiety, by comparison is more like a bodily feeling or tension state where the individual has the experience of falling apart or being overwhelmed which may or may not be accompanied by propositional cognitions. A critical aspect of the feeling is the sense that the feeling itself will never stop, change, or go away, whereas death anxiety has the “silver lining” of ending when the event of death is complete. While subject to all the various idiosyncratic individual differences that accompany propositional thoughts, general beliefs, and metaphysical beliefs, death anxiety is still a strictly intellectual activity for Hurvich. This attribute is the main reason why annihilation anxiety is associated with infantile psychologies, because infants do not yet possess the capacities for such abstract thought, and are instead more moved by the immediacy of experience. Annihilation is preconceptual, and thus clearly pre-oedipal, aligning it with more primitive structural correlates. Consistent with views of severe pathology in psychodynamic theory, annihilation is the correlate of the “experiencing ego” compared to the “observing ego.”

Though writing well before Hurvich, Harold Searles is probably the most prominent analyst to link death anxieties and psychosis. Searles’ seminal 1961 paper (in which he never uses the term “annihilation anxiety,” requiring him to stand apart in the present analysis and be

introduced after) on death preoccupations in schizophrenia ultimately argues explicitly that psychotic symptoms are defenses against death as the reflection of unfulfillment in life, devastating losses, and termination of symbiotic relatedness with others (Searles, 1961). Searles is clearly influenced by psychoanalytic theory, but he moves beyond it in a few important ways worth noting. He uses clinical examples and psychoanalytic theory to conclude that the existential fact of life's finitude is "too great to face unless one has the strengthening knowledge that one is a whole person, and is, with this wholeness able to participate wholly in living" (Searles, 1961, p. 640). Immediately the "overwhelming" quality of death is apparent but in a way that is not limited to developmental age. Assuming that "living fully" refers to the "whole person" quality of an integrated and coherent sense of self that all people strive towards (rather than the effects of institutionalization of the mentally ill), Searles' despondency towards the human plight of finding purpose and fulfillment in the face of futility and absurdity is certainly relevant to the overwhelming qualities of existence generally. Searles laments that the schizophrenic cannot "experience oneself as part of the collective wholeness of mankind, all of whom are faced with this common fate" (p. 640). While Searles is right to point out the radical feeling of disconnection individuals with schizophrenia feel, he attributes this to the delusions and symptoms themselves such as delusional omnipotence, what he calls "two sides of the same coin" with the concept of immortality (p. 640). While Searles initially seems to be attributing radical isolation in schizophrenia as to the general problem of humanity at large, he abandons the thought and shifts to argue the disorder itself generates this isolation.

Searles argues that major early loss strengthens the reliance on pathological delusional omnipotence to counteract narcissistic injury because the greatest 'loss' in question is that of the self. However, he also says that such a loss is "in too great magnitude" to actually be considered

a true “loss” but rather a “disintegration” of self. Searles suggests that for one in an omnipotent world, it is “unthinkable that he could ever suffer loss, for he is the whole world” (p. 641). Here Searles uses a notion of solipsism as a defense against loss. Finally, given that “self” is not present, Searles suggests that “symbiotic relatedness between infant and mother...is prolonged into chronological adulthood” in order to cope with the threat of object loss. While “mother” may be any important caretaker, this process becomes tantamount to regression since the individual remains in a pre-oedipal “two-against-the-world” dyadic relationship that resists all “death-like interruptions” involving any kind of object loss (p. 642). Searles suggest that this symbiosis requires that “neither party experience himself, or herself, as a whole person” ushering in an “oscillating” schizoid management of closeness and distance mirroring the simultaneous “murderous hatred and intense rejectingness” and “equally genuine and powerful love” (p. 643).

Thus in Searles we see symptoms in the face of overwhelming existential reality, diminished sense of self and identity-integrating meaning, and a highly volatile attempt to cling to another who seems to offer some substitute for wholeness. We also see a reliance on developmental arrest and “infantile-omnipotence” theories of psychosis that do not describe subjective experience as much as they maintain particular stigmatized and (somewhat) pejorative points of view. On the other hand Searles has framed schizophrenia as a more existential situation and seems to rely on regression theory out of convention more than theoretical necessity. Searles suggests in his closing that psychotic symptoms serve to keep the inevitable fact of death out of awareness, to “deny” it (p. 663). At the same time, he also introduces some other important thoughts, specifically the “for me” quality of death anxiety. He also quotes Tillich’s existential stance that “anxiety is the awareness of nonbeing...a part of one’s own being” (Searles, 1961, p. 651) to point out that unlike other thinkers like Freud (p. 652), it is the

specific (to the individual) relationship to death and not the general one that is anxiety producing. He also comments on the “timeless” quality of the schizophrenic world (p. 647), and even though he attributes it to infantile omnipotence, his countertransference feeling is that *merely being around* his psychotic patients warps his experience of time and shares that aspect of their world in those moments. These last two points, death’s “for me” quality and the “timelessness” of psychosis are important advances from the traditional view of psychosis.

Searles attributes schizophrenic symptoms directly to the indubitable fact that life is “innately finite.” He quotes one schizophrenic patient, a 28 year old woman, as saying “people don’t die (but in actuality are simply ‘changed,’ ‘moved about from place to place,’ made the unwitting subjects of motion pictures, and so on)” (p. 636). He further describes her belief that she was God, and her behavior of rounding up dead leaves and occasionally small dead animals in order to bring them back to life. In a critical therapy session, she acknowledges that “*I can’t turn those leaves into sheep, for instance*” (p. 637) which Searles interprets as her coming to terms with the intractability of her parents’ deaths she had formerly denied and the reality that she was not God who could manipulate or control mortality. The first quote is interpreted by Searles as representing denial, and standard poor reality testing; however, it is also possible that the patient is describing disruptions in self experience in the form of unreality (like a motion picture), ontological shifts (things being “changed”), and a derealized arbitrariness of mere Being (“moved about”).

While there are many more thinkers that could be looked at including Viktor Frankl, Ludwig Binswanger, Rollo May, Wilfred Bion, and Medard Boss<sup>21</sup>, only Jacques Lacan will be mentioned briefly. Lacan represents a branch in the tree of psychoanalysis that begins to tangle with the tree of philosophy and existentialism in important ways. Sass has written on Lacan and



especially his relevance to schizophrenia on a number of occasions (Sass, 2001, 2003, 2009) including such topics as the *nom du père*, the mirror stage, and Real register. While we will have occasion to discuss these topics later, the last of these, the Real, is most relevant to a definition of death anxiety as we prepare for an existential interpretation in this chapter. The Real, for Lacan, is defined as a register that includes all that is not symbolized. It stands in comparison to the registers of the Symbolic (all that is a representation of something else, such as words and language) and the Imaginary (all that represents the world visually, such as dreams and images). Sass (2001) offers a glimmer into the Real (using the example of the September 11 attacks) and the experience of *anamorphosis*, which represents a shift in self consciousness that reveals the Real and our transcendence beyond our corporeal existence. Sass considered the attacks to be something of an “awakening” in a way that brings the terror of death together with shifts in self-consciousness. The Real, for Lacan represents something like death: chaotic, terrifying, abysmal, and sublimely grand. The Real register is thus akin to Lacan’s version of the ontological, Nothingness, or the sublime, all of which can be metaphors for death and nonbeing.

Finally, Irvin Yalom has written the most on death anxiety and psychopathology, and has virtually single-handedly brought existential psychotherapy to the main stage in North America. His main work, *Existential Psychotherapy* (Yalom, 1980) places death at the center of all psychopathology in a clear, well written, and convincing manner. He makes ample references to many key existential writers, but does not get overly involved in the complexities of their philosophies.<sup>22</sup> Yalom does include a section devoted to schizophrenia and death anxiety, but bases his interpretations almost exclusively on Searles, already discussed presently. Yalom divides all of existential psychotherapy into four domains: death, isolation, freedom, and meaninglessness. These four domains indeed run deep through all existential literature, and thus

are better saved for the more in depth reflection on Heidegger and Sartre in this chapter. For the time being, three main points should be kept in mind concerning Yalom: denial is the most core defense against death anxiety and takes a variety of forms, connectedness to other people, as well as the world itself, is also critical to coping with death, and lastly that confrontations with death in any form have the capacity to be “awakening experiences.”

The first point is important because denial, as a form of negation, has very different defensive implications than regression or other defenses used in libidinal conflicts. Since conventional regression is not core to death anxiety, it should not be relevant to death in schizophrenia without important retooling. Yalom argues that children have overt death anxiety, and this is a normal part of the human condition (Yalom, 1980, p. 76) not to be confused with regression. Connectedness with others primarily occurs via the Rescuer fantasy (not to be confused with the Savior fantasy) which is the belief that a bigger, stronger other person (typically a parent in childhood, but anyone generally) will magically shield them from death (p. 129). Group identification (recall chapter 1) is also related to this. In schizophrenia this is relevant because of merger fantasies and ambivalence about relatedness. While relatedness and attachment obviously have roots in childhood, it is not a conflict unique to children. “Specialness” (p. 117) is another aspect of denial and connectedness that is relevant because it combines the fantasy that somehow death will not apply to me because I am somehow different. Specialness means, however, that the individual is paradoxically *not* related to others and stands outside them and the world generally in some important way. Finally, “awakening experiences” typically include near-death experiences (Yalom, 1980, p. 33) or major losses (Yalom, 2008, p. 37) but involve any experience that fundamentally shifts one’s perspective from the specifics within life to the nature or state of life itself. Simply stated, awakening experiences draw

awareness to aspects of existence that had hitherto been ignored, denied, or forgotten. In schizophrenia, any radical shift in some understanding of worldhood and one's context relative to it is directly relevant. The centrality of specialness and the role of "awakening experiences" are especially important for the phenomenology of schizophrenia.

To summarize on psychodynamic theory, schizophrenia is already viewed as primitive, infantile, pre-oedipal, and Id-based before death anxiety is brought into the theory. While it is true that death anxiety reflects a deep anxiety (perhaps the deepest) the topographical structure of psychoanalysis equates "deep" with libidinal and infantile. While death and schizophrenia may be linked (correctly, in my view), in analysis they are linked for superficial reasons due to a structure that is not representative of the actual experience of psychosis or death anxiety. More specifically, schizophrenia is associated with merger fantasies, loss and separation (merger breakdown), sexual repression, and delusional omnipotence. While many of the classical observations of psychoanalysis may be important, the rationale behind them can be interpreted very differently. Yalom observed the centrality of denial, as well as relatedness (via *rescuer fantasies*) and "*specialness*" as key defenses for death anxiety. The role of "*awakening experiences*" may also help to link death anxiety with schizophrenia since the nature of an "awakening" is still unclear. Searles noted a very telling countertransference of "*timelessness*" and noticed the "*for me*" quality of many psychotic utterances. *Loss* and the *wholeness* of a self are critical issues, as well as the reorganization of defensive structures, rigidity, and shifts in world perspective. Hurvich's in-depth analysis of annihilation anxiety brings some particularly important components to the fore, but he ultimately falls victim to the same troubles as Freud. Hurvich is right to emphasize three major features of annihilation anxiety, but attributes them to improper psychological derivatives. He emphasizes the *overwhelming* nature of death

preoccupation, the *current experience* in the body, and the (closely related) *pre-symbolic*, non-linguistic, or free-floating nature of the issue. In a sense, Hurvich is describing some features of Lacan's Real register and other existential concepts, but in a less artful way and one more rigidly connected to Freud. Many of the analytic concepts are useful, but most are "right for the wrong reasons," so we will put them on hold for the moment.

## **Part II: An existential-phenomenological definition and description of death anxiety beyond psychoanalysis.**

*One lives one's death and dies one's life.—Sartre*

*Let us beware of saying that death is the opposite of life.—Nietzsche*

The view on death anxiety that informs this paper derives mostly from the philosophy of Martin Heidegger, but is also informed by components of other existentialists especially Jean-Paul Sartre. Since neither Heidegger nor Sartre were intending for their works to inform specifically on psychopathology, some brief remarks regarding their broader theories and relevance are needed before a summary and interpretation of either can be used presently. This section of the dissertation will hone in on an existential definition of death anxiety and identify key components of it in a general sense, not specific to schizophrenia. The detail offered in this section is intended to establish a grounding and fluency of concepts that will be applied to schizophrenia directly in later sections.

Heidegger poses the most fundamental question of all metaphysics to be the following: "why are there beings at all, and why not rather nothing?" (Heidegger, 1993). Heidegger has generated a critique of western philosophy generally based on the premise that in trying to understand the nature of things that exist and that do not exist, a glaring omission stands of the differentiation between what he calls "ontic" and "ontological." These two concepts refer to

“entities and facts about them” and the overall status of the world itself (See Sass, 1992b) and is discussed throughout *Being and Time*. In understanding the difference between these two modes of existence, one can begin to understand complexities in consciousness, and possibly alterations in consciousness as part of a general theory of Being. The ontological difference is core to his conception of existence, human life, and consciousness, broadly referred to as “Dasein” and his investigation of the nature of Being. Being generally refers to the “general background understanding” that “determines how the entities of our perception are experienced” (Sass, 1992b). Heidegger becomes interested in not just the ‘how’ of existence but the ‘that’ in the first place. Certainly, least interesting is ‘what’ or the specific contents<sup>22</sup> of world, which are referred to collectively as ontic matters. This distinction helps Heidegger navigate “the difference” between the ontic and ontological and thus the overall status of existence generally. In Heidegger’s investigation, death plays a critical role in the development of an existential-ontological conception of human existence because of its implications for temporality, mattering or meaning, and anxiety—the last reflecting the state of being or “mood” (Heidegger, 1962, p. 310) that represents the ontological (“mood” here being distinct from the modern psychiatric usage of the term). While obvious that all humans die, Heidegger says that this basic fact exists in our Being in a more fundamental way, since all human existence is in a state of Being-towards-death, and this context sets the stage for an interpretation of Being and a phenomenology of existence. In other words, death is like the transition between the ontic and the ontological, and this makes “the difference” relevant. The existence and subsequent omission of the ontological difference is the primary existential critique of psychodynamic death anxiety since analytic theory fails to account for “the difference” in its theory.

Sartre also has a bone to pick with western philosophy, namely its apparent insistence on granting “essence” to existence in order to justify it. Sartre’s larger goals are to demonstrate the existence of free will without reliance on “essence,” usually embodied by God, and to do so using phenomenology as a method for giving evidence. Sartre is less preoccupied with the role death itself plays in our existence and more interested in the application of Heidegger’s fundamental metaphysical question of being versus nothingness to the phenomenology of consciousness. That is, consciousness itself wrestles continuously with the problem of intentionality: consciousness of *something*, but at the same time faces the overwhelming void created by the very freedom of possibilities the mind seemingly creates that mere being affords us. Thus for Sartre, wherever there is something, there also is nothing in some way<sup>24</sup>, and this void haunts us as conscious beings (a void that Heidegger seems to characterize as the spectre of the ontological). Sartre interpreted the works of Heidegger as demonstrating the utter essence-less, non-determined freedom of mankind in its sheer existence, and this freedom is like the bridge from phenomenology to existentialism (Moran, 2000). In understanding the phenomenology of nothingness, Sartre emphasizes the problem of freedom, also core to Heidegger and Kierkegaard the latter of whom was often quoted by Rollo May as saying: “anxiety is the dizziness of freedom.” (Freedom here referring to possibility, but specifically the possibility that the self is responsible for.)

Heidegger never defined an ontological concept known as “death anxiety,” but rather formulated the role of finitude and mortality in ontic and ontological ways which can be used to generate an ontological structure. In a way, to generate a concept would be part of the problem according to Heidegger because concepts operate in the service of the ontic and work to separate Dasein from itself. To operationalize death into a concept that can have this or that component,

quality, and feature would be bound up in a particular mode of thought, in part because of the grammarology inherent in language. Heidegger is, in a way, anticipating what in modern debates on delusion have been characterized as “propositional attitudes,” which Mathew Ratcliffe (2004) especially has criticized. Delusions, for example, do not function like propositional attitudes because everyday language does not afford the subject the appropriate expressive structure for the experience of something as complex as a delusion. While Heidegger does not get overly involved with the role of language, the critiques against propositional attitudes are consistent with this interpretation because syntactical structures that organize propositional statements function in the service of ontic modes of experience, and are ill equipped for ontological descriptions. (It is well known that Heidegger relied on neologisms and the use of ~~strikeout~~ to point out the shortcomings of language to describe ontological issues.) Briefly stated, to make ‘death’ a thing akin to ‘hammer’ or ‘chair’ as things, limits our understanding of worldhood because it facilitates thinking in terms of things in the world, rather than the status of the world itself and our relation to it.

Sass has also commented on the apparent ontological nature of delusional utterance and their subsequent misunderstanding on numerous occasions (Sass, 1992, 1992b) and this hypothesis will be taken up in greater detail presently for this very reason. Heidegger is not interested in ontic conceptions of death because he sees them as disrupting and distorting the full experience of Dasein. For Heidegger, death is granted “everydayness” by “the ‘they’,” since it is always encountered in the world, meaning that cultural treatment of death effectively alienates an individual from authenticity. Other people are always dying, *out there* in the world, and death instead becomes “a case of death” (Heidegger, 1962, p. 298) which one may “come down with” at some point or another. Heidegger reviews a variety of ways that death occurs to us as

ontological but is *made* to be ontic, which has the effect of “tranquility” and “alienation” (1962, p. 298). In other words, making death into a concept reduces a critical kind of anxiety because it *locates* death as an entity with a place in time and space. Concretely, the time is “not yet for me” and the location is “over there in him or her.” This distancing is important for human functioning, but ultimately disingenuous to reality.

Heidegger makes an important psychological distinction that represents the ontological difference. He suggests that social discourse on death by “the ‘they’” shifts our experience from one of anxiety to one of fear, which can be judged or managed differently. Heidegger is not the first to make this distinction; Søren Kierkegaard also discussed it at length (May, 1950). Kierkegaard writes, “...it is altogether different from fear and similar concepts that refer to something definite, whereas anxiety is freedom’s actuality as the possibility of possibility” (Kierkegaard, 1980, p. 42). Heidegger asserts that the motivation to make the ontological into the ontic is to reduce at least one component of the unpleasantness of the experience of anxiety, namely its unpredictability, or to use Kierkegaard’s term, “possibility.” Either way, the fear-anxiety distinction is important because it represents a key ambiguity in the psychological literature regarding death. Many analytic writers (such as Piven) have used the two words interchangeably, and while some have recognized the difference ‘possibility’ makes, they still conceptualize death in a generally ontic way. Some writers and translators, when referring to ontological anxiety have kept the German word, *angst*, to refer to a third category (fear, anxiety, and *angst*) which is probably the most clear way to refer to the terms in English. In this terminology, *angst* is the real subject of this paper, and is more accurate than the phrase “death anxiety” since it refers to ontological death anxiety, which may be more relevant to the



anomalous experiences in schizophrenia. Thus, Heidegger's *ontological* description of death requires a more in depth investigation.

In establishing an explicitly ontological frame for death, we will begin with Heidegger's claim that "Dasein's Being reveals itself as *care*" (Heidegger, 1962, p. 227) or, using the German word, *sorge*. Heidegger commits himself to explaining death in terms of the ontological concept of *sorge*, and differentiates it from the ontic correlate, "concern" (*besorgen*). Heidegger makes this commitment because he believes that death presents a paradoxical problem for explaining Being that is inherently ontological: it requires the understanding of an impossible possibility. For Heidegger, Dasein takes at issue its own essence, one component of which is wholeness or completeness, which he associates with authenticity. A complication with wholeness for Dasein is that it is bound up in temporality, specifically, that Being-a-whole is a potential state of Dasein that takes as its interim Being-towards-death, which is the current state of what will someday be something else (p. 277). In other words, the predicament is that Dasein cannot be whole until all its possibilities have been exhausted, and yet the position of exhausting all possibilities is one where the self is no longer capable of entertaining future possibilities: death. Heidegger roots the ontological dilemma of authentic wholeness in both temporality and *sorge*, such that the reality of this predicament is both hyper-relevant (as death reveals itself to us) and also utterly irrelevant (considered to occur later in time) as well. Given that the position of death is impossible for Dasein, Dasein must revert back to the present position, and one's ontological care about existence is based in the "realization" that such a future position of ontic, corporeal death is *not* relevant and Dasein *right now* has 'care' for its impossible possibility.

Heidegger uses the metaphor of a ripening fruit (1962, p. 288) to characterize a paradox that Nietzsche had played with as well across his corpus: "becoming what one is" and the

existential status of being as *becoming*. In this sense, the truly authentic position of Dasein is to recognize death as a possibility *only*, and to ignore its actualization in favor of its anticipation (p. 307). Heidegger suggests that *angst* is the mood in which Dasein is capable of managing this predicament. He writes, “anxiety as a basic state-of-mind belongs to such a self-understanding of Dasein on the basis of Dasein itself. Being-towards-death is essentially anxiety<sup>25</sup>” (p. 310). The importance of this mood of *angst* cannot be understated when it comes to understanding psychopathology because it represents a general state of being that brings with it a veiled awareness of *importance* and an amorphous, uncanny, and free-floating tension that bears a *qualitative* difference to other ontic forms of fear or tension that people deal with day to day. Moran summarizes Heidegger on the impact of ontological anxiety to say that “anxiety makes everything<sup>26</sup> of such little significance that even our *own sense of self is lost*...[and] anxiety is the recognition of a certain nothingness, a groundlessness in our existence” (Moran, 2000, p. 241, emphasis mine).

Heidegger goes to great length to point out the ways in which an ontic conception of death is insufficient, and in defining the ontological conception of death he says the following: “death, as the end of Dasein, is Dasein’s ownmost possibility—non-relational, certain and as such indefinite, not to be outstripped” (1962, p. 303). This definition is the end product of the first chapter in his second division of *Being and Time*, and incorporates a variety of components of death anxiety that deserve description for a clinical phenomenological understanding. Death as ‘end’ has been mentioned as the conclusion of possibilities and exhaustion of potentialities of being. The implications of ‘endings’ will be discussed in greater detail with Sartre and Saury. “Non-relational” refers specifically to the status of death as being “devoid of relationships” with others (p. 294) thus invoking the radical isolation Yalom discusses. This is directly related to the

“ownmost” possibility about which Heidegger is referring to the “mine-ness” of possibilities that are “for me.” Heidegger writes, “No one can take the Other’s dying away from him” (p. 284) which may seem obvious, except that Heidegger insists that “mineness and existence are ontologically constitutive for death...[and] it is not an event: it is a phenomenon to be understood existentially” (p. 284). That is, death-as-event is not as important as the mineness of death-as-mood, the latter of which must be realized and dealt with by Dasein irrespective of grappling with the former. It is the mood that cannot be taken away more so than the event (which also cannot be taken away). Finally, “not to be outstripped” refers to Dasein’s inability to transcend death, evade it, or overcome it.<sup>27</sup>

Heidegger spends the most time on the aspect of certainty, later returning to add it is also indefinite, because he feels that this is the biggest rub when it comes to ontic versus ontological experience of death. Since death is commonly discussed as certain to occur for all people, Heidegger says that “everydayness forces itself into the urgency of concern” (p. 302). This means that the common discussion of death makes it into a public event as a tactic to bring some modicum of definiteness to an inherently indefinite phenomenon, watering down its unpleasantness. The fact that death is possible at any moment is the difference between death as an event and death as a phenomenon because events have a concrete time and place, whereas a phenomenon occurs across time. While common discussion would not deny that the looming quality is an issue, it is more of an attitude that seeks to place death as just one more ontic event alongside birthday parties and bowel movements rather than an existential situation that takes the existence of Dasein itself to task. Heidegger’s point is to show how despite a shadow of definiteness due to the absolute certainty of the possibility of no further possibilities, death is still fundamentally anxiety provoking because the question of ‘when’ *always* looms.

This is how Heidegger can argue that ontic concern infects and masks ontological care and covers up Dasein's urgency. In a sense, Heidegger is describing everyday, adaptive death denial, which is the most standard defense for death anxiety according to Yalom (1980, 2008) as noted. Heidegger would probably not argue that everyday functioning requires individuals to develop a healthy denial about their existential status and simply try to enjoy their lives, but denial and other defenses such as intellectualization or isolation of affect are ways for people to know and yet not know. That aside, Heidegger is more interested in the genuine confrontation with the anxiety of knowing that death could occur at any moment but does not describe how that state of mind would look when actually occurring in a person. What is clear is that *angst* is a tension state wherein the individual contains his or her anticipation of an "event" that, by definition, cannot be fully anticipated, thereby generating an *experience* through the specific kind of tension. Heidegger has set the groundwork for understanding an utterly confusing experience of anticipation that simultaneously combines a vital importance, unique specialness, and deep self-understanding with an uncanny elusiveness, strange irrelevance, and distressing unpleasantness. He has also shown that people react to such a state by finding ways to avoid, structure, or "repress" it, but it is the phenomenal *experience* that people react to rather than the event to which it refers.

Heidegger's work to establish death anxiety as an experience that involves temporality, possibility, and an elusive side to reality that is ill-defined and hard to describe sets up Jean-Paul Sartre for a continued phenomenological investigation of experience. Moran (2000) criticizes Sartre, especially *Being and Nothingness* for being "excessively long, tediously repetitive, lacking any real structure, and replete with rhetorical flourishes, full of paradoxes and straightforward contradictions" (p. 390), as well as representing a "rather simplistic and

unsustainable ontology” (p. 387). He suggests that as a philosophy it is messy and tautological, and Sartre himself was not particularly concerned with coherence or consistency as much as he was interested in rich description of seemingly benign experiences as well as his own genius. Nevertheless, Sartre’s work is relevant to a conception of death anxiety because of his insistence that “nothingness,” has an existence of its own that allows for negation rather than the other way around (Moran, 2000, p. 387). This has implications for the nature of consciousness itself, as well as its relationship to the body and other people. Sartre seeks to understand how negation represents the “infinite in the finite” (Sartre, 1984, p. 6), and believes this will better represent consciousness than traditional dualism. Negation is relevant to a theory of death because of the various ways death is understood and un-understood in cultural and individual psychologies: negation is a cognitive structure for understanding and managing loss, boundaries of existence, and otherness. In short, negation is a metaphor for death—it is the death of thinking.

Sartre returns to Heidegger’s fundamental question of metaphysics to point out that the “nothing” of the world may hold some significance in itself alongside the “something” that is generally the focus. In this, Sartre seeks to reinterpret the traditional understanding of intentionality as it has evolved along Brentano, Husserl, and Heidegger. Given the basic assertion of phenomenological intentionality that consciousness is always consciousness *of something*, Sartre emphasizes how the rest of the world that is not the object of attention falls away. Thus, for Sartre, essence lies not in the object but in the meaning of the object, which is the business of consciousness, secondary to, or derivative of, existence. Sartre explains this circle by suggesting that consciousness itself comes from “nothingness” (referring to essence or meaning, also non-entities) and so illuminates “nothingness” at the same time that it affords intentionality of something(ness). Sartre writes: “every conscious existence exists as a

consciousness of existing” (Sartre, 1984, p. 13) to demonstrate that consciousness emerges from “nowhere” and is itself circular and thus a nothingness. He elaborates, “we understand now why the first consciousness of consciousness is not positional; it is because it is one with the consciousness of which it is consciousness” (p. 14). In less oblique and intentionally confusing terms, just like how consciousness seems to be self-generating in a sense, from a non-position, negation of objects flows from the nothingness that exists at the core of consciousness. Sartre wants to suggest that negation flows from nothingness itself, as does consciousness, which executes other negations of objects in turn. He wants to demonstrate this in order to reorganize a theory of intentionality and therefore a phenomenology that includes non-things.

Moran summarizes Sartre’s negation in two parts: the negation that involves differentiation (a cat is not a dog) and another kind that “affects the object internally” (Moran, 2000, p. 387). Thus, when a gunner “who has been assigned an objective carefully points his gun in a certain direction *excluding* all others” (Sartre, 1984, p. 39), he is negating that which is not his target and at the same time exposing the nothingness that lies at the core of all objects of awareness (*not* his not-targets), granted to them by consciousness. Sartre is clear that negation occurs in the context of expectations, which requires consciousness of something and negation of something else. His famous example of Pierre in the café exemplifies: in focusing on Pierre as a figure, the ground of the rest of the café despite all its liveliness represents an “original nihilation” (Sartre, 1984, p. 41). Sartre also emphasizes the “emergence of the absence” (Saury, 2009, p. 250), or nihilation, of Pierre when he is found absent, in addition to the café that “slips into the background [and] pursues its nihilation” (Sartre, 1984, p. 42). Since intentionality can vary infinitely based on the infinite subjectivities of different people according to Sartre, the object itself stands to be transcended by some feature of subjective consciousness itself. While

the nihilation of the café is important, the experience of the “emergence of the absence” of Pierre himself is more important because the object of intentionality is now the *presence* of nothingness itself. This explains how at any given moment an object of intentionality can be something or nothing, figure or ground, and consciousness gives rise to this because of the basic subjective commonality between the objects of perception.<sup>28</sup>

Sartre’s philosophy is wrought with contradictions and rampant speculations, but his view of negation is important for a view of death anxiety in schizophrenia because he inverts the figure-ground, or something-nothing, dichotomy that is relevant to Heidegger’s ontological difference. Sartre points out one way that an individual can become aware of something other than the mundane array of ontic objects in the world. By shifting one’s focus from objects to the space between them, or alternatively to a feature of their existence that is usually hidden and not present, Sartre helps open the door to understanding alternative experiences of intentionality in consciousness. Saury (2009) describes with greater clarity the components of a phenomenology of negation, pointing out negation as ‘lack,’ ‘otherness,’ and ‘obstruction.’ Sartre himself had claimed (somewhat cryptically) that the being of an object is “defined as a lack” (Sartre, 1984, p. 22). Sartre and Saury emphasize that ‘lack’ presupposes an expectation of presence followed by a separation or disappearance of the object in question, thus relegating the meaning or essence of objects to a secondary quality that is dependent upon human consciousness, divorced from the thing itself. Saury uses the example of an empty bottle of wine: one can focus on the wine and experience the lack, or focus on the bottle and experience the non-fulfillment of expectation. Saury suggests that it is easier to do the latter (Saury, 2009, p. 251) because it is easier to cognitively manage present objects (bottle) rather than absent ones (wine).

Saury's example of lack is important because the ease of intentionality towards present objects sets up people for their ontic lives, in Heidegger's terminology. To make an analogy, the bottle is to the event of death as the wine is to the current experience of *angst* which refers to one's own possibility of death. Both are present, but the empty bottle is present factically or ontically, whereas the wine is present *as absence*, and thus existing as an experience in consciousness only. As long as death is experienced as occurring to others as a "case of death" as Heidegger suggested, or even when one comes into contact with a corpse such as at a funeral, it will be viewed as a body which is empty of life. It requires a level of abstraction to instead consider the absence of life (the *presence* of the absence) rather than the remaining body now emptied of life.<sup>29</sup> Either way, death is experienced most commonly as a loss, though Sartre's point is that the loss is already *within* the subject<sup>30</sup> (drunken wine!), since the presence of absence flows from consciousness which imbued the lack or loss with meaning. Thus the loss is actually not a loss because a subject is already closer to it than they are aware of, having come from their own consciousness in the first place (recall Searles on the loss of self, which is a similar paradox). In a way, to be aware of the presence of the absence is to take as the object of intentionality one's own experience of absence, or more briefly, to be aware of experience itself as an act of consciousness. The object is replaced with a mental experience; consciousness becomes aware of (its own) mere consciousness. Sartre writes, "negation here springs from a consciousness which is turned back toward the beginning...this means that being is prior to nothingness and establishes the ground for it" (Sartre, 1984, p. 49). This statement means that consciousness becomes aware of nothingness when it considers being and also when it shifts itself in some unique way. Saury relates this component of loss directly to the experience of alienation (Saury, 2009, p. 251), and describes the isolation and disconnection felt through



negation in its various forms. For Saury, the experience of loss or lack in the ways described bring into play associated experiences of negation including “hole” and breaks in continuous regularity in appearance and temporality that people rely on. Saury refers to Husserl’s notion of “harmonious perception” to tie in the quality of “interruption” to negation and thus his two last core components of negation “otherness” and “obstruction.”

Otherness is readily understood in terms of a construction of death anxiety because of its radically inaccessible quality. Death is by definition unexperienceable, and therefore the experience of it via *angst* is wholly foreign, albeit uncanny given Heidegger’s interpretation. Otherness may be more related to Sartre’s first version of negation, “this not that,” and can more broadly relate to problems in language as comparisons lend themselves to ontic beings. To describe a sensation that is not like any other comparable sensation, one is resigned to a negative argument that excludes basically everything. How can one describe a feeling of “death” aside from to say “it is like *not* everything else in life,” and this is often a predicament for individuals with schizophrenia who are perpetually frustrated by ineffability (Sass, 1992b). Otherness is therefore a slippery concept to work with, but it is precisely this evasiveness that makes it relevant to a study of experiences that are by definition bizarre and un-understandable. Otherness is certainly critical for Lacan’s Real register, but other representations (Ratcliffe, 2009) of otherness as unfamiliarity will be more salient for the current interpretation.

As for “obstruction,” negation is viewed as a limitation, an end-point, or obstacle. Certainly this is the traditional view of death, as the end-point in the chronology of subjective life. In Heidegger’s terms, death is “not to be outstripped” and reflects a definite end point. Similarly Saury writes:

When we think about the end of something, we understand it as involving the assumption of some previous presence of the specific object which – in the

process of ending – is made into an absence experienced as the non-hereness of something previously present. This temporalization of limit in the notion of end can explain the aura of definiteness and the irreversibility which seem to accompany it. (Saury, 2009, p. 253)

Saury is obviously pointing out the relevance of time to the experience of death anxiety, but links the phenomena of obstruction to Husserl's "original phenomenon of negation" whereby negation constitutes an interruption with an expected perception or experience. When an object turns out to be something we did not anticipate in our perceptions, an inner dysphoric conflict arises until the surprise is over and the new perception can be integrated. The obstacle is the new data interfering with our goal-directedness of conscious intentionality (p. 253). Saury suggests that a pure concept of negation would thus be: "the discontinuous movement arising from searching for an object to reaching it. Negation, consequently, can be understood in its most abstract form, as actualized each time our *intentionality is restrained*" (p. 259 emphasis mine). This definition holds important consequences for the relevance of negation to disruptions in the process of intentionality, which it is argued occurs in schizophrenia (Fuchs, 2007, 2013, Sass & Pienkos, 2013b).

Returning to Sartre, nothingness is closely related to being. In fact, "nonbeing exists only on the surface of being" (Sartre, 1984, p. 49) meaning that nothingness is like a shadow of being, elusively intangible but omnipresent. Reflecting on Heidegger's interpretation of death, Sartre considers death to be the "apparent limit of our freedom" (p. 682), a negation as obstruction that which to exceed is absurd. Thus Sartre writes, "what must be noted first is the absurd character of death" (p. 682) to which he is referring above all to the strangeness inherent to absence. Sartre uses the metaphor of the last note of a melody, which certainly does not define the meaning of the melody as a whole since the last note leads only to nothingness. However, the last note brings

a component of meaning within the melody as it defines its limits. Like Heidegger, the responsibility one must take of *my* death exists *within* the endpoints of life, and the “finitude of infinitude” behind that “obstruction” renders a paradox. Death is like the silence after a song that gives meaning to the song itself; however, since it is coming from *beyond* the boundaries of the song, that meaning is absurd. In comparison, Yalom (2008) repeatedly writes: “though the physicality of death destroys us, the idea of death saves us.” The idea of death brings into our lives, across the obstruction of the physical event, a meaning that is both paramount and absurdly non-sensical, but a meaning nonetheless. On the other hand, Sartre argues that “death is never that which gives life its meanings; it is, on the contrary, that which on principle removes all meaning from life” (Sartre, 1984, p. 690). Sartre’s argument is that meaning comes exclusively from consciousness, and so death shifts consciousness from the subject to others, who can retain the deceased in memory and reconstructions as the public event of death prompts us to do.

Sartre’s preliminary point is not overly profound: the dead do not have consciousness,<sup>31</sup> and so death is seen as the destroyer of meaning. What is interesting is that death, for Sartre, involves a shift from the subjectivity of consciousness to the otherness of consciousness, what he refers to as the being-for-others. An important point of being-for-others involves gaze, or the subjectivity of others. Sartre uses the example of a man sitting in a park interrupted by another man walking, who fundamentally changes the experience of objects in the subjective field of view into a multiplicity of subjectivities. Sartre suggests that the introduction of another point of view *takes away* a part of his experience, causing the objects in the world to shift from “grouping toward me” to “[*fleeing*] from me” (p. 342) and toward that other subjectivity.<sup>32</sup> This point is important because Sartre wants to show how the objectification of the self is related to the death of the self. Objectifying others is a form of “killing them” just as being objectified by others is

like “being killed.” Sartre uses the conflict between being-for-itself (*être-pour-soi*) and being-for-others (*être-pour-autrui*) to show that death “is in no way an ontological structure of my being at least not in so far as my being is *for itself*” (Sartre, 1984, p. 699). This assertion brings Sartre into conflict with Heidegger, and so a comparison is needed.

Sartre argues that Heidegger, and most everyone else, has confused death with finitude (p. 698) and made them synonymous, via the ‘obstruction’ version of negation described above. Sartre says that death belongs to facticity whereas finitude is an ontological structure of the for-itself (p. 698). While this argument seems plausible, it also diverges when Sartre explains that whether man was mortal or immortal, he would still be finite because human reality “makes itself finite by choosing itself as human” (p. 698). Since man is a subjectivity and death is a facticity, the two are askew of each other, though Sartre is not naïvely suggesting that death is irrelevant to one’s projects in life. What he is suggesting is that death is “nothing but a certain aspect of facticity and of being-for-others—*i.e.*, nothing other than the *given*.” (p. 699). Sartre’s philosophy is based on this idea that the *pour-soi* (subjectivity and consciousness) intends to become the *en-soi* (objectivity and simple existence) though this is impossible, and instead seeks to do so via the paradoxical being-for-others. Subjectivity cannot become objective until it dies, in which case it only exists for others anyway. Thus Sartre says “it is absurd that we are born; it is absurd that we die” (p. 699) in order to say that “absurdity” is the misattribution of objectivity to something that is by definition subjective. Death is factual and consciousness is subjective, and so to combine them in some way is meaningless. Likewise, existence itself is meaningless and to attempt to attribute any special meaning to it, even in the context of Being-towards-death, is ridiculous. Being-for-others objectifies subjectivity, thus bridging the gap; however, at the expense of authentic being.

For Sartre to argue that death cannot be ontological seems to contradict the interpretation of Heidegger presented above. However, given Moran's criticism that Sartre is not always consistent or clear, for the time being we shall defer to Heidegger. Still, within Sartre's philosophy there is a point that may illuminate further the role of death in life. In discussing nihilation, Sartre reminds us of anguish, a concept used by Kierkegaard, to represent the "being of consciousness" as freedom, or the "apprehension of nothingness" (Sartre, 1984, p. 65). Sartre uses the example of vertigo to demonstrate the difference (again) between fear and anxiety, or *angst*, though he prefers 'anguish' to *angst* in this example.<sup>33</sup> Sartre imagines he is standing on the edge of a precipice and *fears* falling in, but is in anguish about *jumping* in (p. 65). The example is simple enough: Kierkegaard argues that fear turns to anxiety when the object shifts to the subject. Sartre summarizes: "anguish is distinguished from fear in that fear is fear of beings in the world whereas anguish is anguish before myself" (p. 65). For Kierkegaard, anxiety is the recognition of freedom and the destruction of innocence and ignorance. Vertigo is thus the literal "dizziness" of freedom whereby one gains awareness that falling is possible but more so that one also has the capacity to choose or will it so<sup>34</sup> by throwing oneself over the edge.

The crux for Sartre is that life is a continuous stream of "choices" to exist. We are constantly choosing to continue to exist and thus with freedom comes the responsibility of every thing in life. While we may have been thrown into an absurd life via birth, we are responsible for our continued existence until death. Sartre's radical conception of freedom inverts an experience of the world from passive to active, which is critical to the difference between the *pour-soi* and the *en-soi* or *pour-autrui*. Lest consciousness be objectified (killed) by others or exist as a passive recipient of forces in the ontic world, Sartre says that the best remedy for anguish is to demonstrate my free will, boast my subjective existence, and act—either to step away from the

precipice or to embrace the “*possibility possible for me*” (p. 69) now and jump. Whether one prefers the “mood” of anguish, or the “mood” of *angst*, both represent a particular state where the individual is faced with their own-most existence and the nothingness that haunts it. These moods represent, if nothing else, a particular state in which the individual experiences self and world in a radically different context that is overwhelming and terrifying.

Between Heidegger and Sartre, an existential interpretation of death emerges. Fundamental is the difference between the ontic and ontological, and the conditions under which an individual may come to experience an alternative form of subjectivity. Heidegger wants to demonstrate how there are particular states of being that reveal these alterations in modes of relating to the world. Sartre agrees, and seeks to show that they are more common than we think. In fact, virtually every worldly event or occurrence has the potential to reveal something about self and world that is typically hidden. Heidegger believes that such a state of mind happens when a particular uncertainty impresses itself upon our minds: the uncertainty surrounding the fact that death for me could occur at any moment. This realization calls into question the state of the world itself because it disrupts the scale and urgency of time itself, as well as my particular relation to that ontological structure. Sartre agrees except that he wants to stick closer to subjectivity and maintain an ontology that exists wholly within life. Sartre thinks that Heidegger, in using the negation of ‘obstruction’ or limits, as a reference point is exceeding subjective epistemology. Sartre prefers to show how consciousness itself breeds an exposure to nothingness, which has an absurdity akin to death. In a sense, our mental ability (and proclivity) to project all kinds of fantasies about death and the experience of non-being means that human consciousness is already dealing with an experience that is so dreadful that only death could be so bad. Of course, for Sartre that experience is the very fact of our meaningless existence in the

face of its alternative, nothingness. While death is factual for Sartre, our relation to it says more about our relation to our own consciousness and the experience of our own mental processes than it does about the world.

To summarize this section, death must be understood ontologically, rather than ontically, for the same reasons that Sass argues delusions should be understood ontologically. Ontological death is made salient as an *experiential phenomenon*, not just a future event, by moods or states that reveal something about the *relationship* between self and world, and thus the status of worldhood itself for that individual at that moment. In delineating the nature of Being-towards-death, Heidegger demonstrates how death changes our *temporal* attitude, bringing something we usually try to push away to the future into the here-and-now experience of consciousness. Heidegger suggests *angst* is the “awakening experience” that alerts us to ontological truths, but given the qualitative differences in self-world relating that the ontological entails, more dire consequences of this shift may be possible for some. Heidegger has discovered a method for understanding the relationship between self and world and has established death as a central impetus for that relationship. His summary: “death, as the *end* of Dasein, is Dasein’s *ownmost possibility—non-relational, certain and as such indefinite, not to be outstripped*” (1962, p. 303, emphasis added), will be invaluable for our analysis. Sartre has been presented in order to add depth and specificity to the central Heideggerian contribution of the ontological difference. Sartre is most useful in helping to grasp the *elusiveness* of the ontological in consciousness and demonstrate our everyday interactions with it. In this account, “*nothingness*” is tantamount to the ontological as the “spectre” behind ontic existence. Sartre’s utility for this analysis is to show how *intentionality* of nothingness, or the ontological, is possible as the “*presence of absence*.” *Negation* is how the mind actually does this, specifically in three major ways (*lack, otherness,*

and *obstruction*) each of which represent important changes or disruptions in usual intentionality, or self-world relating. Sartre uses different terms and emphasizes different things, but can be seen as working in the service of Heidegger in important ways. He also believes that there are moods or states that reveal to people overwhelming truths of existence, one of which is the *absurdity* of life.

### **Part III: An existential introduction to schizophrenia and *ipseity* disturbance.**

*Not to be one's own self is despair.—Kierkegaard*

*Our final experience, like our first, is conjectural. We move between two darknesses.—E.M. Forster*

The remainder of this chapter is dedicated to some modern applications of the theories thus far described, especially as they may pertain to schizophrenia. Sass (1990, 1992, 1992b) describes in detail the usefulness of a Heideggerian interpretation of schizophrenia and more recently Ratcliffe (2002, 2004, 2009) has made a particularly convincing argument for the utility of a Heideggerian interpretation of delusion. Sass's interpretations of the *Stimmung*<sup>35</sup>, "truth-taking stare," and of *angst* in conjunction with Ratcliffe's existential feelings have done the bulk of the work in connecting Heideggerian existential phenomenology to the clinical phenomena of schizophrenia, and so my addition here is simply to reiterate the role of Being-towards-death in what has already been argued so convincingly. Seeing how these interpretations have helped contribute to the generation of the *ipseity*-disturbance model in its present form can also help in a return to the outdated lexicon of psychoanalysis and interpret clinical phenomena.

Sass dedicates an entire chapter in his book *Madness and Modernism* to the *Stimmung* in schizophrenia, as it is pivotal in the development and longevity of schizophrenia. What may also be termed the "delusional mood" (*wahnstimmung*) is closely associated with the "truth-taking stare" (*die Wahrnehmungstarre*) which is a term for the "fixed and otherworldly gaze—a sign of



encroaching madness” (Sass, 1990, p. 122) that seems to define the context from which delusions, hallucinations, and other psychotic experience emerge. Sass argues that the “truth” behind the otherwise delusional utterances of schizophrenia patients lies not in the specific contents but in the way this special gaze reveals some paradoxical nature of existence: “Dasein’s inherent capacity to distort its own nature, to deny Being in a misguided search for Truth” (Sass, 1990, p. 145). In a word, the “truth” of existence is the ontological, but neither Sass nor Heidegger would argue that such existential insight is to be admired or preferred (Heidegger himself is not clear about exactly how these moods actually manifest in real people.). The delusional mood in schizophrenia is not synonymous with the ‘mood’ of *angst* for Sass since there are important differences. Sass is clear that the two are not identical, taking Renee’s Unreality as an example of how the stagnation, stillness, and timelessness of Unreality renders the overwhelming possibility of movement in action as inconceivable or impossible. He writes, “Hers is a vision of meaninglessness and inaction, not a meta-awareness of meaning-giving activity” (Sass, 1990, p. 138). However, Sass then speculates that possibly this timelessness is an “escape” from the “threatening and fascinating” but nonetheless “overwhelming” quality of *angst*, a thought that grants a great degree of wiggle room.

For Sass, *angst* intrudes upon consciousness to reveal Dasein’s own ontological status as described above, and especially the “world in its worldhood,” though these two are really inextricable from one another. Still, the similarities between the *Stimmung* in schizophrenia and Heidegger’s interpretation of *angst* are too striking to omit. To demonstrate a strong relationship between the delusional mood and Heideggerian *angst* Sass recounts the “strange,” “not-at-home” (*unheimlich*, or uncanny) “character of completely lacking significance” (as it pertains to care and concern) shared by both (Sass, 1990, p. 136). The *Stimmung* in schizophrenia, according to

Sass, has four major stages based on the representative case of Renee: unreality of the world, mere being (referring to the sheer existence of objects, ‘that’ they exist at all), fragmentation of unified Gestalts, and finally “apophany” which is characterized by the “just so” quality and heightened sense of significance, distinctness, or peculiarity (Sass, 1992). This last phase is noteworthy because it represents a paradoxical reinterpretation of meaning for the individual. Even though the standard coherence of meaning for the individual has disintegrated in the previous stages, the ‘apophany’ recasts the meaning structures of the world with a new mysteriousness and undeniable significance—it is an alteration to meaningfulness<sup>36</sup> itself (Sass, 1992, p. 53). Just as in *angst*, the alienation of the subject from the world and from the typical perception and meaning-making constructs is paramount.

Each component of the *Stimmung* is similar to or identical to components of the existential reorientation that occurs in *angst*. It may be more accurate to understand the *Stimmung* in schizophrenia as one possible sub-state of *angst*. *Angst* is a state that all people find themselves in according to Heidegger, but obviously only a small percent of people develop schizophrenia. The “delusional mood” then would occur in situations of awareness or direct experience of *angst*, but the latter would only be necessary and not sufficient for the former. In *angst*, the individual effectively has two options<sup>37</sup>: “flee” from facing itself ontologically and back towards an “entanglement” with the ontic world, or to linger on in strangeness and alienation. While people live in perpetual *angst*, awareness of *angst* and its implications typically come in fleeting glimmers and flashes before the individual flees back. The *Stimmung* is defined by a certain strangeness of the world itself, and the eventual turning inward of strangeness from the world to the self made possible by that experiential context. The turning inward that results from the increasing world strangeness seems to mirror ipseity disturbance, and reflects what

Fuchs calls an “inversion of intentionality” (Fuchs, 2005a, p. 137) whereby the subject ‘is intended’ by objects rather than ‘intending’ them. While Fuchs is primarily drawing from Husserl’s discussion of intentionality in perception, such an inversion is also similar to Sartre’s example of the man in the park and the *being-for-others* that works to *suck up* one’s subjectivity and the ensuing “death” of subjectivity in engulfment.

Fuchs goes on to argue that the body is critical for perception, since it embodies intentionality. Without it, consciousness is disembodied in schizophrenia, an idea he elaborates elsewhere (Fuchs, 2005b). Fuchs writes that the core of the “apophany” as the end result of the *Stimmung* is the switch from active intentionality of objects to passive reception of images<sup>38</sup>. In this space, “idiosyncratic meanings emerge in the perceptual field, experienced with irresistible authority, like a ‘revelation’” (Fuchs, 2005a, p. 137). Again, like Sartre, new meanings emerge from the absence of meaning. Given the “passive reception of images” (p. 137), the lack of meaning is a negation of intentionality, and thus a Nothingness exists *within* the individual’s consciousness. This nothingness is quickly filled with idiosyncratic meaning, as Sartre predicts, since nothingness is not “sustainable” by consciousness for very long; however, these meanings derive from the self, and not the world and hence are not bound by consensual reality. This internal “filling the void” would typically be accounted for in psychodynamic terms as deriving from deep in the unconscious, and thus relating primarily to the Id in the structural theory. Still, returning to the current theory of death, it sounds more plausible that in the absence of the *vitality* that accompanies an active intentional stance toward the world, the individual experiences a “living death” of consciousness itself that is experienced as a “blank,” a “void,” or a “space” that the individual is *free* to fill with whatever it will. This freedom in the face of possibility emerges from *within* the individual in a new and profound way but experienced as

still coming from outside since perception itself has not changed in any concrete way, but rather an uncanny and strange way. Fuchs describes the “ego-centric world” and “self-referential meanings,” as well as a “communion” of subjectivity and objectivity that surrounds the “penetrating” feeling of things, especially gazes of others (p. 137). Dynamic theorists have long described the dissolution of ego boundaries in schizophrenia, the defense of projection, and the “hyper-permeability” of schizoid character. Still, Fuchs also points out that normally things “keep their distance” as things to intend upon in the world, but in schizophrenia hallucinations arise by “a ‘rooting of things’ in our body, the overwhelming proximity of the object, the oneness of man and the world” (p. 138). This line is important for tying in both Sartre and Heidegger: for Sartre, the nothingness from whence such freedom emerges is already within the subject and inherent to him. For Heidegger, this is because it our Being-towards-death is unassailably ours and inherent to Dasein. Furthermore, the “overwhelming proximity” captures both the feeling of the experience and the ontological nature of its relevance—Dasein has *sorge* for that which is ontologically close in time and space. *Angst* is the relevant mood here, since Being-towards-death is *now*.

Since the *Wahnstimmung* is defined by strangeness and unfamiliarity, Sass mentions the ‘uncanny’ as an associated concept in psychology since Freud. Freud’s take on the uncanny involved a sense of familiarity despite the strangeness and foreignness of something, ultimately using it to demonstrate the presence of unconscious but existing ideas. Ratcliffe has recently reopened the importance of ‘familiarity’ in his application of Heidegger’s *angst* to monothematic and schizophrenic delusions, stepping beyond Sass’s more cautious interpretation. Ratcliffe interprets modern emotion theory, specifically Damasio’s highly influential somatic marker hypothesis, as directly related to Heidegger’s interpretation of *stimmungen*, or moods, and

ultimately argues that *angst* is an emotional state that changes our focus from “propositional logic” to a more immediate experience of the self within a world context (Ratcliffe, 2002). While he doesn’t explicitly use Heidegger’s terms of ontic and ontological, he is clearly referring to them, with “propositional logic” referring to the standard ontic mode of thinking that privileges things and facts about them. As for the ontological, he writes that for Heidegger, “anxiety reveals the nothing” which is a “kind of relationship between Dasein and the totality of beings” wherein the usual “world disintegrates completely” (Ratcliffe, 2002, p. 292). Ratcliffe (purposely) oversimplifies the ontological difference to equate the ontic with propositional cognitions (thoughts) and the ontological with feelings (emotions) in order to reiterate Heidegger’s criticism against philosophers and cognitive thinkers alike of overlooking the all-important ontological difference and also to root Heidegger in something “real,” tangible, or commonly accepted. Ratcliffe wants to show that emotions are “breakdowns” in logic, but *not* in the conventional sense that western philosophy has taken since the ancient Greeks. Instead they are a return to a more immediate connection with the world, and that a category of feelings that he calls “existential feelings” are “structures of relatedness between self and world (Ratcliffe, 2009). For Ratcliffe, emotional attunement works to integrate self in world and to establish a primordial background relation that embeds an individual intuitively into a coherent self-world context.

According to Ratcliffe, “existential feelings” are those that inform on how the individual is relating to the world at that moment. They are distinct from emotional states like joy, anger, or surprise, as well as more cognitive feelings that are basically beliefs (I “feel” like this dissertation will be well received) or bodily perceptual sensations like pain or temperature. Ratcliffe lists a handful of existential feelings like ‘distant,’ ‘disconnected,’ out of sorts,’ at one with the world,’ ‘unreality,’ ‘surreality,’ ‘emptiness,’ and in particular, ‘unfamiliar’ (Ratcliffe,

2009, p. 181) among others. These feelings are not clearly about the individual or the world, but rather about their relationship together. For Ratcliffe (in line with Fuchs) the body is the medium through which consciousness perceives the world. He gives special attention to the experience of touch, which has been a topic of discussion for many phenomenologists. Ratcliffe reflects on Merleau-Ponty's discussions of the experiences of touch, especially subject-object boundaries and proprioception, but Sartre's discussion of slime is another vivid description of the experience of the world through touch. Sartre in *Being and Nothingness* details the experience of touching and being touched back, especially when the substance in question *shares* with the subject a feature of its existence through such contact (in the case of "slime," it is the slowing down of time that highly viscous liquids like honey seem to engender). The role of the body as "that through which we perceive" (Ratcliffe, 2009, p. 191) helps synthesize the phenomenological claims of Heidegger and others to the modern scientific research on delusions and neural networks.

Ratcliffe provides a much needed synthesis between the world-body distinction and rightly grounds emotions in the body and as relevant to the experiences of self and world consciousness. Just like disruptions in ontic-ontological world experience, Ratcliffe argues that disruptions in emotional, body-based background sense of belonging and familiarity "reshape the modalities of belief, the sense of what it is for something to be or not be" (Ratcliffe, 2009, p. 189) showing how these shifts set the ground for delusions since "the structure of belief has changed." Standard proposition based structures of belief will no longer apply. Ratcliffe emphasizes two popular delusions to exemplify his argument: the monothematic delusions of Capgras and Cotard.<sup>39</sup> Ratcliffe argues that these delusions are best understood as "experiential" beliefs, not "inferential" beliefs (Ratcliffe, 2004, p. 34) and that this distinction explains the

misinterpretation and continued use of propositional statements, but also the ontological implications of these utterances. Given the content of the Cotard delusion in particular, Ratcliffe's model has obviously important implications in an understanding of death anxiety and delusions.

Ratcliffe shows that Capgras and Cotard represent affective disturbances in relation to the existential feeling of 'familiarity.' In Capgras, the reality and familiarity of faces is disturbed, but in Cotard "affective familiarity is not only constitutive of a sense of *what things are* but also *that things are*...affect not only structures the sense of sameness but also the sense of existence" (Ratcliffe, 2004, p. 35). This indicates that beliefs are formed by direct phenomenal experience as well as cognitions created to explain those phenomena. The latter thought is certainly not new, but it does limit the subject to a particular mode of expression that is based on content rather than the general feel or form of an experience. Ratcliffe explains:

'X is not my wife' or 'I am dead' may indeed be the most appropriate propositional formulations of delusional experience. But experiential beliefs are not reducible to propositional attitudes. I will suggest that the *negation* is itself part of the experience; X appears as *not my wife*. Affect forms a backdrop though which things are experienced as 'X,' as 'not X' as 'identical to Y' or as 'distinct from Y.' The sense of 'not p' is experientially constituted by the absence of affective familiarity, which, in an extreme case such as Cotard's delusion, amounts to an absence of the world-affirming affective orientation itself. It is an evisceration of the sense of reality that ordinarily attaches to experience of self and world. Propositional formulation is thus an abstraction from experiential belief, which strips it of an essential constituent of its sense. (Ratcliffe, 2004, p. 36)

Ratcliffe is incorporating a number of key concepts in this lengthy quote. First he is targeting the problem of experiential phenomena necessitating the same grammatical structure as inferred, propositional, beliefs in everyday expression. Second he is highlighting the bodily and experiential *medium* of belief formation, later saying "The Cotard subject does not *infer that she*

*no longer exists; she has the experience of nihilation or effacement*” (p. 41). Third, he is further emphasizing the “presence of absence” that contributes to breakdowns in familiarity leading to strangeness. He goes on to reference Sartre, including his famous example of Pierre, as well as Heidegger’s description of negation in *angst*. He defines nothingness quite succinctly with the following: “‘The nothing’ is *experienced* as an absence of ordinary existence-sense, a dissolution of being-in-the-world” (p. 40). Finally, he is using this breakdown in familiarity to demonstrate that the individual is commenting on the structure of the world itself and the relationship between self and world as experienced by the subject. “Deadness” is in fact the best non-metaphoric metaphor—an inferential way of describing an experience—for the radical ontological shifts and existential reorganization around unfamiliarity and strangeness.

Now we are prepared to synthesize a summary concept of existential death anxiety that is directly relevant to schizophrenia and can account for psychoanalytic observations. The facticity of death establishes the ontological context for life generally. While this context is typically obscured from awareness, there are ways of experiencing it directly and indirectly. This experience is overwhelming and terrifying because of the reorientation in the relationship between self and world that it constitutes. This reorientation changes the intentionality involved in the mind-body relation to the world in a variety of ways, including the possibilities for content of intentionality and also structural components of consciousness involved in the process of intentionality (such as temporality and embodiment). Thus, every noticed difference in the general self-world relationship is experienced in a way that is other-worldly and absurdly paradoxical which reflects the possibility of the impossible central to being-as-nonbeing, or death. One possible outcome of these existential reorientations can be alterations in consciousness that lead to radical self-world alienation and inwardness, which is known as



*ipseity* disturbance. An existential interpretation of ontological reorientation would suggest that *ipseity* disturbance *is* ontological death anxiety, insofar as alterations of consciousness change one's ontological relationship *and* awareness of ultimate concern prompts alterations of consciousness. To consider *ipseity* disturbance or death anxiety to be sequenced in one way or another is not likely to be fruitful compared to conceptualizing the two as structurally synonymous.

Given that death generates the context for all of these shifts, it can be understood as represented by each of the concepts described thus far. Death, for example, is represented by temporality as the ultimate result of the passage of time. Thus, any awareness of the ontological nature of time (such as during anomalous experiences where time is no longer tacitly or implicitly embodied thus calling attention to the nature of time itself) also represents an awareness of death as the end of time. Negation can represent death in a number of ways. Negation as obstruction or limit is basically the same as the representation through temporality. Negation as lack can represent death as loss. While this is usually ontic, since it reflects death as “out there” the presence of any ontic reference to death is also a representation of the hidden ontological component because of the “defense mechanism” it displays. Similarly, negation as lack represents death as the “presence of absence,” or Nothingness because Nothingness is the ontological shadow of Being. To be aware of this aspect of reality requires a transformation in intentionality, or as Saury said, a “restraining” of intentionality that again occurs in the context of the awareness of Being-towards-death. Death can readily become a catchall concept because of its inherent Nothingness, similar to the sheer otherness as negation. All that is unrepresented, unaccounted for, unsymbolized, and unfamiliar is also representative of death, and thus generates its own anxiety. Death is all anxiety taken to its utmost conclusion. Take the cognitive example

of “catastrophizing” commonly seen in psychotherapy practice: all the bad things that are obsessively “accounted for” and anticipated lead up to death. A headache means a tumor *which means death*, whether or not the individual explicitly goes that far in their ruminations.<sup>40</sup>

Likewise, any anxiety or reference to disruptions in, or problems with, the body are manifestations of death since the body is the thing that actually dies.

Some more specific remarks are still needed for the concluding conception of death anxiety that integrates the observations from existential phenomenology with those from psychoanalysis. Ratcliffe lists “overwhelmed” as an existential feeling, but does not give it particular attention, mentioning it only in a list of many such feelings (Ratcliffe, 2009, p. 181). Hurvich places the fear of being overwhelmed at the center of his interpretation of annihilation anxiety, as mentioned, as well as a few other feelings and fears that can be interpreted as core existential feelings. ‘Being overwhelmed’ can be interpreted in a few ways, but as it informs on the nature of a relationship between self and world (the definition of an existential feeling), it merits further analysis. As noted, Hurvich describes annihilation as a non-cognitive experience, more similar to what Bion had termed “nameless dread.” Annihilation is also “visceral” and “immediately relevant,” as it occurs as a bodily “tension state.” In particular it is a tension state that will never stop or change.

In fact, Hurvich’s take on annihilation anxiety is exceedingly similar to Ratcliffe’s existential feelings, and an ontological experience. Hurvich himself says that it is to be distinguished from conscious propositional remarks, which he refers to as death anxiety. Thus, it seems that Hurvich is observing what Ratcliffe or Heidegger would consider an existential “mood” that occurs in the body as a feeling, informs on the relationship between self and world, and has the qualities of distorting or disrupting immediate or visceral world experiences such as

temporality. Specifically, the state will not change. It freezes the passage of time in some way, and as a result disrupts anticipation as well. Hurvich considers anticipation irrelevant to annihilation because the experience is not in the future, but exists directly and presently—it is already upon us. Hurvich does not seem to be aware of the ontological, given that his frame of reference is rooted in Freudian psychoanalysis and not existential phenomenology, but his description matches the ontological differences. Thus, Hurvich’s catastrophic traumatic anxiety reflects ontological anxiety in the parlance of Freudian drive-structuralism, a structure that seems to obligate him to maintain Id-based conceptions of psychosis.

Thus it is argued that psychoanalytic conceptions of annihilation anxiety are simply interpretations of ontological anxiety that fail to account for the ontological difference, or alternatively, use different terms in describing what is elsewhere understood as qualitative shifts in self-world relating. While many of Hurvich’s (and past psychoanalysts’) observations of experience are valid and insightful, his account of those observations is limited by the “forgetting” of the ontological difference and gain clarity by acknowledging it. Yalom (1980, p. 10) offers a simple and clear transformation from analytic theory to existential theory that is readily interpretable given the chapter thus far. For Freud, ‘drive’ led to ‘anxiety’ which led to ‘defense mechanisms.’ For Yalom, “awareness of ultimate concern” leads to ‘anxiety’ and then ‘defense mechanisms.’ “Awareness of ultimate concern” *is* intentionality of ontological issues, or death. Paradoxically, Yalom (2008) argues that “awakening experiences” can jolt us out of maladaptive defensive patterns and break one loose from paralyzing death anxiety in the right situations. In a sense, death is both the cause and the potential cure for disruptions in life. It seems as though some balance point, or particular relationship with mortality is preferable. In this sense, it is easy to see death anxiety as causal of psychosis due to the assumption of its

primordial status; however, the ontological reorientations found in ipseity disturbance can be “awakening” of latent death anxiety just as insight into death’s facticity can generate new defenses. A causal link or even directionality is not likely to be accurate or helpful.

Heidegger has shown what is constitutive of true death anxiety and how it plays a role in world experience. Sartre has shown how to broaden the range of intentionality to phenomena beyond what had hitherto been considered directly experience-able. Ratcliffe has shown how theoretical conceptions of the relationship between self and world can manifest in actual experiential life, and Sass has shown how those experiential contexts can develop into aberrant self states that are observable in schizophrenia especially. So far, at least, it has only been demonstrated how particular moods can set the stage for real psychopathology, and the result of that initial “delusional mood” has yet to be explained.

Towards that end, Sass and Parnas have developed a model of schizophrenia that seeks to grasp the way self and world are both disturbed in schizophrenia. The *ipseity*-disturbance model does not feature death anxiety in any way, nor is it intended to. Phenomenology can be divided into three main categories, according to Ellenberger: descriptive, genetic-structural, and categorical (Ellenberger, 1958, p. 97). Sass and Parnas are primarily interested in descriptive and categorical approaches, and have only volunteered some thoughts on genetic or explanatory applications on a few occasions (Sass, 2010; Sass & Parnas, 2003). Death anxiety as pathogenetic is a difficult claim to make, especially since it is not quite an empirical question. Sass and Parnas do not stake a hard claim about the *trouble générateur* in schizophrenia aside from their general self-disturbance theory. They certainly are not interested in disputing biological science research on schizophrenia, and view their theory as fully consistent, albeit parallel, with neurological models. Thus applying the conclusions about death anxiety from the

discussion so far to the *ipseity*-disturbance model should in no way detract from or weaken any observed phenomena or reported experience. The inclusion of death anxiety merely offers an explanatory possibility based on the theoretical sequelae according to existentialism as an offshoot of classical phenomenology.

Sass and Parnas offer the most succinct outline of their model in an article published in 2003 entitled, *Schizophrenia, Consciousness, and the Self*. The purpose of the article is to present and define concepts as well as demonstrate the core features behind a notoriously heterogeneous disorder. Their hope in this is to organize a way of identifying schizophrenia without relying on obvious symptoms that arise later on, and to hopefully aid clinicians in predicting and intervening before full blown psychotic episodes. Given that Sass and Parnas' *ipseity* model provides the structure of the third chapter, a transition from the prior material to the incipient material in the next chapter is required. The *ipseity*-disturbance model of schizophrenia takes as its central point to be that the "experiential sense of being a vital and self-identical *subject* of experience or *first person perspective* on the world" is somehow qualitatively altered or disrupted in schizophrenia (Sass & Parnas, 2003, p. 429). This happens in two main ways: one's "self-affection," or "intensity or vitality of one's own subjective self-presence" (p. 429) is diminished, and "self-consciousness involving self-alienation" is exaggerated, known as hyperreflexivity (p. 429). Also, the "salience or stability with which objects stand out in an organized field of awareness," known as "grip" or "hold" is disturbed or lost altogether in schizophrenia (p. 429). These definitions represent the distillations of a long history of philosophy and psychological observation, but so far we already have demonstrated some preliminary connections with death-like experiences. Sartre's negation is obviously related to disturbed 'grip' and has been linked to death and nothingness. Awareness of once tacit structures

involving self alienation has definitely been described through the rising strangeness of ontological reorientation and familiarity. The vitality of self in the world has been alluded to again with negation, but also with the experiential side of consciousness and mental states, body, and world integration.

To summarize this section, early psychiatry identified a particular state that seemed to exist for individuals on the cusp of psychosis or in its throws. This state, the *Stimmung*, is characterized by a *strangeness* and sense of the world being *unfamiliar* that culminates in inwardness and a disturbance of the self in consciousness. More specifically, it is an *experience* that occurs in, or via, the body that informs on how the individual *is* in relation to his or her world context. It also involves key disturbances in intentionality, including a *reversal* of intentionality, but in general reflects a dramatic change in the mode of intentionality generally. In whatever various form, these structural changes in one's experience of themselves in relation to the world disrupt the process through which a person feels connected to their environment in a meaningful way, and diminish the relevance, vitality, or significance of such existence. Without the usual *feel* of life, a profound experience of sterile deadness can be all that remains as detachment prevails. The "delusional mood" may be a particular kind of, or a particularly powerful experience of, *angst* that sets off a variety of key disturbances in self that may define schizophrenia more generally. As we begin to look more closely at some of the specific disturbances in self that occur in schizophrenia, this chapter has found the roots of anomalous experience to be alterations of intentionality and the relationship between self and world that are characteristic of Heidegger's notion of the ontological (and other roughly equivalent concepts from other thinkers). In turn, the ontological has been argued to have its roots in the fact of man's eventual death and the methods of managing our anxiety of it.

## Chapter III

### Representations of death anxiety in the *ipseity*-disturbance model of schizophrenia

*There is only one great adventure and that is inward towards the self.—H. Miller*

This chapter seeks to directly investigate the role of death anxiety in schizophrenia, or the existential underpinnings of phenomenology as it pertains to schizophrenia. With this in mind, the present analysis is more of a genetic-structural and categorical phenomenology than a descriptive phenomenology (Ellenberger, 1958), and so the insights of existential philosophy are more liberally applied. Key features of anomalous subjective experiences in schizophrenia will either be argued to represent death anxiety directly or be paired with examples of death anxiety to show an indirect connection. Various key components of the *ipseity*-disturbance model of the phenomenology of schizophrenia will be interpreted in terms of components of death anxiety in order to demonstrate how each can be seen as manifestations of death anxiety or methods of coping with such anxiety. That is, since it is argued that death anxiety is a key theme for human existence, *ipseity* disturbance can be seen as the *manner in which* death anxiety may reveal itself in individuals with schizophrenia. Case examples will be used to exemplify the theoretical arguments, and psychodynamic interpretations will be critically evaluated or compared.

#### Part I: Ineffability as (the lack of) a metaphor for death.

*Explanation of the unspeakable cannot be finished.—Buddha*

*If man is to regain once more...proximity with Being, then he must learn first of all to exist in the nameless.  
—Heidegger*

*Definitions might be good things, if only we did not employ words in making them.—Rousseau*

Ineffability, the indescribability of something in words (often from being too grand or overwhelming), is a constant problem in understanding schizophrenia. The argument for death anxiety as ineffability need be no more complex than the obvious truth that no one can describe

what it is like to be dead. There can be no study of subjectivity without direct experience, which in the case of death is impossible. If, as Ratcliffe suggests, delusions should be understood not inferentially but rather experientially, it would be misleading to attempt to consider a “phenomenology of death.” Metaphoric utterances like “deadness,” “living-death,” or “death-like,” however, do seem to have some experiential component that can be understood in a serious way. While death may be ineffable, ineffability as a concept is not limited to death and can apply to many facets of experience. The problem of ineffability therefore needs to be acknowledged as a general context before we look at the specific structures of schizophrenic subjectivities outlined in the *ipseity* model. The examples given to describe ineffability as death anxiety will thus leave much to be desired until a more complete picture can be seen; however, important similarities do exist and merit description.

While much can be said about different ways to understand the utterances of patients, in existential phenomenology, one begins with the first person descriptions in whatever form they take. Here, ineffability comes from experiences that are not amenable to standard methods of communication. It is not the individual who is failing to communicate but the method of communication is failing to support the needs of the individual. As shown by Hurvich, in psychoanalysis ineffability is understood as a “pre-anxiety” such that the material existed before language in the individual and is therefore related to the earliest, most primordial moments of life. The patient cannot describe their annihilation anxiety because it is too deep and too far down in the unconscious to be expressed openly. Instead it is felt, acted out, or otherwise nonsensical—ultimately a symptom. To address what is not symbolizable would require pushing a regression too far, to a point where the patient crumbles, obviously antithetical to therapy.



Lacan dedicated an entire register to things that by definition defy symbolization, especially linguistic symbolization. For Lacan, psychosis represents the failure to properly symbolize according to the structure set forth by socialization, with the latter represented by Lacan's play on words known as *le nom du père* (Sass, 2009). In bucking the pre-determined "law" of linguistic structure (as set forth by the "father" and the general social authority he represents), the patient is unconsciously trading consensual living for their fantasy of maternal symbiosis. The fallout of this "choice" is that they remain outside the social order but get access to whatever reality is obscured by symbols and structure. The other side of the Symbolic is thus some contact with the Real, or that aspect of reality that lies "just beyond the horizon of our knowing" according to Sass (2009). In fact, Sass likens the Real to death itself, calling death the "ultimate metaphor of the Real." Psychosis as contact with the Real versus rejection of the Symbolic is ultimately two sides of the same theoretical coin. That there are concepts or experiences that are not symbolizable, at least not in any known current language, should be no surprise; however, at least for Lacan, there is a particular reason for disruption in language and schizophrenia—a reason that may best be interpreted as a confrontation with death. However, in schizophrenia, ineffability could represent a myriad of things, and so a case must be made why death anxiety should be favored.

Sass argues that ineffability in schizophrenia is often due precisely to the ontological difference and the self-obscuring nature of the ontological according to Heidegger (Sass, 1992b). Heidegger is working to reveal the ontological despite our tendency to "forget" it and to confuse "presencing" with present. Sass's main point is to show that individuals with schizophrenia seem to be "remembering" the ontological in such a way that their anomalous experiences represent ontological shifts in both consciousness and the self-world relationship. However, they are

working with the blunt tool of a language system designed exclusively for the ontic world and are forced to make do with what they have when venturing beyond that horizon. To show that some schizophrenics are aware (to some degree) that they are exceeding that horizon Sass uses examples from Schreber, who identified his attempts at describing his experiences as “only *approximately* correct” often using qualifiers such as “so to speak” and “in a way” to mitigate his own awkwardness (Sass, 1994, p. 28). Sass’s reading of Schreber is intended to point out Schreber’s awareness that he was inevitably going to be misunderstood by others due to no fault of his own. Schreber is an outstanding case because of his articulateness and attention to detail, and this obsessiveness aids in capturing the Wittgensteinian “seeing-as” that Sass is highlighting.

The simplest manner of understanding the ineffability problem boils it down to a breakdown in linguistic semantics. A great deal has been written on the semantic and syntactic status of delusions in analytic philosophy, specifically regarding propositional attitudes in monothematic delusions such as Capgras and Cotard. In this literature, ineffability can be understood regarding the “preservation of meaning thesis” (Sass, 2004) whereby delusional patients are (or are not) simply using words in ways that are unintended, not consensual, or unconventional. This hypothesis maintains that delusions can be understood basically as errors in language or misuse of words—as losing one’s grip on conventional semantics. A patient claims to be dead when actually he is alive because he is not using the word “dead” in a conventional way due to (presumably) either ignorance or disruption in word knowledge. In such an unforgiving theory (not much better than a regression view), deluded patients are effectively reduced to the Nietzschean liar, who “uses the valid designations, the words, in order to make something which is unreal appear to be real” (Ansell-Pearson & Large, 2006, p. 113). According to Nietzsche in “On Truth and Lies in a Nonmoral Sense,” the liar “misuses fixed conventions by

means of arbitrary substitutions or even reversal of names” and is eventually cast out of society due to being considered unreliable (fated to “wander in error,” it seems). According to Nietzsche, ‘Truth’ is merely accuracy in language, which he criticizes as “arbitrary assignments” in the first place and as a “movable host of metaphors, metonymies, and anthropomorphisms...” (p. 117). Given Sass’s interpretation of the use of language in cases of schizophrenia like Schreber and Renee<sup>41</sup>, it is not likely the case that such literalism is helpful in interpreting delusional utterances, nor is it new that words are seen as arbitrary.

Sass as well as Bayne and Pacherie (Bayne & Pacherie, 2004; and Sass, 2004) are critical of this interpretation of framework propositions as proposed by Campbell. Henriksen (2013) summarizes Campbell and Sass as representatives of opposing viewpoints on the issue, ultimately arguing that framework propositions will occlude our understanding because of their epistemological status at least to some degree. As language pertains to death anxiety, Sass points out, in reference to the Cotard delusion, that ‘dead’ is “not a term with sharp semantic boundaries” and that people commonly speak of death and the dead outside the rigid scientific qualifications for constituting life. Indeed death has a certain fuzziness about it since its phenomenology is not readily known, or even knowable (the premise at hand regarding ineffability). Whether or not this fuzziness and mystery makes death a perfect mate for delusions is up for debate. On the one hand its fuzziness makes it ripe for wild projections and attributions, but on the other just because death is ineffable and ineffability is important in schizophrenia does not provide the specificity to deduce its culpability alone—many things can be ineffably fuzzy.

In fact, the ineffability of schizophrenia is especially common at the beginning of the illness. Møller and Husby (2000) interviewed prodromal patients and found a large proportion explicitly mentioned their difficulty in communication. The authors note examples of the “lack

of adequate concepts and words to describe experiences” including quotations: “‘something’ was totally wrong, but it was impossible to communicate the experiences...to others,” “[I was] tormented by something I didn’t know what was [*sic*],” and “I’m not capable of expressing what is taking place inside me.” These examples clearly point out that less extraordinary cases than the highly intelligent Schreber are also aware of the inadequacy of the linguistic apparatus. One patient said he or she felt “a painful feeling that the brain was dead,” an utterance that would typically be disregarded as bizarre, but actually illuminates rather well how the patient feels (and even includes death). The authors offer a few more examples: “something inside me had turned inhumane [*sic*]” and “[I] needed new concepts for the world and humane [*sic*]<sup>42</sup> existence.” This last quote perfectly reflects the problem of ineffability in schizophrenia, and also the difficulties existential-phenomenologists like Heidegger uncovered. To “need new concepts” demonstrates precisely how the issues at hand in schizophrenia are of a qualitatively different kind altogether than everyday issues. The authors catalogue what is commonly known, that many individuals will resort to “overvalued ideas” that are metaphysical in nature (religious, mystical, philosophical themes, reincarnation, and the afterlife) which are directly related to the issue of mortality.

Møller and Husby’s (2000) study was not explicitly about ineffability but rather on the prodrome in schizophrenia generally. That ineffability is one of the first observable difficulties of the patient means it is particularly important for understanding the genetic components of psychosis. Sass (1992, 1994) had already discussed some of the issues in the prodrome that Møller and Husby cover including the *trema* or delusional mood from which the “apophany” and “uncanny particularity” arise. The “uncanny (or mute) particularity” is characterized by the acute but elusive sense of change in the world. Perceptions of the world occur in a way that is “just so”

or as if mundane experiences are imbued with an unclear but powerful meaning. Mute particularity is another example showing how ineffability demarcates a shift from an ontic to an ontological context of describing the lived-world.

If we accept that individuals with schizophrenia struggle with describing their experiences because they reflect ontological experiences of self or world rather than ontic experiences, and that ontological experiences are associated with death (as previously argued), then precisely *how* the presence of ineffability can refer to death anxiety is ready for clarification. Sass quotes Jaspers in reference to “uncanny particularity” to say that “objects and events signify something but nothing definite” with a “distrustful, uncomfortable, and uncanny tension” (Sass, 1994, p. 97) which identifies two key words to aid a death based interpretation: ‘nothing’ and ‘definite.’ This mood is characterized by the feeling that things (but really the whole perceptual experience of things in the world) are changed even though they are unchanged at the same time. The frustration is figuring out what exactly is changed since nothing is actually different and yet the existential feeling of “unfamiliar” is active. In other words, “something” being different and “nothing” being different are indistinguishable, or alternatively, are simultaneously true. Another way to phrase this experience is the “presence of absence,” as it represents taking Nothingness, a not-thing, as the object of intentionality. In this sense, that which is observed is the lack of change, and thus reflects negation as lack.

The utility of Nothingness in ineffability is summarized nicely in the introduction to Heidegger’s “What is Metaphysics?” Krell writes, “‘The nothing’ comes to be a name for the source not only of all that is dark and riddlesome in existence—which seems to rise from nowhere and to return to it—but also of the openness of Being as such and the brilliance surrounding whatever comes to light” (Heidegger, 1962, p. 91). When lacking words, death may

be a useful stand-in as a form of Nothingness. Nagel, towards the end of *The View from Nowhere*, offers a few comments on death, and says in regards to the “plain fact” that he himself will die: “This is a very strong form of nothingness, the disappearance of an inner world ...” (Nagel, 1986, p. 228). He goes on to say that, “Death is the negation of something the possibility of whose negation seems not to exist in advance” (p. 229). Nagel’s purpose here is actually to point out the clever fact that people do not seem to fret about the fact that they did not exist in the past (before they were born) but do fret a great deal about the same fact for the future (in death). What is important about these examples is how readily the terms and concepts of Nothingness and negation can be used to discuss death and death anxiety as they capture a particular feeling in our *angst*.

Parnas and Sass (2001) offer a handful of examples of cases that exemplify this change. One person they call “Robert” reports an “indescribable inner change” and gives the example of listening to music on his stereo. Listening gave him “the impression that the music somehow lacked its natural fullness,” and that it was “as if something was wrong with the sound itself” (Parnas & Sass, 2001, p. 105). Robert goes on to realize his stereo was fine, but that he was somehow “internally watching...his own receptivity to music.” The case of Robert is a fine example of hyperreflexivity, and the loss of “natural evidence,” but what is striking about the example of the stereo is that Robert was unable to articulate or put his finger on what precisely was off about the sound, and could only sense that it “lacked” something vital. The authors interpret the lack as ultimately existing within Robert himself, in that he lacked a “dominant point of view,” a core component of meaning fragmentation and perplexity. Robert’s experience is probably akin to Schreber’s while looking in the mirror and seeing himself as if with feminine breasts. While Schreber is the first to admit that nothing is *really* different in his perception of

the contours of his chest, nonetheless, in a certain way there is something distinctly changed about himself that cannot be further described. Robert and Schreber seem to both be struggling with the paradox of ineffability in death anxiety that is “certain and as such indefinite” and the ambiguity between the two. Schreber seems more definite whereas Robert seems more certain.

The case of Robert and his music is therefore a clear example of negation, and the “presence of absence.” The music itself is exactly the same: the sound waves are at the regular frequency, pitch, and all the rest. What Robert notices is not a feature of the music itself, a timbre in the singer’s voice he had not noticed before, but rather something vital within the *experience* of the sounds that could only be distinguished because it was missing. The missing quality becomes the object of intentionality because of its lacking, like a fish flopping on a boat deck who never noticed the water it swam in and breathed through until it was suddenly gone. Husserl had called this “interruption” in “harmonious perception” (Saury 2009), and is fundamental in disruptions of intentionality. As Robert discovered, and the authors observe, the shift in attention from the music to the absence within the experience (or more precisely, the *experience of absence*) is peculiar in such a way that Robert must attend to it further, and in so doing winds up hyperreflexively observing his own experience and feeling alienated from it. At the same time, the above interpretation explains hyperreflexivity in terms of his shift in attention, rather than explaining his shift in attention in terms of hyperreflexivity. If components of ipseity disturbance reflect a manner in which death anxiety appears, it would be equally true that the process of hyperreflexivity exposed Robert to noticing the experience of absence that represents death through negation. In either case, ineffability plays a role because of the peculiar nature of the experience: it is the indescribability that can prompt *and* maintain alterations in intentionality.

In this example, negation functioned to disrupt or restrain intentionality in the way Saury had pointed out. Instead of taking the sensory stimulation of the music as the object of his attention, his attention is drawn to (and then captivated by) an ineffable void, a nothing, a lack. He has become aware of the emergence of an aspect of perception that had hitherto gone unnoticed, and yet has been there all along. Finally, like death in the experience of *angst*, Robert comes to see, despite his mind's initial attempt to locate the uncanniness in the music, that the feeling derives from within himself, more specifically the process of his own consciousness (his "receptivity," as he put it). *Angst* according to Heidegger is the state in which consciousness manages to recognize its own-most inevitable fate right now instead of in the future. Heidegger's definition of death emphasized the "own-most" quality of death, or the "phenomenon" of death and not the event, which had placed it in the realm of subjectivity and consciousness and not merely that of facticity, as Sartre had claimed.

Alternatively, ineffability can be understood as negation as otherness, since otherness more closely captures the negative perception: it is unclear if this or that seems changed, so one must only say 'not-this' is changed. The strangeness of the experience in uncanny particularity comes from it feeling somehow *in between* subjective and objective (Sass, 1994, p. 98). It is on the one hand only "for me" but on the other hand occurring in the objective world and therefore supposedly open to public observation. And yet, the changes, a dog raising its paw, a table set in *just such* a way with the array of objects out, a particular glance from another, have significance that is beyond the standard range of significances experienced in the everyday world. Thus, they reflect an otherness because they are not easily categorized into a known repertoire of experience. The relevance of this sense of ineffable otherness to death anxiety has to do with the feeling of other-worldliness (including Ratcliffe-ian "unfamiliarity") in such experiences. One



way of understanding this shift in intentionality is by comparison with the “absurd” character (using Sartre’s term) of death owing, in part, to its intrusion from outside the boundaries of life, or common intentionality. One of the most common interpretations of this shift given by individuals is a religious or metaphysical deductive explanation (that one is picking up on something from outside this plane of existence playing out in these mundane objects, the table is set as normal but god is somehow felt through it—god because this feeling is *not* like any other), which activates death anxiety based beliefs and anxieties.

However, Robert as a representative case of death anxiety is not altogether clear, nor is the connection between ineffability and death from this example. There is no indication of explicit death themes reported by the authors (albeit the authors are not seeking any), with the exception that Robert felt a “very distressing feeling of not being present or fully alive” (Parnas & Sass, 2001, p. 105). Despite the arguments of the previous chapter, it is still something of a jump to attribute the experience of absence to death. Just like death is just one form of separation, as was seen with the distinction between death anxiety and separation anxiety in dynamic theory, death is just one form of ineffability. However, this one form seems to be of particular importance due to its existential or ontological status. It is an ineffability that carries a certain grandiosity with it: death is ineffability *par excellence*.

The second component from Jaspers is definiteness, which Sass discusses regarding Schreber in detail. Sass says that for Schreber, “somehow, it seems, the events just *felt* definite to him” and even that “Schreber’s experience of ineffable definiteness is a central feature of his lived-world” (Sass, 1994, p. 99-100). For Sass, the definiteness is indicative of the “truth taking stare,” and ultimately cannot be described further. Another existential feeling in this context, certainty, does inform on the relationship between self and world, or the state of the world itself.

In fact, Heidegger's definition of an ontological conception of death had a specific reference to the ambiguous certainty of death itself. As mentioned in the prior chapter, Heidegger's definition was "non-relational, *certain and as such indefinite*, and not to be outstripped." The ambiguity of certainty is central to Schreber according to Sass and inherent to the phenomenon of ineffability and related experiences such as the "truth taking stare" and "uncanny particularity." The problem of ineffability is directly related to the "certain and as such indefinite" because it is a seeming contradiction of terms. Regarding death, Heidegger is pointing out the (somewhat obvious) truth that while it will happen, it cannot be predicted when or how. Regarding ineffability, to the subject, the experiences are definite—they happened, and were *real*—but elusive and ephemeral.

While the relationship between schizophrenia and the ontological difference has been described already, the last domain of the EASE interview, called "Existential Reorientation," should be mentioned briefly here, since it describes and catalogues changes in "general metaphysical worldview." The component parts of the domain are varied (and not directly related to ineffability, aside from the "as if" metaphoric structure) but are intended to capture sweeping changes in ontological experience, or self-world relating. Domain five can include changes in experience or attitudes and beliefs that accommodate these radical changes. One important implicit feature of these reorientations is that changes have occurred, but more so that the *potential* for change exists. It makes a statement about the *world* that this or that can be fundamentally different: it is the new *horizon* of potentials that is revealed. A colleague once reported to me a case of a schizophrenic man who was refusing to take showers on the inpatient ward where she was treating him. For some time it was unknown why he was refusing, but eventually he admitted that he believed he would change into whatever color he was surrounded by. When the exasperated therapist pointed out that water has no color, the man replied (to the

effect of) “Exactly, and I will disappear!” This man’s death anxiety was revealed in a world of new possibilities. He lived in a world where such things as “color changing” were possible, a world-state he could not initially articulate, and was forced to act out.

To summarize on ineffability, indescribability may reflect death anxiety insofar as death is the horizon of human subjectivity. Death is the embodiment of *otherness* in its most pure form, and is indescribable by definition. Schizophrenic experiences of Nothingness as the “*presence of absence*” are common and may accompany feelings of *dread* or *angst*. While disruptions in language and linguistic capabilities in schizophrenia do not have a clear etiology, the experience of ineffability may have a mystical, “other-worldly” feel to it that inspires existential awe and sublime anxiety. Ineffability shares with death a sense of Nothingness and also *indefiniteness*. Ineffability is paradoxical, “*in-between*” certitude and indefiniteness just like death, and could mark the experience of ontological shifts. Death may be associated with ineffability since they both share the fuzzy, vague, and vastly open character. However, ineffability is a quality; it is ontological. Death is as well, but it is *perceived* as ontic and thus seemingly amenable to use as a stand-in, a symbol or metaphor for, the quality of experience. Death is frustrating because as a metaphor it is just as hollow as that which it would be intended to characterize.

## **Part II: Hyperreflexivity as death anxiety.**

*One is healthy when one can laugh at the earnestness and zeal with which one has been hypnotized by any single detail of one’s life.—Nietzsche*

*To be too conscious is an illness—a real thorough-going illness.—Dostoevsky*

*And when you gaze long into the abyss the abyss also gazes into you.—Nietzsche*

The *ipseity*-disturbance model of schizophrenia takes the experience of hyperreflexivity as a core component, alongside its counterpart, diminished presence. Sass and Parnas define hyperreflexivity as “exaggerated self consciousness involving self-alienation” (Sass & Parnas,

2003), and characterize it as when “something normally tacit becomes focal and explicit. They go into greater detail to differentiate “primary (or “operative”) hyperreflexivity,” “consequential hyperreflexivity,” and “compensatory hyperreflexivity” from “hyperreflectivity” (Sass & Parnas, 2003b). These each refer, respectively, to the most passive or “affliction-like” examples where the individual is struck and captivated by their hyperreflexive observations unintentionally (operative), examples where the individual begins to scrutinize their anomalous experiences or previous hyperreflexions only exacerbating the sense of oddness (consequential), and examples of patients that willfully attempt to regain control over their mind by extreme introspection in order to “solve” their hyperreflexive problem (compensatory). Finally, hyperreflectivity refers to the exaggeration of intellectual or reflective processes, which can be considered a type of hyperreflexivity (Sass & Nelson, 2009). Hyperreflexivity is directly related to the “truth-taking stare” and the “apophany” already mentioned as central features of the illness, especially in the prodrome and “delusional mood.”

As it pertains to death anxiety, hyperreflexivity can represent any number of death related experiences, but two main examples (of the many forms of hyperreflexivity) will be discussed: temporality and the body. Foremost, as awareness of what is normally tacit, hyperreflexivity seems to enable the subject to take ontological structures as objects of attention as one may take an ontic structure normally. This may include taking time itself, a quintessential ontological structure as an object of awareness, leading one inevitably toward the conclusion of subjective time: death. Hyperreflexivity related to the body, including kinesthetic or sensory experiences, may also be directly related to death anxiety since the subsequent alienation of the body is relevant to the physical process of death. Both of these examples represent disruptions in

intentionality. Alterations in the experience of these two components of self may call attention to ontological structures that bring existential issues like death to the fore.

Disruptions in temporality lend themselves to hyperreflexive modes of consciousness and are central to a death based perspective. Generally, disruptions in the experience of time should be considered the clearest indicators of death anxiety because it directly connects the ontic event of death with the ontological phenomenon of an indefinite death. Stated simply, if the event of death is the conclusion of all subjective time, then any disruption in the flow, structure, or experience of time changes one's relation to their own-most death-as-phenomena directly. Experiencing a radical disruption in time flow may either alert the individual to the limitation of their time as an "awakening experience" or may actually offer a sneak-peak of timelessness.

Fuchs (2007, 2013) and Sass and Pienkos (2013b) have written convincingly on the disturbances of time and temporality in schizophrenia, and time disturbances are also catalogued in the EASE interview (Parnas et al., 2005). Sass and Pienkos point out that disturbances in temporality may be constitutive of a disruption in minimal self, a point Fuchs also argues at length. They describe a variety of time disturbances that occur in schizophrenia including speeding up, slowing down, or a perceived halting stillness of time, but primarily emphasize a fragmentation of time and thus the intentionality arc (retention, presentation, and protention) in turn. Sass, Pienkos, and Fuchs all demonstrate that in acute episodes of schizophrenia, temporality is best understood as fragmented, as if occurring in slices, or like a strobe light or stop-frame animation, each slice disconnected from but adjacent to one another, separated by what Fuchs calls "temporal gaps." The individual must then use a great deal of cognitive effort to connect events across such a disjointed time flow, ranging from sequences of images, words, or motions. While the patient may understand each individual word, the sentence loses its natural

coherence and must be carefully reconstituted by the patient. Fuchs (2005a) suggests that as the intentionality arc fragments, the subject must engage in “disautomation,” a term for compensatory, hyperreflective hyperreflexivity where the individual must consciously and deliberately be aware of each motion, thought, or experience (such as “forgetting” how to sit down and having to think out each step).

Fuchs (2013) offers a handful of phenomenological concepts to fill out his analysis of temporality that are important for applying it to death anxiety. First, he makes an important distinction between “explicit time” and “implicit time.” Implicit time is critical for *ipseity* because it is the medium of consciousness and central to experience. A person is wholly absorbed in their experience of implicit time; it is pre-reflective and embedded into consciousness. Explicit time occurs only when implicit time is brought to awareness due to a “disturbance or negation” (Fuchs, 2013, p. 79). This process can be mundane (“time flies when you are having fun” or the boredom behind “a watched pot never boils”) or it can be existential in nature as the two overlap (when time is interrupted or truncated, as in negation-as-obstruction). This means that explicit time is more cognitively understood and used, whereas implicit time is embodied and tacitly known as the medium of consciousness. In a Heideggerian sense, these two aspects can roughly (though not truly) map to the ontological difference, with explicit time corresponding to an ontic, clock-time, and implicit time corresponding to the ontological, as it is generally hidden from consciousness.<sup>43</sup>

More important for death anxiety, Fuchs describes “temporal gaps” which are the result of fragmentation in the intentionality arc, apparent in schizophrenia. As events or entities break up in a coherent sense of sameness and constancy, derealization and disturbed ipseity can set in. Fuchs says that “temporal gaps” are commonly referred to as thought blocking and thought

withdrawal, major prevalent symptoms of schizophrenia. Fuchs argues that the existence of these gaps is the “generating trouble” of schizophrenia (Fuchs, 2013, p. 94) because ipseity and implicit temporality are mutually dependent on one another to generate a coherent intentionality. Sass and Pienkos (2013b, p. 140) refer to the present moment as “vector-like,” though it collapses or disappears in schizophrenia. To think geometrically about time: time is typically conceived as a line, open and infinite in both directions. (In terms of intentionality, one can imagine a bulge, or curve to represent “presentation” in the Husserlian sense.) To fragment this line leaves one with either a series of short line segments or points (as in a dotted line), and open space between each point or segment. Such a metaphor lends itself to Saury and Sartre’s conception of negation as obstruction: if death is seen as the end-point of a line segment of time, then in schizophrenia there seem to be a multitude of end-points. In this sense, the gaps are “between time,” and may reflect precisely what gave Searles the “timeless quality” in his countertransference feelings with schizophrenic patients.

What Fuchs does not describe is the quality or nature of these “temporal gaps” themselves (save what has been already described in mainstream psychiatry regarding his two key examples: thought blocking and thought withdrawal). This omission should not be considered a shortcoming of Fuch’s analysis—there likely is no description available of them since they would constitute the “presence of absence” and may be ineffable. He does go on to describe how the gaps result in a notion of being “surprised” by the very existence of consciousness experienced in retention only. The individual comes to experience a world without time, which is a world without future.<sup>44</sup> The ontological state where there is no future is that in which all possibilities have been exhausted—Heidegger’s definition of Being-a-whole.

In a clinical context, these disruptions can be seen in a number of ways. Operative hyperreflexivity as a direct ontological experience with mortality implications is best seen in a brief comment in Chadwick's (2007) account. Chadwick, vividly recounting a psychotic episode of his own, mentions at a peak moment: "as coincidences jogged and jolted me in this passive vehicular state into the 'realization' that my death was imminent, it was time to listen out for how the suicide act should be committed" (Chadwick, 2007, p. 170).<sup>45</sup> He later threw himself in front of a London bus, but survived. Chadwick shares a host of phenomenological experiences in his account, but the "passive vehicular state" he describes leads directly to a conscious experience of the immanence of his own death, in this case by suicide. While the word "immanent" brings the temporal component of his experience, "passive vehicular" is a key evidence of operative hyperreflexivity (not without a peculiar use of another dynamic term, "vehicular") since he is stuck (at least for a time) in a state where he can do little besides notice the world around him in a hyperreflexive way, undoubtedly similar to "seeing-as."

Chadwick's line is exemplary of a number of Heideggerian issues related to death and the ontological. First, "immanence" brings us to the experience of *sorge*. Death is suddenly highly relevant for Chadwick: it is upon him. Second, Chadwick's peculiar, paradoxical combination of active and passive states is important for the "thrownness" that Heidegger argues is the condition of Dasein. While he undoubtedly feels passive in relation to his own consciousness, he knows it is leading to a very active process of suicide. Chadwick notes a variety of alterations in ipseity, including an earlier quote reading: "it was as if I was not 'thinking the delusion,' the delusion was 'thinking me!'" (Chadwick, 2007, p. 170). Overall, Chadwick's quick example of hyperreflexivity is noteworthy for two reasons: it is a direct experience of his own altered perception, and while temporality is implicitly involved, it is not clearly the object of his



intentionality. This means that hyperreflexivity can be about temporality, but also that just the experience itself can be related to death anxiety as an “awakening experience” (his ‘realization’). Second, this example makes an explicit reference to death (suicide or otherwise), which is not always the case. The fact that Chadwick can link his hyperreflexive experience to death is important, but not necessarily universal for all cases. It is also not clear from Chadwick’s example if his anxiety is experienced as dysphoric or not. The general tone of his report is one of exciting anticipation, not necessarily dread or panic. While his passive attitude may inform on this, the attitudes of patients will be an ongoing issue.

Fuchs (2013), as well as many others in the phenomenological tradition, have given examples of time disturbances as hyperreflexivity. Fuchs describes “arrest of existential temporality,” citing a patient: “there is only immobility around me...everything around me is motionless and congealed”<sup>46</sup> or “time goes by, but things do not change. I find time with photographs” (Fuchs, 2013, p. 91). In these cases time is stopped, and the march towards death is halted. The reference to photographs seems to capture the “time slice” experience, related to a series of time-endings (deaths). However, as mentioned, Fuchs does not describe the existential implications of the gaps themselves except that it disrupts ipseity and intentionality. In such a self-world relationship, Being-towards-death does not have the same meaning or existential implication since “toward” has lost its significance. Recall that Heidegger’s main concern was to see death as a phenomenon and not an event: an ontological lived experience across time instead of a discrete, ontic thing that occurs just here or there. In this case, “photographs” certainly pull for an event-like conception of time (like a photo album recapturing that day at the park, or a birthday party), and certainly not a lived-experience of time or death. Still, there is a distinctly

alien quality to the events in the patient's description. It is the derealized quality of the series of events that are captured like photographs that seems to motivate hyperreflexive scrutiny.

Another key example of hyperreflexivity of time that can be seen from a death anxiety perspective is the case published by De León and Nolan (2010). The authors report a case of a man with schizophrenia who had attempted suicide with a rifle, causing significant damage to his face and jaw (the authors do not invent a pseudonym for the client, so he will be referred to as 'Chris' currently). Chris reported that demonic spirits (experienced as voices) waged "spiritual war" on him and would show him the future, which they could see. Also, the future for Chris was pre-determined and destined for repetition. The authors write: "in his view, the future was not only determined, it was going to repeat in the same way. He was going to shoot himself in identical way up to the last detail..." (De León & Nolan, 2010). The authors interpret his experience of time as similar to the Nietzschean thought experiment of eternal recurrence of the same, since numerous key events of his life (real and delusional, assaults and sexual abuses) were destined to be repeated, according to the delusional system. Furthermore, they argue that his delusions of mind control and thought blocking or withdrawal reflect "his own hyperreflexive concentration of being the spectator of other minds coming to destroy his will" and that "he continued to experience the experience, lost in the persistent observation of the event, immersed in the notion of eternal return of the same, rather than stepping into the stream of his ever-changing conscious reality" (De León & Nolan, 2010, p. 387-388). The authors connect temporality with hyperreflexivity through a disturbance in intentionality such that "he imagined his existence as an exercise in futility because the retention of the past events remained a looking-back that *made the elapsed time into an object*" (p. 388, emphasis mine).

Chris also reported delusions of mind control and thought withdrawal or thought blocking. He stated: “they made me move the barrel inch by inch and enjoyed controlling me. They keep me from having complete thoughts. I find myself not realizing what I am trying to do, they make me feel ‘gyroscopic’...” (De León & Nolan, 2010, p. 386). In these sentences alone, one can see clear ipseity disturbance since he feels not in control of his own mind or body, general passivization and hyperreflexivity (e.g., “I find myself...”), “temporal gaps” as they manifest as thought blocking (according to Fuchs), and even what might be interpreted as Kierkegaardian or Sartrean vertigo (the neologism, “gyroscopic,” also evidence of ineffability).<sup>47</sup> Insofar as “gyroscopic” can be interpreted as dizziness akin to a spinning gyroscope, the interpretation is apt since the demons show him a world without time, disorienting him and reminding him of his demise, *but also* (just like Kierkegaard’s interpretation of biblical Adam and God’s prohibition) reminding him of his freedom to take his own life. In such a case, the dizziness comes not from the possibility of death, but from the vertigo at realizing one can do this intentionally. The metaphor of a gyroscope is particularly interesting since a gyroscope functions by a magnet that maintains an orientation to the world regardless of manipulations. While suicide and his delusional system make him dizzy, they also offer him a particular kind of compass and stability.

Chris’s experiences represent a coupling of death anxiety as suicidality with the hyperreflexivity of temporality. The authors note that over the course of psychotherapy (alongside psychopharmacology and reconstructive plastic surgery), as his hyperreflexivity was discussed and empathically understood, his suicidality diminished and his delusional incorrigibility decreased. In this case, Chris’s experience of time is neither halted nor fragmented per se, but rather looping and circular: a recapitulation of the past. In either versions, the future

does not exist in a standard way—again “toward” has lost its meaning. In fact, Chris’s hyperreflexivity is exceedingly similar to the “slowing conative dynamics” Fuchs described (2013, p. 98). Fuchs writes: “the future loses the character of openness, novelty, surprise, and becomes reified as inevitable fate or calamity, at least to a rigid continuation of the past or a recurrence of the same” (p. 98). He elaborates,

Future is here experienced as a process leading to an irreversible end which is known from the past. It adopts itself the perfect tense and thus becomes *the future perfect*, especially in the form frequently used by patients in their complaints: the feared event (ruin, punishment, death) *will then have certainly taken place*. (Fuchs, 2013, p. 99)

Fuchs compares this phenomenology to that of psychotic depression, but what he calls attention to is how the anticipation and dread of the future (in *angst*) can alter the tense of the verbalizations in such a way that future and past are oddly juxtaposed.

De León and Nolan are not the first to report cases like Chris. Fuchs (2013, p. 91) mentions two more clients, one of Minkowski’s (quoted above with the world as “congealed”) claimed, “I see the future only as a repetition of the past.” Fuchs refers to another of his own patients who compared his or her experiences to the movie, *Groundhog Day*, which of course Fuchs compares to eternal recurrence. Fuchs quotes this patient: “...all other people live a normal life, but for me, it’s different, it’s like cut-cut-cut...I look at an entity, and I look at other entities, and there is emptiness in between, there is nothing in between” (Fuchs, 2013, p. 91 n. 57). This example is perhaps the clearest example of temporal gaps<sup>48</sup>, and demonstrates Sartrean negation almost perfectly. The “cut-cut-cut” and “nothing in between” shows that while the patient is attending to entities in the world, he or she is also attending to the entire frame, a more complete sense of world-time where there is something *else* besides normal living. This

patient does not explicitly identify the “something else” as life’s opposite, death, but at least there is room for otherness in some fashion. Certainly this patient would agree with Fuch’s claim that the move from implicit time to explicit time (noticing, or generating through noticing, the “cut-cut-cut”) characterizes time as an “inexorable power that dominates us,” “accompanied by the realization of the finiteness of life” (p. 80).

As a defensive process, hyperreflexivity of temporality may function to unconsciously halt or disrupt the passage of time, which is consciously known to be the avenue towards death. Seen defensively, Chris’s delusions regarding time may have emerged as a reaction to taking implicit time as an object of intentionality. If time qua time has been “seen” in an ontological way, then its course and implications would be known, feared, and defended against with some iteration of denial.<sup>49</sup> In order to reject ‘future’ and the death it brings, Chris has turned ‘future’ into ‘past.’ Moreover, De León and Nolan interpret Chris’s delusions and attitudes toward death as “liberating,” specifically as his resistance to being controlled and subordinate, curtailed in his willpower. Certainly there is a kind of dignity in suicide as a demonstration of freedom in the context of delusions of mind control; nonetheless, what is typically something avoided has been turned into something embraced. Chadwick’s description had been similar: death was not experienced with dysphoric mood, but rather with a certain excitement and relief.

Between Chadwick and Chris, as well as the supporting examples, hyperreflexivity regarding temporality reflects existential components of death anxiety. Being-towards-death is fundamentally altered in a way that feels more like Being-a-whole as further possibilities seem to run out. Naturally, the patient hardly feels very

“whole” since their intentionality is disturbed or negated. However, such disruptions stand out in the horizon of awareness and open up new objects of intentionality, objects that have the qualitatively different character of nothingness like “gaps.” In these timeless moments, endings are repeated, new possibilities of an absurd nature bubble up, and derealization flourishes.

In addition to hyperreflexivity as it pertains to temporality and intentionality of consciousness, hyperreflexivity of the body can be related to death anxiety. The interpretation offered here stands in comparison to neurotic level hypochondriasis and bodily misattribution like panic symptoms. The modern standard interpretation of panic attacks is that panic attacks are reactions to common or mundane bodily sensations that the patient misinterprets as signs of major health problems like a heart attack. The patient feels a heartbeat irregularity or a muscle tension in their shoulder and believes it to be catastrophic in nature rather than benign, eventually reacting to their own beliefs and reactions more than the bodily sensation itself. The more the sensation is focused on, the more intensely it is experienced and the more certain the patient becomes regarding its cause. Similarly, in hypochondriasis, the patient is unreasonably preoccupied with bodily functioning and begins to pay close attention to his or her own body in order to avoid being surprised by a catastrophic diagnosis. Every pain, twinge, and gurgle of the body is noted and attributed to some nefarious cause (the dawn of the internet and self-diagnosing has not helped these poor neurotic souls). Ordinarily in psychodynamic and cognitive theories, such anxieties are considered “catastrophic” (Recall Hurvich, 2003) as opposed to libidinal, and are associated with more psychotic defensive strategies compared to neurotic strategies (not necessarily meriting psychotic diagnoses).

In the case of hyperreflexivity in schizophrenia, the body can be observed as the object of intentionality in a variety of ways. The EASE (Parnas, et al., 2005) catalogues a variety of bodily experiences (Domain III) that are hyperreflexive in nature, especially various cenesthetic experiences such as “migrating sensations,” “pulling or pressure inside the body,” “unusual sensations of numbness and stiffness,” or “electric bodily sensations” some of which may involve the “fear of dying” (p. 253). Sass (2000) notes that these cenesthesias were considered “basic symptoms” of schizophrenia by Klosterkoetter and Huber in their comprehensive analysis. The body may not seem to “fit” (like a hermit crab in a shell that is not quite right), or alternatively as a misfit because it, or part of it, does not really belong to the patient. Other patients may claim to “feel the blood rushing under my skin” (p. 253), feel that organs are gone or moved, or that the body is somehow changing in size or shape. Each of these examples reflects explicit awareness of what is normally implicit, and also pertains to a physical interpretation of the world.

Sass (2000) and Fuchs (2005b) have offered interpretations (introduced above) of the lived body experience in schizophrenia, but neither have connected their interpretations to death anxiety. Both, however, discuss the body in terms of disruptions in intentionality. Sass uses the imagery of reversing the common extension of the self from objects available “ready-to-hand” (as Heidegger may say) such as a tennis player’s racket or a blind man’s cane to withdrawing into the body and treating internal bodily experiences as separate, external objects. Sass takes the case of Antonin Artaud to describe his arguments, citing the experience of “absence” and “standstill” felt in “the limbs and the blood” to demonstrate how “bodily appendages and movements have come

to seem distant, dislocated, devitalized, and strange” (Sass, 2000, p. 68). While hyperreflexivity makes any object of awareness seem strange, when it occurs in the body it reflects a depersonalization of a qualitatively different kind. Specifically, the reversal of externalized “in-dwelling” (See Sass, 2000) is comparable to the reversal (or restraining) of intentionality that Fuchs had argued (2005a) occurs in schizophrenia, and constitutes negation. Hyperreflexivity of the body can thus be seen as a negation of the body, and constitutive of death anxiety insofar as nihilistic delusions (body organs missing or removed, or that the entire body or self does not exist) of the body grant a lived experience of absence of the physical self. As the body is estranged, the self moves away from its ties to the inevitability of death.

Negation of the body requires further explanation. As per Sartre, the objectification of the body is akin to the death of the self because it grounds the self in the *être-pour-autrui*, rather than the *être-pour-soi*, or being-for-others rather than the being-for-itself. Like the example of sitting on a park bench (above) intentionality is restrained when it is reversed<sup>50</sup> and the subject becomes the object of another’s awareness. Being-for-others was considered facticity, rather than subjectivity by Sartre, and so to objectify the body in such an extreme way is to make it deadened like an ontic object of intentionality. (This experience is related to the “unworlding” of the world (Sass, 1992) when unified Gestalts break down, similar to disturbed grip.) Even if the body is living, its meaning as a life-giving medium of existing dies, and all that remains are geometric shapes and lines that have no intrinsic meaning. Just like a corpse that is there for others, the body (when estranged due to hyperreflexivity) is there for others, or at least it is not



there for the self to enjoy. What dies is not the body (obviously), but the meaning of the body as it is stripped of its worldly affordances.

Nelson and Sass (2009) report on a case, “Adam” and mention (among other concepts) “corporeality” in schizophrenia (not to be confused with the corporeality Fuchs attributes to psychotic depression). For Adam, his body becomes an object rather than an “inhabited” selfhood, and he reports a variety of physical complaints including panic attacks, “electric shock”-type experiences, bodily preoccupations such as the belief that he had acquired AIDS, cancer, or may otherwise be dying. They report hyperreflexivity (his tendency to “think about [his] own thinking”) and existential reorientation (his “relationship to the world had vanished”), as well as “out of body” experiences such as watching himself from another room or being “20 centimeters behind” his body<sup>51</sup> (Nelson & Sass, 2009, p. 492). Moreover he became obsessed with the phrase: “Life is the question. Death is the answer” (p. 493). Adam presents with a host of other symptoms and anomalous experiences, but those related to his body and hyperreflexivity are clear and ripe for a death anxiety interpretation.

Adam reflects something of a paradox regarding the body: on the one hand he is alienated from his own body directly, but on the other overly concerned with it and its status as potentially diseased. If Adam were divorced from his body due to hyperreflexive strangeness, then one might expect he be apathetic to the potential for a diseased state. Adam is experiencing a radical existential shift, an ontological reorientation, such that what he experiences is an impending doom, a current experience of feeling unfamiliar with himself and the world, and that his body is somehow not being felt in the way that it should. Certainly, *something* is wrong with his body, even though *nothing* is actually

wrong with it at the same time. Initially, his hyperreflexivity appears to be direct (operative) in its experience of alienated strangeness, but it likely can also be understood as compensatory in nature. In trying to figure out the strangeness of his body, he has come to the conclusion that “death is the answer.”

Adam’s delusions are similar but different to other common nihilistic delusions. Nihilistic delusions take a variety of forms, ranging from the belief that vital organs<sup>52</sup> have been removed, replaced by mechanical components, or simply disappeared, to the full Cotard delusion where the individual believes they are dead or do not exist at all. Cotard can occur in schizophrenia, but it is more common to exist as a free-standing monothematic delusion (as part of psychotic depression, delusional disorder, or organic brain dysfunction). As it pertains to death anxiety, missing or dead organs not only blur the temporal boundary between “will die” and “are dead,” characteristic of a current lived experience of a usually future state; but also, demonstrate how extreme bodily focusing or preoccupation can generate altered self-world relationships. The experiences represent the presence of absence, either as noticing the “absence” of the organ in question, or as the notion that “nothingness” is the object of a peculiar, elusive attention.

To summarize this section on hyperreflexivity, the process of exaggerated self-consciousness may involve experiences of either *timelessness* or “*futurelessness*” which could give the impression of a death-like state. The experience of “gaps” in time, *halted* time, could be direct experiences of Nothingness, and a *repeating* experience of time could reflect either the dissolution of future possibilities or a lived *avoidance* of the event of death. Also, experiences of *bodily estrangement* could also reflect an avoidance of the physicality of death, or a lived-experience of deadness. The examples offered attempt to

show how the alterations in intentionality called hyperreflexivity are experienced by the individual as a *revealing* of new ways of experiencing the relation between self and world (normally ontological and tacitly lived). However, these experiences bring awesome and terrifying implications that would be construed as spiritual, metaphysical, or existential “truths” that would be overwhelming to anyone, and certainly disruptive to everyday living.

### **Part III: Diminished presence as the experience of life without life.**

*Consciousness is a being, the nature of which is to be conscious of the nothingness of its being.*  
—Sartre

In Sass and Parnas’s *ipseity*-disturbance model, diminished presence is considered the complement to hyperreflexivity and is defined as the “diminished intensity or vitality of one’s own subjective self-presence” (Sass & Parnas, 2003, p. 429). This refers to the “prereflective *cogito*,” or the “unmediated feeling or sense of aliveness” (p. 430) and represents (in contrast to hyperreflexivity) “what once *was* tacit [as] no longer being inhabited as a medium of taken-for-granted selfhood” (p. 430). Presence (often referred to as “self-affection” or “self-presence”) is considered core to self-sameness between consciousness and a general conception of the self, or a unified, subjective whole. What is diminished is the sense that the self is the source of one’s thoughts and behaviors in the context of a world.

Diminished presence has been observed to be a core component of schizophrenia and is virtually ubiquitous in case reports. For example, “Barnaby” recalls that his first episode “meant that I’d lost something of myself. I felt lame” (Corr et al., 2008, p. 10). R. D. Laing quoted “Julie,” a patient who said “the trouble was that she was not a real

person...the basic psychotic statement she made was that ‘a child had been murdered.’” (Laing, 1959). Sass has discussed loss of self at length, using (among many others) the famous case of Natalija and her influencing machine, as well as Artaud and his “living death” (Sass, 1992). These brief examples generally show how diminished presence as disturbed ipseity can be readily seen before a death perspective is argued. Furthermore, “Julie’s” usage of “murder” imagery and Artaud’s “living death” metaphor can be interpreted as representing something in between bizarre literalism and dramatic hyperbole.

As it pertains to a theory of death anxiety, presence is the subjective sense that one’s life is one’s own, and that one’s life has “life-li-ness” to begin with. In Heidegger’s terminology, “ownmost” has no meaning without presence. With this in mind, diminished presence can represent death anxiety directly or indirectly in three ways. Modeled after the three types of hyperreflexivity, one can see diminished presence directly as an experience of absence, directly as the consequence of hyperreflexivity, or indirectly as a compensatory defense mechanism. A first situation involves the subjective sense of an inner void, Nothingness, or lacking of that which signifies liveliness (self-presence), and its logical sequelae that lacking such a vital life-sense is tantamount to death. This constitutes a direct experience of nothingness at the heart of one’s Being, manifests as a negation-as-lack, and represents death as the opposite of life. The second situation involves the self-alienation and objectivism that results from hyperreflexivity. As hyperreflexive process increase and the usually taken-for-granted selfhood separates, death anxiety can be experienced as the dissolution of one’s “ownmost” capacity (subjectivity) in favor of a certain self-objectification, similar to R. D. Laing’s

“petrification.” The third situation involves an unconscious defense mechanism intended to separate that core self from their “ownmost” destiny in order to avoid such an outcome as death. In other words, if death is not to be “outstripped” then losing a sense of ownership regarding the self would be a sort of loophole. In this case diminished presence would be functioning as a marker of latent death anxiety. This would be a somewhat extreme version of what Yalom refers to when he quotes Otto Rank: “some refuse the loan of life to avoid the debt of death” (Yalom, 2008, p. 109). In their anxiety of death, the individual may renounce the very thing that Descartes tried to show was indubitable proof of existence: one’s ownmost consciousness. A closer look at these three subtypes, along with clinical examples, will help elucidate the role of death anxiety.

Diminished presence can be seen as pure negation-as-lack of the constituting center of consciousness. As a pre-reflective sense of self-presence evaporates, what remains is the sense of loss of self, and a general emptiness.<sup>53</sup> Sartre and Saury had noted that expectation followed by the failure to meet that expectation is inherent to negation as lack (the negation that Moran says “affects the object internally”). However, this kind of lack in presence is unique because the pre-reflective self is not usually expected: to be tacitly embedded in the *cogito* precludes “expecting it” in any meaningful way. It just always was. In schizophrenia, it is the “I” in “I think therefore...” that cannot be taken for granted, rather than the “think.” Diminished presence is an uncanny loss, unlike that of a loved one or piece of property, since one’s ontological relatedness to the world is not something one *has*, but something one *lives*.<sup>54</sup> Without that relationship, one is effectively “dead.” In Heideggerian parlance, diminished presence is a disruption in the “for me” definition of death. As a disruption in the capacity for the “for me” subjective

experience, diminished presence represents death anxiety insofar as the absence of “me” reflects the annihilation of the totality of self.<sup>55</sup>

One way individuals with schizophrenia may experience the loss of self can be seen in the Škodlar, Tomori, and Parnas (2008), and Škodlar and Parnas (2010) articles introduced above. In their studies on suicidality in schizophrenia, they observed a basic casualness, a sense of radical isolation and separateness from others, and a sense of distinct inferiority. The casual attitude could be construed as a reduced “for me” quality, that would accompany any sense of indifference toward events in the world, or alternatively as a reduced emotionality as has been discussed in the Greenberg (1964) study or the “affective familiarity” interpretation of delusions (See Ratcliffe, 2009). However, as Sass and Pienkos (2013a) point out, there is a difference between “feeling that one is unable to feel” and the “inability to feel that one feels or exists” that may not be properly accounted for in the “pseudo-depression” of schizophrenia. Diminished presence is more than mere flattened affect, though.

The suicide studies found that subjects reported a radical sense of isolation that correlated with EASE Domain II, the domain most related to self-presence.<sup>56</sup> The subjects of the study reported feeling “something was wrong with them, that they were profoundly different from other people” and generally suffered from an “inability to interact, communicate, and participate in common activities with fellow humans” (Škodlar et al., 2008, p. 483). Yalom (1980, p. 355) points out that existential isolation is similar to everyday solitude and loneliness but refers to something more personal. Škodlar, Tomori, and Parnas are consistent with Yalom that while many of the suicidal

patients with schizophrenia suffer from general loneliness, their isolation takes on a more radical, existential meaning.

In Heidegger's terminology, the radical isolation related to death anxiety is the "non-relational" component. Individuals with schizophrenia recognize that their anomalous experiences set them apart in a radical way. Just as clinicians experience the "praecox feeling" of alienness around patients, their felt social isolation may be a reminder of their existential non-relational status. Alternatively, Sartre's example of the man sitting in the park (recall above) could also relate to the diminished ability to relate with others. In the example, the subjectivity of another takes away a vital component of one's own experience as the intentional world shifts from "grouping toward me" to "[fleeing] from me" (Sartre, 1984, p. 342). Intentional subjectivity is here experienced like a zero-sum game where the individual is always losing.

However, the distinct sense of inferiority reported is a more direct reference to diminished presence. The authors point out that their usage of inferiority does not refer to general dissatisfaction with one's social status as much as "deeply changed sense of self...and a correlated failure of the sense of self or of immediate self-coincidence" (Škodlar et al., 2008, p. 486). This inferiority is not that others' station in, or experience of, life is better than mine, but rather that others seem to *have* an experience of life whereas I am not so sure I have<sup>57</sup> anything. In this sense, the subjective experience is one of ontological inferiority. One can phrase diminished presence positively rather than negatively to better capture this change. Following from Ratcliffe's argument regarding the Cotard and Capgras delusions, "the negation is itself part of the experience" (2004, p. 36). Ratcliffe argues the propositional structure cannot properly capture the shift from

“she is not my wife” to an experience of “she is *not-my-wife*.” In diminished presence, the experience shifts from “these are not *my* thoughts” to “these are *not-my* thoughts.”

The case of Antonin Artaud is perhaps the single most vivid example of diminished presence as it pertains to a death anxiety interpretation. Sass (1996, 2004) offers ample detail and analysis regarding Artaud’s lived world. Sass quotes a variety of Artaud’s descriptions: “dispossession of my vital substance,” “a lack of circulation of life,” feeling “abandoned by my body,” “my inner enthusiasm is dead,” and even “I have no life, I have no life!!!” (Sass, 2004, p. 165). Sass also quotes, “[I am] definitively apart from life...stigmatized by a living death,” “I do not think of myself as being alive,” and Artaud describing himself as an “emptiness or absence” saying, “[God] has kept me alive in a void of negations and stubborn self-disavowals...” (Sass, 1996, p. 76). Sass, of course, builds a more complete case for how such utterances as “I have no life” can be interpreted as neither literal nor metaphoric in any traditional sense, and reflect the complex subjectivity of negative symptoms in schizophrenia. It is important to notice in Artaud’s descriptions that he does not make the same claims as Cotard patients who also make explicit reference to death in their delusional utterances. Artaud does not claim that he is dead, or that he does not exist. Instead he describes his life as having the character of death (whatever that may be) or, rather, as a “life lacking life.”

Given such an existential context, can one properly say that Artaud is anxious about death? Clearly he experiences Nothingness and negation and connects it directly with death as well as a “dispossession” of a “for me.” Undoubtedly he is alarmed by his situation and recognizes it is not ideal. Artaud’s “living death” seems to be precisely an “experience of nihilation or effacement” like Ratcliffe had described in relation to



existential feelings, lived-experience, and delusions. Just like Heidegger, Artaud seems to experience death as an ongoing, present phenomenon, not a future event. His death is *right now*, and it has been made that way due to his disrupted sense of ontological relating to the world. Specifically, his altered “ownmost” relating to the world has granted an experience of lacking a self, and thus lacking a potential for future possibilities.

The second example of diminished presence comes as the result of hyperreflexivity. Sartre had argued that in death, one comes to exist for-others because subjectivity is lost in death and a corpse exists only as an object of intentionality for others. Heidegger had argued that death is so unpleasant that people (the “they”) take the psychological position of distancing themselves from it and making it ontically “out there” in “everydayness” in order to tranquilize it. In both cases, we see an objectification of subjectivity. Exaggerated self-consciousness similarly is the process of objectifying what is normally subjective, or reflects a conversion from a subjectivity to a facticity (Sartre’s classification for death).<sup>58</sup> One’s “ownmost-ness” or sense of “mine-ness” of consciousness is what makes an individual *feel* like and individual or feel distinct from other subjectivities and objects. It is this sense that decreases as subjectivity-as-distinctiveness loses its value. Hyperreflexivity is a turning inward, a kind of inversion of intentionality that has a side effect of treating the self like a thing (a particularly strange thing). However, this interpretation implies that diminished presence is the result of hyperreflexivity. It is more accurate to say that the two are equiprimordial, or occur simultaneously as they are components of the same cognitive process. Just as hyperreflexivity promotes an objectification (or objectivism) of the self, a dimming of the

sense of self prompts the individual to desperately search for it through an exaggerated self-consciousness. The more the individual attempts to tighten its grip on the self through conscious reflection, the more it slips through one's fingers.

It is no secret that being objectified by others generally lends itself to a host of psychological problems including depression, anxiety, and depersonalization. A client in psychotherapy for social anxiety would repeatedly tell me that she was uncomfortable just being gazed upon by me in session, and wished she was invisible at the same time that she hated feeling invisible to others. Schizophrenia patients are no different, and often react strongly to the "clinical gaze" of psychiatrists and psychologists, fearing that they are seen as scientific guinea pigs or subhuman. Objectification negates the sense of individual humanity. In hyperreflexivity and diminished presence, it is one's own self that comes to objectify itself. Nelson and Sass phrase this as an "anxious monitoring of the self *by* the self" (2009, p. 494) and compare it to a kind of Panopticon of self-scrutiny that is certainly "not to be outstripped." As a result, it should not be unheard of for people to characterize objectification as "deadening" or annihilating.

Nelson and Sass's case, "Adam," again perfectly demonstrates diminished presence as objectification and can be observed to reflect death anxiety. The authors liken Adam's experiences to the "petrification" R. D. Laing had observed where the subject "fears others will regard him as an *object*, fixing him, as in the case of Medusa's stare, into a lifeless shell" (Nelson & Sass, 2009, p. 495). Between an intrusive and engulfing girlfriend and Adam's own hyperreflexivity, the authors observe his basic ontological insecurity, or existential *angst*, to be at issue. His continued existence, from his point of view, depends on seeing himself and having others see him as subjectivity with a basic

human dignity or integrity. The authors report that his social problems stemmed from his hyperreflexive “persistent tendency to ‘think about [his] own thinking’” (p. 493), and that “everything required a lot more thought and effort, prompting him to ‘give up’ and remain immobile and unresponsive” (p. 493). Adam reported, “I lost my automatic things—They became conscious” (p. 493). Adam’s “giving up” can be interpreted as diminished presence caused by hyperreflexivity. It would certainly relate to the inferiority reported by Škodlar and Parnas.

If diminished presence can develop as a response to hyperreflexivity (or at least be exasperated by ever-increasing hyperreflexive processes) an interpretation of diminished presence as having a defensive quality or function seems plausible. If it is true that awareness of some kind of ontological experiences of self and world brings the fact of one’s death to the fore in a dramatic, irresistible, and forceful way, then within Heidegger’s definition of Being-towards-death, one way to “tranquilize” or reduce that intensity would be to diminish the sense of “own-most” urgency. Common delusional beliefs such as special relationships to god, being a god, or being reincarnations of others (such as Jesus, who rose from the dead) can readily be seen as defenses against death anxiety intended to preserve the ego against catastrophic existential threat. The opposite of the inflated sense of “specialness” (that Yalom argues is a key defense against death anxiety) would be a total “deflation” of a sense of self. The “for me-ness” of death is less overwhelming if one’s self-presence is diminished, since there is less of a sense of self for death to be “coming for.” Such a defensive process is akin to denial (of the self generally, rather than of the fact) but also involves an extra cognitive step or abstraction.

It would be difficult to be certain that this process actually occurs in individuals with schizophrenia, but conceptually it seems possible. One schizoaffective client, whom I shall call “Cassandra” may demonstrate how such a defensive process could present, clinically. Cassandra was a middle aged female, being seen in an outpatient setting for Schizoaffective Disorder and Dependent Personality Disorder. Briefly, her presenting issues revolved around her continued grieving for a daughter and interpersonal problems related to her inability to assert herself with others and being taken advantage of or manipulated. Cassandra reported a personal relationship with god, who would take her “cruising,” where the two of them would fly through space and time seeing the world. While “cruising,” people in heaven would “present themselves to me.” God would also show her other things such as “how to die” in such a way that she could be reunited with her daughter in heaven. Her daughter would also “show herself” in various ways, sometimes through the color red (red birds etc.). Cassandra often wished she were dead and looked forward to death. She had considered suicide, but would report that god had told her suicide would not work to reunite her with her daughter. Cassandra was otherwise extremely suggestible and could easily be persuaded to do various things by individuals and also organizations she was a member of. She reported attempting to break up with a boyfriend and had locked him out of the house before he supposedly broke in and began to live there with her permanently instead (and eventually gaining access to a shared bank account). She reported that she was illiterate, but actually read and wrote at an adult level, convincing others to read to her and feigning complete dependence on them (such as the boyfriend).

Cassandra's case features a variety of death themes including grief, suicide, and (normative) beliefs of life after death that are mixed with apparent delusions related to god. Her dependent features were considered to be independent; however, it is known that individuals with schizophrenia often feel distinctly passive or absent interpersonally. Schizophrenia patients may readily agree with anything the clinician says, affirm any question, or respond to questions by simply rephrasing them in statement form absently. What may have been interpreted as dependent personality disorder by the diagnosing psychiatrist may well be better accounted for as a disruption in demarcation or transitivity and the "passivity mood" (*'beeinflussungstimmung'*) as described in the EASE, domain IV (experiences that very closely resemble, and are often co-scored with distorted first-person perspectives). Either way, Cassandra's diminished sense of personal effectiveness, assurance, and capacity were juxtaposed with considerable personal death anxiety.

Of course, without a more comprehensive personal history and clinical evidence or detail for Cassandra it remains uncertain what, if any, relationship these details may have with one another, what their chronology has been, or what other beliefs, experiences, or emotions mediate her behavior. The interpretation that Cassandra's (specific) passivity and dependency reflects diminished presence, and in turn operates as a defense mechanism for death anxiety, is plausible but lacking confidence based on the available information. Nonetheless, her case is illustrative of how such a defense mechanism could manifest. It is easy to imagine that Cassandra's long-standing pattern of passivity and dependency on others co-occurred with early (possibly undiagnosed) psychotic experiences. The loss of her daughter may have exasperated or solidified any

un-crystallized personality or symptom clusters and left her feeling incapable (for example, to keep her daughter alive) and exposed, needing to “glom” onto a secure rescuer (Yalom, 2008), most notably her psychiatrist. Cassandra often appeared “childish” in her demeanor, speaking softly and with a childish intonation and inflection (like “baby-talk”), as well as sitting with her shoulders hunched and her toes pointed inward. Such a presentation and her general behavior would be readily interpreted as regression in a classic psychoanalysis, and her psychosis interpreted as such as well.

From a death anxiety perspective, one could generally interpret regression to childlike states as an attempt to reverse or “undo” the passage of time, in order to flee death rather than approach it. (This interpretation does not seem relevant for Cassandra, who claimed to look forward to death in the hopes of reuniting with her daughter; though, such a claim could easily have been a reaction formation.) Regression could also, as mentioned, be interpreted as a return to behavioral strategies that functioned in childhood (or a fantasized point in time before conscious mortality awareness) to garner caregiver love and protection, the original “ultimate rescuers.” From a more existential perspective, a radical qualitative shift in world experience that reveals a special relevance of personal mortality would be rather overwhelming (in Hurvich’s sense or just in a general sense). It may be “too much at once” or be a bit too emotionally “hot” of an experience. In the face of being unable to control or reduce the specific feeling, one may diminish the intensity of their own self-experience entirely, like depersonalization in trauma (See Sass et al., 2013, for a comparison between depersonalization and self disorders).

To summarize this section on diminished presence, disruptions in a first-person self-presence can represent death anxiety as direct experiences of a “*deadened*” existence,

as extreme *objectification* due to hyperreflexivity, or as an attempt to *avoid* the personal nature of death. The diminishment of a sense of self-sameness is experienced as a *loss* of the “ownmost” consciousness that endows a person with a sense of uniqueness and life. Without this, the individual may feel “deadened,” uniquely inferior, or radically empty. As it occurs with hyperreflexivity, heightened self-consciousness and self-scrutiny may leave the individual feeling radically *objectified*, and otherwise like an ontic, inanimate means to some end other than one’s own (though this is caused by the self, or “*self-negating*”). When death anxiety exists, diminished presence could function as a mechanism of *distancing* the self from one’s “ownmost” fate, death.

#### **Part IV: Disturbed grip as the tendency of death anxiety to disrupt meaning.**

*Existence precedes essence.*—Sartre

*To see is to forget the name of the thing one sees.*—P. Valéry

While hyperreflexivity and diminished presence are central to Sass and Parnas’ *ipseity* model, a third component, disturbed grip, is also important (Sass & Parnas, 2003). They define disturbed grip as the “loss of salience or stability with which objects stand out in an organized field of awareness.” They elaborate: “the sharpness or stability with which figures or meanings emerge from and against some kind of background context.” Disturbed grip can also be understood as schizophrenic “perplexity” as a “specific loss of the perceptual and cognitive hold on the world,” or “the experience of being unable to grasp the contextually relevant meaning” (Henriksen et al., 2010, p. 358). Disturbed grip can be related to death anxiety in two main ways. The first is as a disruption in Heideggerian “care” (*sorge*) as best described by Henriksen, Škodlar, Sass, and Parnas (2010) and the second is as a direct example of Sartrean negation.

Henriksen et al. (2010) offer a comprehensive and convincing account (complete with a case example, “Marc”) of key self-disorder features, “autism” and “perplexity” using the Heideggerian notion of care (*sorge*). Their analysis is excellent and creative, and their brief summary of Heidegger is also quite clear. However, the authors make no mention of death in their description of care, most likely because they have a different point to make for their paper, and to include it would then constitute a digression from what they do argue. Currently, it has been argued that care is the foundation of death anxiety according to Heidegger’s philosophy, as care grounds an individual in an ontological relationship with the world and in a temporal context (specifically, oriented to the future, or ‘ahead-of-itself’). Care makes one’s existential status as Being-towards-death relevant as a part of life, but also has the potential to alienate the individual from everyday life (insofar as to live authentically requires one to “distance oneself from the shared world with its familiar norms” (Henriksen et al., 2010, p. 360)). Heidegger drives home the relationship between care and Being-towards-death in *Being and Time*, stating they are equivalent (Heidegger, 1962, p. 378).

Henriksen et al. thoroughly detail the centrality of disturbed grip, or perplexity, for the case of Marc, to show his feeling exposed, anxious, and estranged from the world and an everyday life with coherent social meaning. However, their account of Marc includes several examples of death anxiety that I believe are not incidental to their description of disturbed grip. Since the authors were not seeking to demonstrate death anxiety, summarizing the examples will be necessary. First in their reporting, the patient describes that he “was afraid to close my eyes and fall asleep because then a sort of sub-consciousness could overwhelm me, and I might kill my mother” (Henriksen et al., 2010,



p. 362). Initially, psychoanalytic themes of annihilation anxiety are glaring: being “overwhelmed” (Hurvich’s core feeling, also related to his premorbid sense of responsibility for his future career), “sub-conscious” (unconscious), and “kill my mother” (annihilation anxiety as the aggressive “death drive” and also maternal separation and ambivalence about separation). Sleep is also a frequent literary metaphor for death (for example, John Donne’s famous poem, *Death be not proud*). While these themes may or may not be relevant in schizophrenia<sup>59</sup>, the case of Marc is better understood after taking into account the phenomenological interpretation the authors establish.

Further evidences of the presence of death themes can be seen with explicit reference: “he experienced [the beeping of hospital machines] as causing the death of other patients,” saying “For every beep I heard, I feared a patient died, it was horrible. I felt I had no right to exist” (p. 362). He also feared he was an incarnation of Hitler (reflecting the fantasy that there is a continuity of consciousness of some kind beyond death) and that others would be harmed because of him. (The authors report that he later attributed this belief to his grandmother’s captivity in a concentration camp, indicating that his family likely struggled with a great degree of death anxiety or preoccupation explicitly or implicitly, in the household.) The authors report that both his first episodes were accompanied by suicidal tendencies, which he regarded as “courageous acts.”

Marc offers a few more explicit examples of death anxiety. He reports: “all the time I have a feeling that something bad is about to happen, especially when I am among others...[and] that the world is a hostile and cold place in which we are sentenced to loneliness, estrangement, and finally death” (Henriksen et al., 2010, p. 363). The authors rightly emphasize the role anxiety (compared to fear) plays in the formation of delusions,

and Marc himself is insightful enough to mention afterwards that “the story I built upon it [the delusion] was not so important” (p. 363) as the anxiety. Here we see how the mood of *angst* or dread, is directly related to the delusional mood, or *Stimmung*. The authors also relate this directly to the uncanniness (*unheimlich*) of *angst* and also care. Finally, Marc reports, “Since my childhood, I have experienced a certain basic vulnerability which always accompanies me. *Its essence is fear of death*. It is a deep anxiety; the feeling that I do not belong to this world” (p. 364, emphasis mine). The direct reference to death anxiety aside (it speaks for itself), Marc’s sense of not belonging, of unfamiliarity with the world is a clear representation of a disrupted ontological relationship to the world. The authors note in Heideggerian parlance that “the patient’s inability to fall into everydayness makes him feel exposed, and this exposure is radical because it is permeated by estrangement and anxiety” (p. 364), which is precisely the predicament of those who become aware of ontological Being-towards-death and the reorganization of care that takes place.

Marc reported a variety of other symptoms, including evidence of hyperreflexivity, diminished presence, and time disturbances that the authors demonstrate convincingly. Marc is, above all, struggling with disturbed grip, which he attributes directly to a fear of death. However, in terms of care as Being-towards-death, it would seem more accurate to say that the *alteration* (rather than the loss) of care can reflect a loss of grip.<sup>60</sup> Marc could not just submit to ‘everydayness’ and live as a Being-in-the-world. This interpretation of disturbed grip implies that with an awareness of death in an ontological sense, one runs the risk of finding worldly, everyday issues trivial, banal, or non-essential.<sup>61</sup> In other words, Marc could not maintain contextual or socially practical

meanings. His ability to relate to the world in a meaningful way had deteriorated. Marc's case had distinctly social implications (not to be confused with social anxiety), which Becker (See Becker, 1973; and Schwartz, 2013) would have characterized as a failure to adopt the dominant "hero culture" mentality and cultural death anxiety coping strategies. As mentioned, Davis et al. (2010) had demonstrated that in conditions of mortality salience, irrational teleological beliefs (systematic attributions of purpose and meaning) are preferred, indicating that in existential contexts, idiosyncratic meaning structures may trump socially adaptive ones (such as the belief that suicide is courageous<sup>62</sup>). For Marc, he felt unable to be at home with the world and instead felt exposed by it, vulnerable to its threats. While the world is a dangerous place, Marc's fear is less about things in the world and more about his ability to belong to the world at all.

Marc's case is extraordinary because of his clear insight, articulation, and intelligence. He makes explicit reference to death and is quite conscious of his death anxiety, which is not likely typical. While the use of death themes is not particularly unusual, it would be a mistake to interpret his usage as merely stylistic, dramatic, or metaphorical. Likewise, a traditional psychodynamic interpretation of Marc's symptoms would likely revolve around unconscious anger and aggression, and subsequent powerful guilt (his horror at being Hitler). The comparison to dynamic theory raises the question of clinical and theoretical choices to interpret based on a particular frame of reference. The authors were not targeting death themes and yet ended up reporting quite a few. Given their choice to frame their case within a Heideggerian interpretation, one could argue the relation to death anxiety would be inevitable. Still, Yalom's lamentation that death is almost categorically ignored, or worse, actively avoided seems apt.

The concept of disturbed grip can be interpreted in a more Sartrean way as well. Negation relies on the cognitive ability to differentiate as well as integrate coherent wholes. A classic example of disturbed grip would be to see the features of a person's face but fail to put them together as 'face' rather than 'eyes-next-to-nose-next-to-mouth.' While the person may still be able to enumerate the features of a face if asked, the unified Gestalt may deteriorate in perception. Sass and Pienkos (2013b) note how schizophrenia patients may be "drawn to notice the empty space surrounding objects or in a scene, rather than the people and things within it" (Sass & Pienkos, 2013b, p. 134). Alternatively, the world may be "spaced out" or somehow seem "equidistant," perhaps like a two-dimensional image, on a screen, or fragmented like a collage, often leading to derealization. (One may think of a painting without perspective, like pre-Renaissance, Medieval art, or the painting of a fruit bowl Sass uses, [See Sass, 1992, p. 51, Figure 2.2.]).

The blurred difference between figures and the background context can be seen as a form of negation, akin to Sartre's famous example of Pierre in the café. In that example, the subject senses the "emergence of absence" of Pierre, but also experiences the background café "[pursuing] its nihilation." One point to draw from the example is how any object can shift in relevance for the subject. In this sense, the sheer arbitrariness of things is central, and when taken to its conclusion *ad absurdum*, anything can be critical or utterly irrelevant according to idiosyncratic interpretations. As perplexity, the argument is the same: why should people shake hands when greeting rather than rub knees or jump up and down, why should one focus on Pierre rather than the rest of the café behind him, or why should one regard this voice as 'real' and that voice as not.

While arbitrariness is critical for the phenomenon of double-bookkeeping, in disturbed grip one may find a general attitude of nihilism.

Insofar as distortions in figure-ground and something-nothing may be present in schizophrenia, they may reflect an experience of death anxiety as the felt experience of Nothingness. Sass describes the Unreality of Renee and the “fragmentation” aspect of the *Stimmung* with a reference from Sartre to show how “essences recede while existence obtrudes” (Sass, 1992, p. 50). In fragmentation, along with the “apophany” as mentioned, meanings and relationships can invert or mix and match in peculiar ways. Sass quotes a patient, “if I look at my watch I see the watch, watchstrap, face, hands, and so on, then I have got to put them together to get it into one piece” (p. 50) and includes a painting of a still-life (Figure 2.2, p. 51) that has each piece of fruit separately suspended in air. Sass makes a connection between such fragmentation and the “unworlding of the world” from Heidegger to point out how meaningful wholes that constitute a sense of world can fall apart. To the subject, this may bring an air of death, since without a unifying core, or granted structure the individual may feel bare, exposed (like Marc), and ill equipped for the world.

To return to Sartre and his friend Pierre, in Pierre’s absence he fails to stand out against the background of the café for the obvious reason that he is not present. Instead, Sartre shows, the absence of Pierre emerges from the background of the café and the subject takes that absence as the “object” of intentionality in such a way that is peculiar in its relation to the café backdrop. In this moment, absence is virtually equivalent to the café since both are not-Pierre. The café is negated, it pursues its nihilation, but Pierre is also negated, his Nothingness is exposed. While slightly different, the result is the

same—negation all around. Figure-ground or something-nothing become virtually interchangeable.

In the case of schizophrenia, even when Pierre *is* in the café, Pierre’s “salience and stability” may still be lost. Pierre fades into the café regardless. This interpretation is the same as Sass and Pienkos’ (2013) description of objects and space, but phrased slightly different. It is true that patients may be “drawn to notice the empty space” but it may be just as accurate to say that when the objects fail to stand out or merge into the background, the empty space seems to *infect* their perception.<sup>63</sup> Space seems to *usurp* one’s intentionality. As one patient Sass and Pienkos quote put it: “Suddenly the landscape was *removed from me* by a strange power...Everything became limitless, *engulfing*...I knew that the autumn landscape was *pervaded* by a *second space*, so fine, so invisible, though it was dark, empty, and ghastly” (Sass & Pienkos, 2013, p. 134, emphasis mine). The “second space” seems to be a second *way* of seeing space (a seeing-as), a way that includes, or even prefers, the Nothingness that is at the core of being.

The difference may merely be one of emphasis: “sucks up” versus “drawn to” changes the connotation of an active process versus a passive one. Indeed, hyperreflexivity may explain the difference and the compelling nature of “seeing-as.” In terms of disturbed grip and death anxiety, one can see how the “death” of meaning allows for such a situation. With no salient figures in the foreground, there is nothing to “fill the void” except “void” itself. In disturbed grip, the individual has no basis, no grounding, or no framework for knowing how to organize relevances. In fact, such a “meaning-less” way of experiencing the world exemplifies the effect of the *non/nom du père*, from Lacan. For Lacan, the “name” of the father is the “law” of the father—the rigid structure

of linguistic syntax and also semantics that guides, but also confines, a relationship with the world. Lacan considered schizophrenia to be the rejection of this structure (the “no” of the father). Phrased another way, once “god” is dead and all is allowed<sup>64</sup>, a person faces the crisis of meaninglessness, precisely the experience of the “death” of “contextually relevant meaning” of disturbed grip.

Yalom (1980) spends a considerable portion of his book on the role of meaninglessness in psychotherapy and psychopathology, including it as a central tenet of existential psychotherapy. Yalom suggests (following Victor Frankl) that neurotic forms of meaninglessness contribute to an “existential vacuum” that rears its head when daily activities cease (what he quips sometimes are “Sunday neuroses”) and the individual has a pause to reflect on the moment of nothingness.<sup>65</sup> This is a common, minor example of failing to “fall into everydayness.” Disturbed grip represents a radical kind of confrontation with meaninglessness on a minute scale as well as a grander, existential scale. On the one hand, a particular word or sentence may lose its meaning, or a particular object or image, but on the other, the world generally and one’s role in it may lose meaning and appear absurd. Yalom discusses absurdity and nihilism<sup>66</sup>, two staple concepts that existentialism as a whole has taken on since its inception: Nietzsche’s entire corpus can be seen as an attempt to “solve” nihilism, which he saw as the single greatest threat facing modern civilization, and absurdity has been seen as the essence of human existence by the French atheistic existentialists like Sartre and Camus especially. Absurdity in this sense reflects the chaotic nature of chance and arbitrariness that is central to disturbed grip, the gap between “existence” and “essence,” since phenomena exist but have yet to take hold with meaning.

The decrease in meaning associated with disturbed grip must be tempered with the exaggerated sense of meaning that sometimes occurs in schizophrenia as part of the *Stimmung* and crystallizes as delusions of reference. Chadwick mentions the “feeling of meaning” (2007, p. 169), his term for his delusion of reference experiences. The “meaning” behind delusions of reference is a slightly different usage of the word than in disturbed grip. Rather than eyes losing their meaning as components of a whole face for one to recognize, it is what the eyes are doing, especially concerning the subject, that is altered. Still, as paranoid and quasi-paranoid hyper-vigilance, delusions of reference can be seen as *idiosyncratic* demonstrations of meanings emerging against some kind of background context. In this view, they still constitute *le non du père*. As death anxiety, delusions of reference are typically associated with feelings of dread, threat, and “specialness,” the last of which can have numerous relations to death anxiety.

To summarize on disturbed grip, as altered forms of subjective experience emerge in individuals with schizophrenia, the individual struggles to live in “everydayness,” or in a conventional world with its conventional systems of meaning. Such a global “*ontological reorientation*” means that the individual loses their regular relationship to the world and is left feeling alone, estranged, and vulnerable with a pervasive and global sense of *arbitrariness*. This can result in emphasizing or valuing more existential issues like death rather than day-to-day issues. Taken somewhat more literally, disturbed grip may represent a disruption in the everyday process of *negation*, leaving the subject struggling to identify or rank objects in the field of awareness in importance. The experience of a global decrease in significance, as well as an increasing tendency to focus on *absences* and space, may manifest feelings of “void,” abyss, and death. Without a



coherent and consistent method of separating object from space, an individual may feel the presence of the negative, or non-being.

## **Part V: Double Bookkeeping as the context for the experience of death anxiety.**

*He who confronts the paradoxical exposes himself to reality.—Durrenmatt*

*Even a thought, even a possibility, can shatter us, and transform us.—Nietzsche*

The phenomenon of double (or multiple) bookkeeping in schizophrenia reflects an apparently contradictory position wherein individuals will make statements about their beliefs regarding various aspects of the world and yet behave in a way that disregards or contradicts the implications of that claim. Classic examples include patients making delusional claims that they are famous, important, or otherwise special and yet behave as one beneath such a station (a “Napoleon” who sweeps the unit floors, or a “general” that does not attempt to command the hospital staff) or paranoid patients that will in one breath accuse others of various deceits and in another trust them with the very tasks at issue (eating the purportedly poisoned food, or asking to mail letters that the staff are allegedly intercepting). Traditional interpretations of such contradictory behavior are infused into the very definition of thought disorders, poor reality testing, or cognitive deficiencies. Phenomenologically informed interpretations (Henriksen, 2013; Henriksen & Parnas, 2013; Sass, 1994, 1992; and Sass & Pienkos, 2012, 2013) have emphasized the potential role of quasi-solipsism, alterations in ontological world experience, and the nature of “unreality” in modern approaches to the concept and definition of belief.

The relevance of death anxiety for double bookkeeping is multi-faceted. Just as *angst* was the “mood” in which Heidegger believed the mind was capable of holding the knowledge of the possibility of non-being, double bookkeeping may be the condition for which death anxiety can be known and yet unknown—deeply near and yet dramatically foreign at the same time. There

are three main ways that double bookkeeping can demonstrate elements of death anxiety: the first is the reflection of alterations in ontological relating including quasi-solipsism. Insofar as different “books” can be experienced as reflecting alternate realities (of which the consensual, “objective” reality is merely one) the various governing “rules” of ontological contexts are subject to potentially dramatic revision or contradiction. If the facticity of death and our relation to ourselves in the face of death is a rule for just one “book,” this may leave the individual with a myriad of allowable permutations in other books that change one’s relationship with death, and thus with life, in radical ways. The second component is the alteration in the three types of negation (otherness, lack, and obstruction) Saury derives from Sartre. This component brings out questions of radical arbitrariness (lack), intentionality as it relates to anticipation (otherness), and the “rules” of death as the end (obstruction). In a lived world that does not necessarily imply the array of expectations that the consensual reality does (thunder will follow lightning, and billiard balls will move in predictable ways when struck) the individual is bereft of a reliability that others enjoy automatically. Finally, certitude has been shown to be a critical component of death anxiety, and yet the existence of experiences like double bookkeeping has sparked a large debate surrounding the status of delusions as beliefs and the definition of belief itself generally. If double bookkeeping raises questions about the nature of beliefs, it also calls into question the role of certainty, again allowing a wide margin of variability for an individual’s relationship with mortality.

To begin a discussion of the implications of double bookkeeping on the ontological relation of self and world (of which we have currently argued death plays a critical role) we shall begin with perhaps the most vivid example of double bookkeeping. Sass and Pienkos (2013, p. 648) present a vignette from a woman with schizophrenia who they name “Sophie,” who is an

unusually articulate and insightful individual. Sophie describes double bookkeeping (a term she is well aware of) as like a “parallel reality that only partially overlaps with this one.” She elaborates with two examples: “I can feel certain, even as I am talking to my psychiatrist, that I killed him five minutes earlier (fully aware that he is sitting a few feet from me talking).” She comments on the “absolute certainty” she feels and the “strangeness” (and “disturbing” quality) of having two mutually exclusive beliefs simultaneously, that nonetheless “seem in no way to impinge on one another.” Sass and Pienkos’ second example from Sophie reads, “I can feel absolutely certain that *space and time* (and hence physical reality) *no longer or never did exist*, and yet understand that in order to get to a psychiatry appointment I have to walk down the street, get on the train, and so on...” (Sass & Pienkos, 2013, p. 648, emphasis mine) In these brief quotations, Sophie is clearly describing the paradoxes of a lived-experience in which the “rules” of existence, the very rules of possibility, are dramatically different. It seems to be no surprise that both examples happen to involve content related to death or nothingness since these are the domains at stake in the ontological realm.

In Sophie’s first example, the beliefs that her psychiatrist is dead and not dead are less important (even despite its obvious connection to death anxiety and dynamic implications for the therapeutic relationship) than the apparent *possibility* that one can be *both* dead and alive. It is this world context that is relevant to understanding the subjective experience because it is in a world where such things are possible that a new ontology must be understood. The therapist example is a rather striking example of death denial using double bookkeeping because it reflects a breakdown in negation-as-obstruction in Saury’s terms, or death as the “end of Dasein” in Heidegger’s terms. Sophie’s second example is better at demonstrating the status of the world-as-such in which Sophie experiences her lived context. She is not making a claim about one’s

life or death within the world, but rather on the very existence of that world itself, or what Sass refers to as “epistemological delusions” (Sass, 1992b). As it pertains to death anxiety, if our relationship to the world itself, our ontological context, is defined (at least in part) by our Being-towards-death, then any disruption in that relationship can fundamentally alter that Being-towards-death context or replace it with another. Sophie lives in an ontological context wherein being killed does not equate to the cessation of sitting and talking—the two are askew. Further possibilities are endless and will vary idiosyncratically. What is clear is that, among other ontological implications, “not to be outstripped” seems to be a feature of death that is no longer a taken for granted assumption, nor is “end of Dasein,” from Heidegger’s definition.

If the basic characteristics of death no longer apply, then the affordances of the world and our relationship to it and objects within it are fundamentally changed. A woman with schizophrenia I had interviewed reported that many years ago she had jumped out a window of a building and broken both her legs. On another occasion, she had to be talked down from a bridge before jumping. In reporting the events, she admitted she sometimes felt suicidal generally, but in those instances denied it and insisted she believed she would fly instead of fall.<sup>67</sup> At face value, this client experienced the world in those moments in such a way that flying was within the plausible realm of possibilities *for her* and a situation where death would normally be characterized by “end of Dasein” or “not to be outstripped” seemed to no longer carry those qualities. Such examples are not uncommon, and they give clues about different ontological contexts—an understanding of which can aid with sensitive interventions. While not a perfect example of double-bookkeeping (since her beliefs *did* influence her behavior) this patient reported in retrospect a full awareness that she was delusional at that time and that flight is

impossible. This patient likely did not lose total contact with the ‘book’ in which humans do not fly, but was *also* existing in another ‘book’ of reality in which at least she could.<sup>68</sup>

In Heidegger’s interpretation of Being-towards-death compared to Being-a-whole, the problem of the possibility of possibility is an important one for generating ontological anxiety. Double bookkeeping proposes a means for managing the impossible possibility. Rather than “forgetting” the ontological truth of the possible immanence of death as the end of possibilities, what becomes possible in double bookkeeping is the immediacy of whatever concern the individual may have that they would otherwise dismiss or repress. In other words, forgetting the ontological difference (which includes forgetting the impossible possibility of the cessation of consciousness and future possibilities) as a method of coping with overwhelming and urgent ontological dread is replaced in double bookkeeping with a sort of *tranquilized acceptance* of irreconcilable paradox. As Heidegger says, the unconscious purpose of overly ontic life is to tranquilize and psychically distance oneself from ontological threat (busying oneself with everydayness in order to distract from key anxiety); likewise, the phenomenon of double bookkeeping may be a way of *tempering* an inescapable exposure to ontological distress.<sup>69</sup>

Double bookkeeping can thus be understood as a defensive process as described, but may also function as the precipitant of distress and defense as well. We have already seen how becoming suddenly aware of a “second truth” could invoke just as much ontological death anxiety as it could reduce: either pathway likely reinvests the individual in the experience and hyperreflective “figuring out” in a way that maintains and perpetuates itself. This difference may well be seen in the fluidity with which an individual shifts from book to book, or how long they can maintain both thoughts.

A second, more specific implication of double bookkeeping for death anxiety relates to the various processes of negation. Double bookkeeping can represent the dissolution of the typical intentionality arc as described by Fuchs (2007), which can be related to the negation-as-otherness in Saury's terms (2009). Fuchs argues that protention in intentionality occurs in a "cone of probability" such that the mind generates coherence across time by perceiving world states as continuous and interrelated, involving the accurate prediction of future states based on current states according to reasonable probability estimates. In double bookkeeping, the boundaries of probability are reset and may function according to the rules of an entirely different ontological context. Saury noted that otherness is experienced when "an object... is different from the expected one" (2009, p. 255), but in the context of double bookkeeping, *no grounding for expectation may exist*. One patient (described to me anecdotally by a colleague) once jolted out of her seat in a therapy session and smashed a potted plant in the office after hallucinating the flowing vine-like leaves changing into hideous snakes. For this patient, the time-slice world state of "vine" did not limit future world states from changing to "snake," making it unreasonable to expect her to be able to rely on *anything* that another may take for granted. Such a position is a clear disruption in the protention function, since even static objects cannot be treated as static objects. In Fuchs' cone image, the cone has no means of narrowing in on one or another expectation, it must remain vastly open.

In terms of death anxiety, 'otherness' represents an important indicator of the ontological awareness of death for the reasons described above. In the context of a breakdown in a system of managing 'otherness,' also known as the intentionality arc, the conventional experiential relation to death is either lost or paradoxically *omnipresent*, rendering death either irrelevant or hyperrelevant. The consequence of death may be no more interesting or less arbitrary than 'vine'

or ‘snake,’ or may be dramatically urgent as something equally likely as these other options. Clinically, this may promote hypervigilance, paranoia, or mistrust (*i.e.* “it is equally likely my therapist helps me as it is any myriad of tortures”) as well as sluggish, backlogged thinking or self-scrutinizing, behaving, and social interacting (“the doctor stuck her hand out toward me and instead of absorbing my soul, she just moved mine up and down a few times—either of which were likely”), or anxiety (“sitting in the chair could result in comfort and relaxation or my falling into a wormhole, I had better be sure”).

Sophie offered another remarkably clear first person account of double bookkeeping in a presentation she gave on delusions at Rutgers University.<sup>70</sup> She gave the example of her ability to perceive apples on the heads of the individuals in the room. While she knew that in the consensual reality book there were no apples, she said that “if I indulge myself” it was *easier* for her to see these apples that could exist in another plane of reality, or ‘book,’ rather than not see them. What differentiated this process from mere imagining was that it was *equally plausible* (or, as she put it, the “competing explanations both seemed plausible”) that an apple be there or not be there. In one reality it would be strange or unusual for an apple to be on a head, but in another reality it would not, and there is no compelling *reason* why one possibility (or book) should be given *preference* over the other. As an example of negation-as-otherness, Sophie would be no more surprised to see an apple than she would be to not see an apple, reflecting a breakdown in the sense of strangeness that defines otherness. Sophie does remark that she feels the disturbing quality of double bookkeeping, so the breakdown seems to be that since everything is strange, nothing is strange. Sophie’s description of her experience of strangeness or otherness demonstrates the important function the sense of otherness serves for ontological grounding.

Alterations in subjectivity or intentionality also change the possibilities of possibility, and blur the boundaries of impossible possibilities like the cessation of consciousness itself.

Sophie's apple example is also an excellent example disruption of negation-as-lack, sharing some of the basic arguments regarding arbitrariness from the section on disturbed grip. In double bookkeeping, it is less a choice between 'apple' and 'not-apple' as it is between the meanings behind 'world-in-which-apples-would-exist-on-heads' or 'world-in-which-apples-would-not-exist-on-heads.' In Sophie's example, no more or less probable preference is offered between apple-world and not-apple-world, rendering nothingness ontologically meaningful in the *same way* as something-ness. Sophie seems unable (automatically, at least) to disregard improbable *consensual* reality world states.<sup>71</sup> The breakdown in negation raises questions for death anxiety in that it seems to expose the individual to an undue interaction with Nothingness. Recall the example of the empty wine bottle (Saury, 2009): an object's presence or absence may not necessarily merit different reactions in schizophrenia. Phrased another way, Sophie may not give preference to intentionality of ontic objects compared to the negations of objects, which reflects an alteration in a manner of relating between self and world, or the ontological. The actual existence of wine or apples becomes irrelevant when the *meaning* of wine/apples or not-wine/apples becomes indistinguishable or equivalent. As death anxiety, this process can be seen as an encroachment of Nothingness on ontic entities that *dilutes* the intentionality-drawing significance of those entities.<sup>72</sup>

In terms of death anxiety, the "encroachment of Nothingness" (as voids, or the space-between, taken as objects of intentionality) reflects a lived experience where non-being is the focus in a way that people are generally not used to. Moreover, grand existential issues may be just as salient as everyday life, interfering with an ontic orientation. The example of the apples



thus becomes relevant to death anxiety since ‘apples’ and ‘not-apples’ are in direct comparison as they co-occur. In such a context, Being calls attention to non-being: life calls attention to death. Sartre showed convincingly with Pierre how this fact is *always* true already, and that people typically discard those intentional arcs and pathways that tend to lead nowhere useful—the café when one is looking for Pierre (death when one is looking for life).<sup>73</sup>

As noted, Heidegger granted particular attention to the “certain and as such indefinite” component of death anxiety, and Sophie also commented on the fuzziness of certitude (perhaps exemplifying what Schreber referred to as “subjective certainty”) with her double bookkeeping. Sass (1992, 1994) suggests that double bookkeeping may reflect patients “shifting their references between two modes or realms of experience” (1992, p. 285), allowing them to be equally confident about mutually exclusive claims. Such an alteration in consciousness may well feel to the individual as certitude mixed with an indefinite quality, since they may not be sure which book they are coming from at any given moment. Similar to Sophie’s sense that the two worlds are equivalent in preference, certainty is guaranteed across the multiple books. What is indefinite is which book will emerge triumphant at any given moment.

In death anxiety, death is certain and yet indefinite in that one knows it will happen but cannot predict or anticipate when or how. However, according to Heidegger it also is defined by the exhausting of possibilities, or possible self states. What occurs in multiple bookkeeping, however, is the potential for *inexhaustible possibilities*. In this way, double bookkeeping as indefinite certitude may function to elude the exhaustion or cessation of possible future states, or death. Two points emerge from this interpretation of double bookkeeping: the inconsequentiality of a single book and the potential anxiety of the multitude of options available. Sass references a patient who believed simultaneously that objects or people existed in the world and also that he

contained them all within him. Readily amenable to an interpretation of quasi-solipsism and ontological shifts, nonchalance is apparent in his response when his belief was challenged, “Oh, it really doesn’t matter. I stay just one person, even though I contain them all” (Sass, 1992, p. 285). In fact, for someone who can merely pop over into another book in the face of death, one might expect a sort of inconsequentiality in their general attitude. They may feel subjectively invulnerable, or immortal in a way that tends to water down any earthly threat. At the same time, the patient may experience a disturbing and yet uncanny sense of anxiety or tension before the multitude of options before them. In the Kierkegaardian sense of the “dizziness of freedom” this interpretation makes sense. If it is the case that the individual feels passively receptive to a free-floating array of different books of reality that one may be “thrown” into at random, they may feel anxious, especially if at least one of those books includes terrible tortures or death. Following Sartre’s analogy with the feeling of vertigo (above) the anxiety may reflect an unconscious awareness that the patient in fact *does* control their books and may *choose* the book with tortures or death.

R.D. Laing offers some thoughts on disembodiment in schizophrenia that are relevant to the experience of certainty in double bookkeeping, and a few other anomalous experiences.

Laing begins using an example related to suicide:

The schizophrenic who says he committed suicide, may be perfectly clear about the fact that he has not cut his throat or thrown himself into a canal, and he may expect this to be equally clear to the person whom he is addressing, otherwise that person is regarded as a fool. In fact, he makes many statements of this order, which may be expressly intended as snares for those regards as idiots and the whole herd of uncomprehending. (Laing, 1959, p. 149)

Laing’s comments reflect Sophie’s exasperation at being told something is impossible, as well as the contemptuousness of “solipsistic grandiosity,” as described in the EASE interview (Parnas et al. 2005, p. 256). (Henriksen’s [2013] discussion of incomprehensibility is also relevant here,

since solipsistic grandiosity can be easily mistaken for everyday narcissism or manic grandiosity.) The problem of literalism in schizophrenia has long been noticed (See Sass, 1992) and relates to “for me,” subjectivism, just like the “for me” subjective hyperrelevance of death. Still, Laing is commenting on the paradoxical certainty of double bookkeeping, since the patient is certain and clear about two mutually exclusive notions. Laing continues: “For such a patient it would probably be a complete *non sequitur* to attempt to kill his *self*, by cutting his throat, since his *self* and his *throat* may be felt to bear only a tenuous and remote relationship to each other, sufficiently remote for what happens to the one to have little bearing on the other” (Laing, 1959, p. 149). The use of “*non sequitur*” of behavior here seems based in negation in the intentionality arc as described. Although in the consensual book, the client is well aware what is required for suicide (and of the reaction others will have regarding the threat of suicide), in another book the process of bodily suicide is not considered relevant to life or death (and merits chiding others for their reactions at the same time).

Laing bases this form of double bookkeeping on disembodiment in schizophrenia, and finishes his paragraph saying: “That is, his self is virtually unembodied. The self is probably conceived as immortal or made of nearly imperishable non-bodily substance. He may call it ‘life substance’ or his ‘soul’, or even have his own name for it, and feel that he can be robbed of it. This was one of the ideas most central to Schreber’s (1955) famous psychosis” (Laing, 1959, p. 149). Having discussed the body at length already, Laing’s hypothesis that the schizophrenic sees himself as immortal strengthens the death anxiety interpretation of double bookkeeping sometimes taking on a defensive function. It also reinforced the specialness defense interpretation, where the individual sees his mind-body relationship as unique in such a way that he is impervious to mortal threats.

In traditional psychodynamic theory, Sophie's examples may be construed as conflicts and wish fulfillments. Her ambivalence or anger toward her psychiatrist is played out in a wish to kill him (whether or not she reports her delusional fantasy as a wish). Her (presumed) fantasy that death is reversible is manifest, and the discrepancy between her beliefs and behaviors can be seen as either a severe compartmentalization or withdrawal into fantasy. In fact, double bookkeeping can be seen as a classic example of what Freud may have meant when he wrote, "There is nothing in the id that could be compared with negation..." (as cited in Mann, 1973, p. 5) which has been paraphrased as "there is no 'no' in the unconscious," a statement intended to capture the multitude of wishes and thoughts that respect no boundaries of reason or consistency.<sup>74</sup> Sass and Pienkos convincingly show that Sophie's relationship to her own lived-world is much more complex. While part of her may or may not want to hurt her doctor, this is only one sliver of the implications for understanding her subjective experience.

To summarize regarding double bookkeeping, double bookkeeping seems to be one way that individuals with schizophrenia can manage the anxiety of death because it *subjectivizes* the typical rules of Being-towards-death. Double bookkeeping is a method of *managing* contradictory or paradoxical beliefs and experiences of the world, but also beliefs and experiences that are threatening and overwhelming due to their *permanence* and *certainly*. Nowhere is such a method needed more than in the *possible impossibility* of death. Specifically, the process of double bookkeeping allows the individual to manage psychological *distance* from death, since disruptions in *negation* may bring nothingness unsettlingly close. Double bookkeeping is also a way of softening the cold hard facts of death and manufacturing caveats, or otherwise minimizing its ontological relevance—helpful when denial or forgetting are no longer feasible defenses in the face of powerful existential exposure. As a disruption in the

negation function, a *diluting* effect may arise that levels the playing field between ontic and ontological modes capturing attention.

## **Part VI: Solipsism and World Catastrophe as ‘specialness’ and ontological isolation.**

*He who has to be creator always has to destroy.—Nietzsche*

*When you come right down to it all you have is yourself. The sun is a thousand rays in your belly. All the rest is nothing.—Picasso*

Solipsism (or quasi-solipsism<sup>75</sup>) is the philosophical position wherein the subject feels they can only justify the existence of their own mind, and may see themselves as the constituting center of the world. Sass describes the “miracled up” wasps of Schreber (Sass, 1994, p. 33), how for one patient of Bleuler’s, “many things come out of my lovely blue eyes” as the constituting creator (as quoted in Sass, 1992b, p. 117), or how “all the clocks of the world feel my pulse” as if the pulse generated time itself (Sass, 1992, p. 311). In schizophrenia, solipsism entails the “paradoxical mixture of increasing subjectivization of the world and self-dissolution” (Parnas & Sass, 2001). Evidence supporting an interpretation of schizophrenia based on solipsism is abundant and well demonstrated by Sass throughout his works, so its importance cannot be overstated. A distinct but related experience is the “world catastrophe” delusion or hallucination, which is exactly as it sounds: the experience that the entire world seems to be destroyed or about to be so. Sass writes that in it, “external reality seems to die, to collapse into utter chaos, or to lose all substance and be transformed into passing images” (Sass, 1992, p. 271). While these experiences can manifest as literal deaths of self or others, they may also be highly subjective feelings of global dread or an intangible dissolution of worldhood.

To address solipsism directly for a theory of death anxiety in schizophrenia, the implications of solipsism manifest primarily as “non-relational” in the Heideggerian definition of

death. Solipsism is quite radically “devoid of relationships,” to the point that the very existence of other minds becomes something of a problem. The counterpoint to solipsistic isolation is solipsistic specialness, related to death anxiety as Yalom’s specialness fantasy (1980, p. 117) that defends against death anxiety. Solipsism is a highly exaggerated form of specialness, or more accurately, an *ontological* specialness, since the individual has access to the particular status of the world itself, rather than her usual place within the world. This may manifest as special relationships with god, religiously themed delusions or preoccupations, and other metaphysical processes. In the case of solipsism, specialness may mix with the “ultimate rescuer” fantasy (that a powerful protector will magically shield one from death) (Yalom, 1980, p. 141) in such a way that the individual must act as their own ultimate rescuer, which is as foolproof as it is flimsy. Although solipsism is conceptually more than just disintegrated ego boundaries or altered self-demarcation (Parnas & Sass 2001, p. 109), the belief that the world is coming to an end in some way may be readily interpreted as a projection due to solipsism representing the knowledge that the self will eventually die. While the projection may help build a sense of distance from such an overwhelming personal fact, it seems to instead only be magnified to an even greater sense of overwhelming, insurmountable calamity on a universal scale.

The argument that solipsism is related to death anxiety begins with the non-relational world of the solipsist. Sass has discussed at length the role of “for me” subjectivization and the “seeing-as,” or “mind’s eye,” feel of solipsism in the derealized world of schizophrenia (Parnas & Sass, 2001; Sass, 1992, 1992b, 1994, 2001; and Sass & Parnas, 2003). Henriksen (2013) also nicely captures the radical sense of isolation individuals with schizophrenia feel, due (in part) to solipsism, and the lack of understanding by others that ensues. Similarly, the research from Terror Management Theory, briefly described above, demonstrated that relationships with other

people are key protective factors for death anxiety on an interpersonal level and a socio-cultural level. (Attachment researchers would undoubtedly agree as well.) However, Yalom and Heidegger point out that regardless of one's social connectedness (or lack thereof) death is non-transferrable and unable to be shared. Yalom suggests that existential (ontological) isolation "refers to an unbridgeable gulf between oneself and any other being... [and also] a separation between the individual and the world" (Yalom, 1980, p. 355). For the solipsist, their existence is *already* non-relational and unable to be shared. When Heidegger emphasizes that death is "a phenomenon to be understood existentially" rather than a single event, nowhere will that statement be truer than for the radically isolated solipsist. Death-as-phenomenon is the idiosyncratic life (and the mind that experiences it) that leads up to death-as-event. Individuals with schizophrenia already experience an isolation in life that extends beyond mere loneliness.

The notion that life for the solipsist is experienced as non-relational is important because it informs us about the awareness of one's ontological status, not just their interpersonal relationships. The connection between death-as-phenomenon, or lived experience, and solipsism is reflected in the mirrored comparison between "metaphysical solipsism" and "epistemological solipsism," as Henriksen and Sass argue, just as Ratcliffe had differentiated between "experiential" and "inferential" belief formation in delusions (Ratcliffe, 2004, p. 34). Each represents the existential feeling of being "disconnected" or "unfamiliar" that is overwhelming in a lived sense. While "non-relational" may be typically understood in terms of other people, "devoid of relationships" (Heidegger, 1962, p. 303) is undoubtedly a more general claim that would include self and world as a whole. Sass partially defines the ontological as the "meaning of Being," (Sass, 1992b, p. 111) referring to the relational context between self and worldhood, the web of interrelated meanings that connect entities and consciousness.

In this way, the world-constituting solipsist is at the same time impervious to death and yet alienated from life for the same reason: they *stand outside* of both death and life in a relational vacuum. Thus the relationship between the solipsist and death is radically altered (or exposed), and his existential feelings are correspondingly shifted. In solipsism, one's relationships are actually internal: they are relationships with oneself. Stated simply, one's experiences are intra-relational, rather than inter-relational. Such a context disrupts structural entities such as space and time (and 'life' and 'death') that afford other relations. The solipsist therefore may not consider himself to be either dead or alive, permanently so or otherwise. Rather he is likely to experience himself as beyond life or death, transcendent, or metaphysically past that phase of existence due to their lack of contact with a relational context.

In schizophrenia, solipsism as non-relational seems to flow from the ontological shift from experiencing the world to the experiencing of experience itself, which is related to hyperreflexive processes like the "truth-taking stare" (*die Wahrnehmungstarre*) (Sass, 1990). Sass writes that "at this point a person can be said to experience *experience* rather than the world, to have the impression of seeing not, say, an actual and physical stove but a 'visual stove,' the stove-as-seen-by-me" (Sass, 1994, p. 36). Such a tautological process is non-relational in nature since any emotional reaction or semantic association to the sensory input the object may offer is shifted from the object itself back to the subject where the intentional experience originated from. Heidegger argued the same point relating to death anxiety: the experience is already within, even though we notice it coming from "out there."<sup>76</sup> In our interpretation of Heidegger and Sartre, to consider consciousness *is* to consider nothingness and death as our "ownmost" possibility since nothingness resides on the underbelly of consciousness. The comparison in schizophrenia has been that alterations in consciousness reflect the shift in awareness (the



“remembering”) of these structures, and thus this turning inward can be understood as characteristically solipsistic. To make the analogy with solipsism more explicit: ontological death anxiety is *intrapsychic* in the same way that solipsism is. Neither relies on a relation with another, but rather reflects the relation of consciousness to itself.

It was argued above that diminished presence could reflect the diminished sense of the “ownmost” qualifier of death, whereas the argument is now that in a world context populated only by one, the “ownmost” nature is *inescapable*. Such an apparent contradiction (between utmost importance and utter insignificance) is par for the course in schizophrenia, but is not necessarily mutually exclusive. In fact, there is a certain *pressure* involved in solipsism that may motivate a kind of distancing via diminished presence from this very inescapable responsibility. The pressure of solipsism can be compared to the oppressiveness of death in terms of *care*, in which the turning inward inherent to one’s “own-most” death is once again like Sartrean vertigo—the only threat larger than falling or being pushed off a cliff is jumping off it by one’s own volition. Obviously the paradox is that volition, or even autonomous consciousness at all, is felt to be lost in schizophrenia through diminished presence. Indeed, Sass noted the “tendency for solipsistic grandiosity to flip over at a certain point into a disconcerting sense of responsibility, a profound ontological insecurity...” which may involve “a feeling, or fear, of nothingness—of death and the void...” (Sass, 1992, p. 301). As one patient stated: “...the world must be represented or the world will disappear” (Sass, 1992, p. 303). The world constitutor may feel overwhelmed or incapable of preserving and protecting the world around them, but in the case of solipsism, that constitutes one’s own life.

Certainly Schreber felt critically important for the continued existence of the world, but also utterly insignificant within it (Sass, 1994). In a world populated only by one, where others

may be wholly derealized like Schreber's "fleetingly improvised" men (Sass, 1994), the problem of other minds demonstrates the existential delicacy of solipsism. Sartre offered a general example of how the existence of others can possibly engender death anxiety (in the form of objectified nihilation) with his example of the man walking in the park as he described being-for-others (above). The reversal, or "siphoning off" of one's capacity for intentionality engenders a certain objectification that the solipsist cannot tolerate. A classic example of such a position comes from *The Divided Self*, in which Laing quotes a patient in a therapy group: "I can't go on. You are arguing in order to have the pleasure of triumphing over me. *I am arguing in order to preserve my existence*" (Laing, 1959, p. 43). While Laing intends to use the quote to demonstrate the phenomenon of engulfment (which will be investigated in greater detail here as well) it captures perfectly the dilemma of ontological insecurity and death anxiety in solipsism. It is this patient's struggle in sharing their relation to the world with another mind that brings up the threat of nothingness. This patient seems to recognize that in at least one conventional reality, the argument at hand is an everyday one, subject to the normal neurotic level interpersonal range of issues like competitiveness and haughtiness; however, in another realm, the very presence of an "argument" is a threat to a world experience that cannot tolerate or integrate multiple consciousnesses.

Another way to phrase the central conflict at hand in solipsism seems to be related to 'specialness,' as a defense against death anxiety. There is an important ontological advantage and disadvantage to solipsism: the individual is granted a special insight, or status, with privileges and abilities, but also is cursed with crippling responsibility for that rank and an isolating outcast status due to incomprehensibility and ontological differences. Sass characterizes the special state as a dilemma between the "truth value" and the "health value" of ontological or

metaphysical insight (or what one believes to be insight<sup>77</sup>, at least). Yalom's (1980) description of the specialness defense against death anxiety is not overly complex: he suggests there is a universal fantasy that *somehow*, despite knowing well the fact of death for everyone, all the same it will not apply to me. Yalom catalogues a few ways this fantasy manifests in neurotic patients (ranging from narcissistic character organization to aggression), but in terms of schizophrenia, the fantasy may gain a certain *experiential credibility* in the presence of solipsism and hyperreflexivity. While tempting, it is insufficient to suggest that solipsism is merely an extreme degree of the specialness fantasy, since one can be special and delusional without being a world-constitutor or world maintainer (for example, delusions of reference and paranoia clearly involve specialness but not necessarily solipsistic specialness<sup>78</sup>). A second layer of causality or connection is required.

The most common manifestation of ontological specialness<sup>79</sup> in schizophrenia may be delusional beliefs involving god<sup>80</sup> or religion, including Schreber's as a prototypical example. The belief that the individual has met god, is god, works alongside god, hears god (experienced as voices or not), or any other such variation implies a double-edged uniqueness. In fact, we have already seen how Becker (1973) has argued that religion generally functions as a strategy to manage death anxiety; however, metaphysical metaphors and descriptors are likely to be the most generally available means of characterizing the ineffable shifts in consciousness and intentionality. Heidegger had attempted to show that the ontological is a realm of experience that characteristically defies everyday description, and so religious and metaphysical explanations are likely to be the most accessible way to convey ineffable self-experience. Metaphysical delusions, whether overtly solipsistic or not (many individuals claim to hear the voice of god, not all purport to be world-constitututors or to play an active role regarding the universe), may be best

understood as an attempt to combine the “ownmost” mine-ness, the “non-relational” alienation, and the “not-to-be-outstripped” grandness of death anxiety. Stated propositionally, an individual might think: “*I am unique in a way that no one else is, and in a way that pertains to the biggest, most ultimate issue of existence—immortality and those issues reserved for deities.*”

“Specialness” and the rescuer fantasy are important for death anxiety and solipsism in that solipsism may sometimes be a particular form of the rescuer fantasy where the individual is his or her own rescuer. Whereas a parent cannot serve as a reliable rescuer after a certain point, in schizophrenia others cannot be reliably *existent* after a certain point. In such a non-relational context, the rescuer fantasy cannot exist in a traditional way, and idiosyncratic replacements for this death anxiety defense would arise. Special relationships with god and world-constituting reflect an attempt to cut right to the Ultimate of ultimate rescuers or reject the need of an Other altogether. Becker’s suggestion that schizophrenia may reflect a failure of caregivers to socialized their children can be readily applied to the rescuer fantasy since the rescuer fantasy is a primarily a relational defense; however, as we have seen, the relational context of individuals with schizophrenia is just one component of the illness.

The case of Cassandra and the common psychotic experience of mind control or thought insertion can offer some potential insights into this potential rescue defense, as her case was deeply interpersonal in nature. In the section on diminished presence, Cassandra was introduced to illustrate her diminished sense of self and her ambivalence towards death. Her apparent Dependent Personality Disorder was primarily observed in her near-godlike regard for the staff psychiatrist at the clinic in which she was being seen. Cassandra’s apparent dependent organization and corresponding regressive defenses (evidenced by her helpless feigning illiteracy and her “cherub-like” demeanor—red herrings for the traditional child-like conception of

schizophrenia) demonstrate her proneness for rescuer defenses. Cassandra can be seen as an individual grasping for any rescuer she could possibly recruit, and dynamic reasons (her ambivalent relationship to her substance-abusing parents, the crushing loss of her special needs daughter, her openness to intrusive others like the boyfriend and her social society) are more than relevant<sup>81</sup> to understanding her as a whole person. What sets her apart are her god-like abilities (“cruising” through space and time), insights and vision (angels and heavenly bodies “presenting themselves” to her) and her belief that god will make an exception for her if she commits suicide to reconnect with her daughter because he understands such a motivation. Failing to find everyday rescuers, Cassandra has both diffused out and clung to any and all potential rescuers, while also resorting to her own internal and idiosyncratic rescuers, and the trump card of all rescuers, god himself.

In the context of solipsism, individual death is tantamount to world catastrophe. If I am destroyed, the world is destroyed, and vice versa. The solipsist struggles with the inversion of world catastrophe in a way that reflects demarcation/transitivity<sup>82</sup> issues in schizophrenia. Claims of world disaster are not uncommon in schizophrenia. One patient, “Christen,” recalls, “I thought the world was coming to an end. When I got better, I understood I had a mental illness. I was 25 years old then” (Corr et al., 2008, p. 11). Another patient, “Jill,” stated a similar sentiment: “I was in my teens. I felt like the world was ending, and it was my fault, and if I died, then the world would be a better place” (p. 17). One individual with schizophrenia reported he would often become catatonic and preoccupied with his alarm clock, which he believed was somehow related to the incipient end of the world. Though he could not articulate the exact connection between his catatonic states and the “count down” from his clock, it is plausible that their juxtaposition corresponded to an attempt to freeze himself, the world, even time itself, in

order to avoid ultimate destruction. Though often times overlooked as mere hyperbole (though not to be taken overly literal either) or filed under the category of depressive symptoms, such claims may be references to death anxiety. As with any experience in schizophrenia, there may be multiple ways of interpreting it, even simultaneously. Claims about the end of the world can be understood to represent death anxiety primarily as the *projection* of existential responsibility for death, which is related to the paradoxical sterilization of life that may accompany meta-conscious self scrutiny. For this reason, although *world* catastrophe is the topic of the delusion, the experience is best understood in the context of solipsism as *self* catastrophe.

World catastrophe brings the issue of solipsism face to face with death anxiety in schizophrenia as self and world are blurred in a way that makes the general, terrifying fact of death both universal and highly personal at the same time. Sass makes reference to Wetzel, who had suggested that schizophrenic delusions of catastrophe “emerge against a backdrop of preoccupation with cosmic events and grand themes, [are] associated with the sense of being somehow at the center of these dreadful happenings, and [occur] in an atmosphere of impending doom dominated by euphoria, dysphoria, or a curious mixture of both” (Sass, 1992, p. 312). Sass argues that this is the culmination of hyperreflexivity in the context of solipsism and what he calls the “subjectivization of the All.” This “atmosphere” is similar to the “delusional mood” or Ratcliffe's existential feelings that contribute to delusion formation, but may also refer to the general experience of worldhood (See Sass & Pienkos, 2014b, for a discussion of atmosphere). Sass seems to be suggesting that ontological reorientation and hyperreflexivity contribute to an existential feeling of dissolving (initially, perhaps, reflecting derealization and disturbed grip) that encompasses the entire world and eventually the self as well via their inevitable relationship. Although the existential feeling commonly finds language in this or that ontic way (e.g. nuclear

war, a biblical apocalypse, killer aliens or science fiction) world catastrophe sometimes seems to reflect a lived experience of individual death anxiety that is attributed to the world instead of the self.

One passage from *Welcome, Silence*, by Dr. Carol North seems to explain the relationship between solipsism and world catastrophe perfectly:

Void: wow. I'm transcended. I'm so far beyond it all that ordinary things like bodily functions no longer matter. What is important is that with the slightest interruption of my trajectory through space, I could be hurled into the dark void of Infinity forever. It is up to me to hold the world and the inverses together with the strength of my will. If I fail, these people will disintegrate along with me. I will try to hold on. (North, 2002, p. 117)

In this passage, included as her inner monologue while catatonic, North seems to be describing a multitude of the components of death anxiety and schizophrenia discussed so far. She begins with a direct reference to Nothingness (the "Void") and her awe at its sublimity. For North, the void is connected to "Infinity," a concept that, for her, reflects a metaphysical, ontological, and even superhuman realm (elsewhere associated with the "HyperReal," "Pure Perception," the "Other Side," and "Interference Patterns" that permeate her universe). Her "transcendence" seems to reflect the shift from ontic reality to ontological concerns. Her now-irrelevant "bodily functions" are a reference to this shift, but can reflect death anxiety as she separates from the part that dies. Clearly the metaphor of being "hurled" is evocative of Heidegger's "thrownness" toward one's Being-towards-death. This quote in particular is relevant to solipsism because of her sense of responsibility towards the welfare of the world. North must hold the world and the "inverses" together, or the consequences will be "disintegration" for all.

North is not necessarily claiming to be a world-constitutor, but she is ontologically special and accountable for maintaining the continued existence of the world around her. For

North, she is not responsible for willing the world into creation—the omission of which constitutes its destruction—but she is responsible for willing the world into cohesion (the omission of which would also constitute its destruction). The implications of this distinction are important for interpreting schizophrenia in general, as well as for a death anxiety based view. Elsewhere in a similar catatonic state, North thinks to herself: “Hush! Don’t you understand what you’re doing? For God’s sake, don’t help the Other Side... Oh, no, now you’ve done it, you’ve inadvertently hurled us into that bottomless pit. With the force of your movement you’ve made us start to fall again,” (North, 2002, p. 102) in response to a nurse speaking to her and moving her arm for her. In this world, North is not claiming a fantasy-fueled grandiose omnipotence. She feels as helpless as anyone else to stave off ultimate destruction and equally subject to calamities (the nurse has hurled *us* into the void; these people will disintegrate *along with me*). Though North shares the fate of death, she is alone in her struggle against it, non-relationally. The rest of the people around her seem to still have the wool pulled over their ontic eyes and “inadvertently” forsake themselves.

Sass expands beyond the interpretation of world catastrophe as the dissolution of ego boundaries to include the effect of “rampant subjectivism,” referring to the reliance on “experiencing the experience” mentioned above. However, the extreme objectification that hyperreflexivity lends itself toward is also relevant in solipsistic world catastrophe experiences. Just like the “truth taking stare” and Sartre’s flipped experience of intentionality in the park, extreme consciousness and “seeing-as” brings out the oddness and alien-ness of an object. As we have already seen with hyperreflexivity, hyper awareness of a thing including the self tends only to objectify it, “thing-ify” it, or make it ontic. Sass remarks on what he considers a Fichtean “mono-domain” or “twilight realm” (Sass, 1992, p. 316) between subjectivity and objectivity



that seems to account for the unyielding paradoxes of solipsism. In the context of “rampant subjectivization,” the solipsistic metastasizing of subjectivity, the intense fixation of attention on this or that *which has become an extension of the self*, serves to objectify the self in a way that “kills it.” Sass quoted one patient: “...That chair...that wall. I could be that wall. It’s a terrible thing for a girl to be a wall” (p. 311), and another believed “she could ‘kill’ any object though thought alone” (p. 304). Such a peculiar combination of subjectivization and objectification is likely to reflect death anxiety insofar as it draws attention to a global devitalized experience of dissolving that is hyper-relevant and urgent.

In terms of world catastrophe as death anxiety in an existential context, world catastrophe seems to reflect the confusion surrounding the state of “impossible possibilities.” The idea of death implies that *my* possibilities will end, and that *my* time will end. Existentially, the problem behind the ambiguity between end of *my* time and end of *all* time, may relate to an experiential confusion between implicit time and explicit time, as described by Fuchs (2013). Fuchs had demonstrated that explicit time is characterized by abrupt disturbances or negations that demarcate a “rift in being” in an otherwise smooth implicit time flow (2013, p. 79). Certainly major losses or deaths of others represent important rifts that send shockwaves (what Yalom [2008] refers to as “ripples”) throughout one’s life experience. In the context of solipsism, the question of *who*’s time and *who*’s experiences ends in death is paramount, and yet also nonsensical. While normally obvious that time continues after an individual death, in solipsism this state can only be accommodated paradoxically as the “impossible possibility.”

To summarize regarding solipsism and world catastrophe, solipsism is a form of radical isolation that make the non-relational aspect of death able to be experienced as a phenomenon rather than an event. One implication of such an isolated state is the radical sense of *specialness*

one feels in such a unique ontological relationship with the world. Solipsistic experiences seem to grant a special ontological knowledge of the world that *separates* the individual from others and carries with it a *pressure* that is comparable to the weight of existence and the full *care* of death. Special relationships with metaphysical concepts or entities (like god) may be the most readily accessible interpretation for an individual with solipsistic “insight.” Similarly, world catastrophe delusions can be interpreted as *distancing projections* of self-catastrophe, as self and world begin to lose their distinctions.

## **Part VII: Engulfment and ontological insecurity as the experience of death through relationships.**

*To be conscious of another is to be conscious of what one is not.—Sartre*

The last key part to be interpreted does not come directly from the contemporary phenomenological tradition or the *ipseity* model itself (and so a relatively brief discussion will be offered), but has been an influential concept in a variety of disciplines and represents the most clearly interpersonal of the various parts. The term “engulfment” as it pertains to schizophrenia and schizoid processes comes most famously from R.D. Laing’s *The Divided Self*. He describes engulfment as the result of “ontological insecurity” such that the very foundations of a self are tenuous, permeable, and absorbable. As the individual strives to maintain an identity, he or she is constantly fending off or fearing the overwhelming, overbearing, and enveloping influence of others. Laing writes, “the individual dreads relatedness as such...because his uncertainty about the stability of his autonomy lays him open to the dread lest in any relationship he will lose his autonomy and identity” (Laing, 1959, p. 44). He expands, “engulfment is felt as a risk in being understood (thus, grasped, comprehended), in being loved, or even simply in being seen... [and] there is the antithesis between complete loss of being by absorption into the other person

(engulfment), and complete aloneness (isolation)” (p. 44). Laing offers three other forms of ontological insecurity: implosion, petrification, and depersonalization, which are related but distinct versions of similar core experiences. Implosion refers to extreme “impingement of reality” (p. 45) or the collapse of the self into dreadful internal emptiness. Petrification refers to extreme terror (or dread of such terror) that *concretizes* an individual (self or other) depriving them of subjectivity as if a stone or dead or inanimate object (p. 46). Depersonalization, for Laing, is basically the process of petrification as it pertains to interpersonal relatedness and managing proximity to others.

In terms of death anxiety, engulfment fears reflect a direct disruption in the rescuer fantasy. Relationships are not seen as protective, but as annihilating: the very individual who is designated to save you is the one that will dissolve you. The core phenomenological argument for engulfment and petrification as death anxiety in schizophrenia is that interpersonal relationships (or intersubjectivity more generally) reveal to the individual the manner in which the aforementioned characteristics of the disorder (disrupted *ipseity*) call attention to (or direct intentionality toward) the fragility of their selfhood. Specifically, their personal subjectivity currently is dissolving, or will dissolve, in a *slow, insidious, and suffocating* manner that can be experienced directly. Rather than relationships functioning as a protective measure against the threat of existential isolation and death, they represent the sources of ipseity comparison (their selfhood is stronger than mine and I can notice the difference) or dreadful attack (I sense the imposition and intrusion of their existence on mine). That is, in addition to an individual feeling the onerous weight of the other’s existence as impinging, they also may notice the difference between their own ipseity and that of others (similar to negation-as-otherness: it is the juxtaposition that highlights the distinctiveness). As a disruption in the rescuer fantasy,

traditional psychodynamic metaphors of annihilation anxiety, separation anxiety, schizoid hyper-permeability, and merger fantasies can be reinterpreted as new existential feelings become relevant.

Examples of engulfment in schizophrenia are common, if not ubiquitous, especially in the more schizoid manifestations of psychosis. Nelson and Sass (2009) present the case of “Adam” and pull heavily from Laing’s notion of engulfment as it pertained to his relationship with a girlfriend. The case of Cassandra demonstrated a strong ambivalence toward engulfment: on the one hand she was constantly seeking out other people to prop up her selfhood, but on the other realized that it usually resulted in others taking advantage of her passivity. The example of the client who refused to shower (above) is an interesting variant because it captures the essence of being completely saturated, coated, and physically enveloped by the thing that is engulfing, and also because it is a peculiar case of engulfment by a non-person (water). While one could view this example as a case of traditional psychodynamic disrupted ego boundaries (‘self’ versus ‘water’ lose their distinction) this interpretation lacks the connotation of a kind of *infecting*, or *changing* of one at the hand of another but adds the element of tactile contact.<sup>83</sup> This sense of a transformation is important in schizophrenia because it invokes elements of persecution, danger, and physical contact that alter the experience of world (though this patient undoubtedly felt the danger of the shower). It also matches the ineffable ontological change that the individual has sensed all along since the prodrome. For death anxiety, the looming, dreadful quality of being infected or changed is important, and might be lacking in a context of automatic, global, and homogenous sameness like dissolved ego boundaries (which sometimes, but not always, may be experienced dispassionately). It is also important that the process of change be slow and occurs across time, invoking the disruptions in temporality already discussed.

Physical contact can often be engulfing (including for non-psychotics<sup>84</sup>) because its medium is a sense modality that is far less abstract and more gripping.<sup>85</sup> It invokes the body-that-dies, the literal vessel of death, which itself may be “auto-engulfing” insofar as the body may not be granting the desired affordances of self-world interaction.<sup>86</sup> However, engulfment is generally more of an interpersonal metaphor as originally stated. The individual may feel the other person is slowly drowning and suffocating their mind, like a hostile takeover of one’s consciousness, with or without a bodily component. Such an existential feeling, “enveloped” by the world or by another entity within it, brings with it a clear association to death and destruction. The individual with schizophrenia may experience their relationships with other people like an encounter with a slime<sup>87</sup>, it may initially seem harmless or safe to touch, but might somehow suddenly flip such that the individual would feel overtaken from within. When such an encounter continues to run its course, the individual may fear the self will be completely *replaced* by the other and cease to be.

However, the fear of others and extreme hyper-permeability are notably different from traditional psychodynamic merger fantasies, where the individual is supposedly unconsciously wanting to be subsumed. In either case, Hurvich’s emphasis on being “overwhelmed” as the core experience of annihilation anxiety as a bodily “pre-anxiety,” seems to fit with the concept of engulfment. What is engulfment if not being overwhelmed and overtaken by some other force? The intrusive quality of both annihilation anxiety and engulfment may well share roots in experiences like depersonalization, as seen most notably in trauma<sup>88</sup>, where self-demarcation, boundaries, and violations are principal concerns. Such an attachment pattern may work to correlate ‘connection’ with ‘destruction’ in a way that is obviously relevant for death anxiety—to relate is to die. On the other hand, in psychodynamic theory generally, death anxiety is

commonly subsumed under the umbrella of separation anxiety, which seems to be a curious inversion existentially. In either extreme, radical connection via merger or radical disconnection via death, the result appears to be viscerally overwhelming for an individual struggling to establish rescuers.

The case of “Adam” was introduced to demonstrate death anxiety as it was observed in bodily hyperreflexivity. However, the authors note his striking engulfment problems as they related to objects (the girlfriend in particular) a topic that served as a major content base of his psychotherapy. Adam’s father (who died when Adam was 17, five years before his first episode—an event that Yalom would consider an “awakening experience” to death anxiety) also suffered from severe schizophrenia, which likely contributed to a disorganized attachment style (however the authors do not propose an attachment organization interpretation) as well as a serious early loss. His girlfriend, “Fiona,” is described as deeply controlling and overbearing, like a “panopticon” since she would reportedly monitor his computer and social relationships, exacerbating his own exaggerated self-consciousness. The authors note his reported statements including: “it makes me feel tight, like I’m caged...,” “she is draining me of myself,” “I can’t be me,” “I lose my way of seeing things,” and how she tries to “fix” him in place (Nelson & Sass, 2009, p. 495).

The authors detail the role of engulfment and petrification in their conceptualization and description of the therapy, quoting from Laing on several occasions. The therapeutic work with Adam actually focused on “second person” points of view, or mentalizing skills, to aid the “re-humanization” of their relationship with each other. The rationale for this is to minimize the sense that, quoting Laing, “...every pair of eyes is in a Medusa’s head which he feels has power actually to *kill or deaden something precariously vital* in him...” (As quoted in Nelson & Sass,

2009, p. 498, emphasis added). Individuals with schizophrenia are prone to, and sensitive to, dehumanizing experiences. The “clinical gaze” of mental health professionals is itself often equally objectifying, since the individual may feel like a scientific guinea pig, a doctor’s pincushion, or a subject to be studied, poked, and prodded.<sup>89</sup> Moreover, the very feel of some psychotic clients, the so-called “praecox feeling,” seems to call one’s basic humanity into question. Nelson and Sass, following Laing, suggest that Adam’s tendency to feel petrified by others lent him to petrify them in turn as a method of protecting himself from dehumanization.

The feeling of engulfment or petrification as one that will “kill or deaden something precariously vital” makes Adam’s experience of engulfment highly relevant to a death anxiety interpretation. One’s selfhood *is* “precariously vital” in schizophrenia in a way that makes the “deadening” not quite literal, but crucially more than metaphoric. Obviously, vitality is part of the very definition of presence, and marks the ontological difference: it is the difference between Being and beings. After all, as Sass’s patient observed, it is a terrible thing to be a wall, or a thing of any kind. Being-towards-death is the process of shifting from Being to beings, from a vital center to a mere corpse. Engulfment and petrification (distinct, but complimentary) are lived experiences that Adam had that seemed to alert him to his looming finitude, seemingly because it sped up that approach. For Adam, he seemed to have a finite supply of vitality in his tank that was being drained, diminished, or depleted by rapid consumption by others.

Towards the end of *The Divided Self*, Laing offers two interpretations of the “desire to be dead” or “the desire for non-being” as he refers to it in schizophrenia (1959, p. 176). The first, he suggests, is more depressive in nature and related to guilt for living, and the belief that the self is entitled only to a deadened life. The second is similar to the defensive role these processes have been argued to have presently; Laing writes that “one no longer fears being crushed, engulfed,

overwhelmed by realness and aliveness (whether they arise in other people, in ‘inner’ feelings or emotions, etc.), since one is already dead. Being dead, one cannot die, and one cannot kill.” (Laing, 1959, p. 176). He quotes a suicidal patient who referred to her catatonic states as a protection, but also as a death. She said: “So I tried to die by being catatonic...I could feel that everything was outside and couldn’t touch me...I had to die to keep from dying. I know that sounds crazy but...I went a little catatonic so I wouldn’t feel anything. (I guess you had to die emotionally or your feelings would have killed you.)” (p. 176). Certainly this interpretation would make sense for the Cotard delusion as well as for nihilistic delusions in schizophrenia, though not all patients will interpret their own symptoms in such a way. For this patient, wrapped up in a host of interpersonal conflicts (details omitted presently), a core issue clearly emerges of regulating *distance* in a variety of ways. Whether the client is regulating distance from the world (“outside me” and “couldn’t touch me”) or from that which overwhelms her from within, the example shows how death must be distanced in ways other than temporality (i.e. age).

One can interpret the problem of engulfment as Laing describes in a particular existential way using distance. For Heidegger, *sorge* is directly related to distance. Heidegger suggested that ontically, death exists “out there” along with “the ‘they,’” as “cases of death” in order to regulate one’s psychological distance to death, much like the schizoid individual is constantly working to regulate distance from others. The schizoid individual is already struggling with proximity, given that dynamically he is struggling between yearning and safe isolation. The threat of engulfment seems to take that which is safely “out there” and infiltrate it into the individual. Disturbed ipseity seems to leave one vulnerable to such a dynamic, and may help explain the relational contributions to ontological “exposure” if such a process brings the ontological world into an abrupt awareness.<sup>90</sup> Certainly an “infiltrating” interpersonal dynamic pollutes the rescuer as a



defensive structure since the protective object now inadvertently acts as a Trojan horse of ontological awareness and existential care. The defective defensive rescuer structure may act as an existential auto-immune disorder<sup>91</sup>, destroying itself as it attempts to protect itself.

Conversely, engulfment-as-rescuer-fantasy may offer an ontic correlate to the ontological state of Being-a-whole. If an individual feels existentially incomplete or “in progress” due to the continued possibility of further possibilities as is the case in Being-towards-death, then it may be experienced as an emptiness that must be filled. Insofar as the client maintains the fantasy or wish that others can be strong and protective, those objects may seem to hold the key to wholeness. Existentially, if wholeness and deadness are “out there” in others, then bringing them in by having another engulf the self may serve to end the tension of Being-towards, for better or worse. Dynamically, the conflict becomes apparent: seek a rescuer and maybe feel whole, but maybe encounter death as well. In the context of disturbed ipseity, external sources of ego strength or self-definition would indeed have to be more heavily relied upon.

To summarize regarding engulfment, despite the non-relational nature of solipsism, interpersonal relationships are still major parts of one’s everyday life and provide proximal content for distal unconscious beliefs or ineffable experiences. Engulfment is thus likely to be the most common way that an individual with schizophrenia feels the *overwhelming* sense of dread and destruction of one’s individual death. Engulfment and petrification are examples of how an individual’s subjectivity may be *trumped* by another’s in a way that feels *objectifying*, *suffocating*, or *larcenous* of one’s core self. It may also be experienced as an existential Trojan Horse for death, which is typically experienced ontically *out there* and is suddenly brought in to the self by another. Engulfment can therefore be understood as a breakdown in the *rescuer fantasy* that typically characterizes interpersonal relationships as saving, rather than annihilating.

## Conclusion

### A summary of points and clinical applications.

*Life begins on the other side of despair.—Sartre*

Death anxiety is a universal human phenomenon that occurs for everyone, though in a variety of ways. However, death anxiety is so central to our being that it is embedded in the very structure of consciousness itself, and alterations in that consciousness may expose facets of the nature of one's relationship with death. I have tried to show some ways that death anxiety can be seen in individuals with schizophrenia because it is through a study of the *differentness* seen in these reported experiences that comparisons can be made and drawn out. Alternatively, considering the implications of one's existential status can also inform us of the lived-world that a person experiences in a general sense. It is common for people to report feelings like "shock," "out of it," or "haven't fully processed yet" in the wake of lost loved ones; being reminded of the end of our lives changes our perspective and experience of the world in a subtle (or sometimes, quite obvious) way. Yalom might call these reports "ripples" or "awakening experiences" (Yalom, 2008) whereas Ratcliffe would consider these reports to reflect "existential feelings," (Ratcliffe, 2009) since they capture the experience of that person's relationship to the world around them at that moment. Losses are just one way one can be exposed to their death anxiety, and death anxieties are just some of the ways lived-world experiences can be shifted. Matters of consciousness, much like death anxiety, are ontological in nature since consciousness is the medium of relating the self and world, or worldhood, and the limit of that worldhood is one critical component of our relating to it.

In this dissertation I have catalogued some ways that death anxiety can be observed including everyday ontic ways and structural ontological ways. Death was seen through the metaphor of religion, both as a method of death denial (the afterlife) and as a common group

identification (living on through association) which contrasts with the inherent isolation of death. It was seen in connection with (or disconnection from) the physical body, which is both the crude and putrid “thing that dies” in the literal sense, but also in the sense that the body connects the self to the world (another medium, like consciousness, which together form an “embodied consciousness”). Death anxiety was apparent with uncertainty and possibility, sometimes seen as anxiety, conflict, indecision, ambiguity, rigidity and creativity, the unknown, and also indescribability. Similarly, urgency, anticipation, overwhelming feeling, and dread are feelings that signify death. Death anxiety was also argued to be represented by suicide, as the paradoxical embracing of the very thing one flees. The same approach-avoid paradox is true of relationships in general, and the yearning for intimacy can blur with a complete engulfment into another.

Death anxiety was also seen in ontological structures of consciousness such as space and time: seen as distancing oneself from others and oneself, and the experience of passing time itself (since death is the end result of time). One can distance oneself psychologically from the self-that-dies and the self-when-it-dies through forms of depersonalization and disembodiment or psychological disruptions in the flow of time. Likewise, intentionality, the “aboutness” of consciousness, virtually defines and validates one’s consciousness, and breakdowns or negations in this capacity seem to constitute a certain form of non-being. It is disruption in these types of structures of consciousness that reflect a lived experience that upsets the very nature of a person’s being—what it is we call ‘life.’ Though often times related to the other types of ontological anxiety, these structures have more subtle connection to end of life. A person who experiences a distortion in intentionality often does not commonly attribute it to death; though, many who report “near death experiences” describe alterations in consciousness including derealization, depersonalization, or disruptions in time flow. Still, the connection I have tried to

draw is more subtle; death and nothingness reside on the “underbelly” of consciousness. It is oblique and only noticed when consciousness itself is turned over or changed as it is in schizophrenia.

When it comes to schizophrenia, we see how alterations in these various structural relationships manifest as symptoms directly and indirectly. An individual with schizophrenia may report hearing voices, for example, ranging from deeply disturbing to mildly irritating, or at the very least confusing and perplexing. For a specific interpretation, one must take into account a myriad of personal details and facts from their life experience to have even an idea of where the specific utterances come from or what they may refer to. However, in a general sense, one can see *a priori* a breakdown in a minimal sense of self-sameness, an ownership of one’s own mental activities. This is the premise of ipseity disturbance. But *what does it imply* about that individual *existentially* for this to be the case? It may imply that the individual sees himself as a shell (maybe a vessel, for someone else’s experiences—experiences that could be metaphysical in nature, such as those of a god), or alive in merely the most technical sense, perhaps, or even that ‘alive’ is a meaningless concept at all. Certainly this is not the case. The individual does have inherent worth, autonomy, and freedom, and sometimes the greatest gift of therapy is not to remove the symptoms but to help the individual remember their dignity and value despite the symptoms.

A viewpoint such as the *ipseity*-disturbance model is based on actual phenomenal experiences, but I argue that the experiences described have critical existential implications as well. Of course, every person’s experiences have existential implications, and there is a universalism inherent that includes the mentally ill. What separates the individual with schizophrenia in dealing with this universal predicament is the manner in which they have lived

experiences that provide a different context for generating meaning. Not only must they contend with the standard losses, fears, and worries of everyday living, *but also* with the “knowledge” of ontological structures that ought to be automatic, tacit, or “forgotten.” New meanings are generated, with the quality of being “revealed,” as experiential evidence that is qualitatively different than any kind of evidence or rationality that might normally hold water. In “discovering” a new kind of evidence, as it would seem, to a new “layer” of reality, everything changes, including the relationship with mortality.

I have tried to show a particular aspect of these differences in phenomenal experience, and have argued why death anxiety should hold special standing amongst the potential different facets of phenomenology. If any particular experience of consciousness is a microcosm of that person’s consciousness at large, then it should also reflect the context that consciousness finds itself in existentially. In this way, existentialism can be criticized for being overly reductionistic:<sup>92</sup> Being-towards-death is always the context consciousness will find itself in, and is therefore always an answer. One way of understanding this fact is that death is the ultimate reality, and schizophrenia would appear to be a system of defenses designed to cope with, or wriggle away from, the certainty and permanence known as “reality testing.” However, we have seen in this analysis that the nature of the experiences of disturbed ipseity is more complex; the experiences have a reality of their own, and one can see how death anxiety exists within the most bizarre of lived realities. We have seen how death anxiety can be seen in the contents of what people report, but more specifically that the ontological structure, or form, of consciousness shares critical features with death anxiety that can be observed vividly in cases of schizophrenia.

In clinical practice, psychologists have historically struggled to interpret (analytically or generally) the symptoms that are most alien and bizarre in schizophrenia, but often seem to have

no trouble interpreting the symptoms that can be likened to some neurotic equivalent. Paranoid clients are seen as projecting unconscious homosexual urges, or anger and aggression with their caregiver. A voice hearer is simply one who cannot differentiate between their everyday inner voice and is mistaken about their own thoughts. The patient with predominant negative symptoms who seems unmotivated, apathetic, and imperturbable, is viewed as having no (meaningful) experiences at all, fully dissociated, or with some form of dementia or cognitive defect. In some forms of CBT for psychosis, negative symptoms are basically considered equivalent to depression symptoms and treated the same using behavioral activation interventions or goal setting skill work. More often, these individuals (to say nothing of disorganized patients) are not perceived as equipped or appropriate for psychotherapy in the first place. While I have not offered any advice in this dissertation on how to magically engage such an individual in a meaningful conversation, what I believe I have done is offer a way to think about that individual's internal world that may be more relatable for the therapist or support network. The subtle but critical difference between "no experience" and "experience of Nothingness" can be compared to the negation of being, one form of overwhelming death anxiety, which can be important for person-centered empathic connection.

Existential phenomenologists like Sass have argued that the ontological difference can aid a clinician against making the critical blunder of mistaking the ontic for the ontological, the literal for the *quasi*-metaphorical—helpful when tempted to interpret the things coming from one's "lovely blue eyes" as a gross error in temporal-spatial perception. I have tried to offer death anxiety as a slightly more tangible justification for how these ontological shifts relate to bizarre utterances. Though I cannot claim that this dissertation has been any less jargon filled and esoteric than continental philosophy generally, I do believe that death is a concept mysterious

and grand enough to nudge clinicians to broaden their frame of reference when confronted by peculiar symptoms. It is no surprise (nor fault) that when confronted with novel information, a person will attempt to reconcile it within their pre-conceived notions and pre-existing structures. In the case of schizophrenia, this analysis of death anxiety has hopefully helped to liberate the practicing empathic clinician from the Procrustean bed of psychodynamic, medical, or behavioral theory that stands as the virtually unrivaled backbone of clinical interpretation. I have tried to demonstrate, for example, how negation can be differentiated from dynamic defenses such as denial or repression, rescuer fantasies add an existential element to regression and merger, and specialness fantasies are not merely transference-blocking narcissism. Metaphysical issues like the concept of life, death, and Nothingness may help humble and loosen therapists with a greater degree of “clinical inertia” about their theories.

One weakness of this project is that it is, obviously, just one theoretical interpretation among many. It does not offer scientific evidence, as it is not falsifiable, nor is it a case study of its utility as therapeutic intervention. Theoretically, one weakness could be the second-hand nature of the interpretations of case material from first person reports. The clinicians reporting the published case studies (with the exception of Searles) do not have a death anxiety interpretation in mind and thus do not promote its applicability to the specific client. Of the clients that I have introduced, I have reproduced limited case data, if any, and base interpretations on select utterances. Many of the examples I give are general, a limitation most notably exemplified by the broad concept of ineffability, and also double bookkeeping. Another limitation is that I do not offer many new phenomenological ideas, and rely on the contributions and interpretations of others. Within my arguments, one weakness is the limitation in scope: I stick to selected components of the theories of Heidegger and Sartre. A great deal of further

depth could be added just within those two figures, not to mention other existentialists and other phenomenologists. While I offer important breadth by including some psychodynamic and research theories, this too could be considered a weakness of the dissertation since it is not central to the argument of death anxiety, but more relevant to the comparative application to schizophrenia. It is also noteworthy that many of the arguments from phenomenology generally and the current analysis specifically are intended to capture the experiences of only some individuals with schizophrenia, and may not be representative of all such people due to the high heterogeneity of the disorder.

The specific advantage to approaching psychotherapy and psychopathology from the existential-phenomenological, death-based perspective I have offered here is that it seems to remind us of a layer of phenomenal worlds that we tend to omit. Existential-phenomenological psychology begins with what simply is. It begins with the most obvious of observations: “I am currently observing something that exists” (also known as having intentionality). Immediately, before other meanings can take over, existence and its potential opposite (not existing, or death) is at issue, and when that something is a person, the inference of their cognitive capacities implies that they are aware of their own mortality by definition of being a person. It is somewhat strange to think this way: “this person will die and they know it” is rarely an initial conscious thought when meeting people. However, it is commonly agreed that what defines human consciousness, Dasein in Heidegger’s terminology, (differentiating it from all other known forms of life) is our self-consciousness and awareness of our fate. The advantage to existential-phenomenology is not that being morose somehow improves clinical effectiveness, but that there is a way to observe things that are not readily observable that can enhance the therapeutic goal of *hearing* a person, compared to just listening to them. It also helps the clinician return to “basics,”



wipe the slate clean of pre-conceived notions and biases, and “revalue values” to get into their clients’ worlds.

It is not difficult to see how this can help the therapist. Of course a therapist should be mindful of just about everything when doing therapy, including death. As for the individuals themselves, feedback from clients familiar with phenomenology is often highly positive. Nelson and Sass’s case, Adam, is an example of how some clients can find immediate resonance with the ideas (when properly described) and relief by learning a way to understand their own experiences. In modern treatment settings where patients are likely only to hear terms like “automatic thoughts,” “wellness,” “Oedipal complex,” “behavior,” “activities of daily living,” or “delusion,” individuals with schizophrenia are not likely to believe that mental health practitioners are open to discussing the issues that they are “really” dealing with that they keep to themselves, out of hopelessness or suspicion. While a clinician interested in utilizing a death-based perspective should be careful of implying to a client that their schizophrenia is “caused by” fear of death (a distortion or misunderstanding that one could imagine easy to make), it could send the message that the therapist is open to the unpleasant messiness a client may feel about their thinking, considering their state in a surprisingly grave but thoughtful way, or willing to join the client in areas that are controversial, provocative, and intensely isolating.

Undoubtedly, more can be learned and understood about death anxiety in clinical practice and its potential application in schizophrenia. Some of the hypotheses and theories tested by Terror Management social psychologists can be tested in clinical populations instead of general populations as a start. Hopefully the arguments presented here may prompt phenomenological researchers to keep an eye out for potential death themes in their observations and descriptions, and theorists to consider further existential implications of phenomenological differences. In the

case of schizophrenia especially, where there is already an abundance of content material related to death themes that can be measured explicitly, a greater emphasis can be made on qualitative differences compared to quantitative differences. It is not likely that individuals with schizophrenia have more or less death anxiety, as I have tried to show, but rather different ways that one must be sensitive to the manifestation of that anxiety. One comparison is the confusion with depression as was noted in the first chapter. Preoccupation with death themes is commonly attributed to depression or viewed as an indicator of depression by clinicians. Individuals with schizophrenia may well have comorbid depression, especially after years of struggling with the disorder, but in terms of the experience of schizophrenia, death themes do necessarily relate to the hopelessness and disappointment seen in depression.

I have already alluded to the phenomenological comparison Sass and Pienkos (2013a, 2013b) have drawn between schizophrenia, mania, and melancholic depression, and the importance these two articles have for revisiting the issue of different classes of disorders that seem to be an ongoing point of confusion for clinicians. Schizoaffective, as a diagnostic category, seems to have become something of a diagnostic portmanteau, in which clinicians who observe both types of symptoms merely combine them whether they are connected or co-occurring or not. This may be a growing trend as atypical antipsychotics grow in popularity and work on both classes; it no longer becomes important what the precise diagnosis is if the prescriptions (or goal-based behavioral intervention) are to be the same. Future research can be done, using Hurvich's scale or some other method, to help differentiate these different experiences of existential anxiety. Though not an explicit goal of this dissertation, it is my hope that the availability of an existential concept like death anxiety may make it easier for psychopathology researchers, who tend not to be well versed (or even sympathetic to)

continental philosophy or phenomenology, to incorporate phenomenological data into their models and account for these qualitative nuances in their interpretations. Phenomenology as a discipline runs the risk of dying out if it cannot make itself useful or accessible to mainstream researchers, especially with the rise of brain imaging based studies.

While existentialists have historically been caricaturized as being overly morose, harshly realistic or cynical, nihilistic, and pretentiously intellectual, they are typically misunderstood and truly optimistic and uplifting. While this dissertation may appear depressive and despondent due to its content, as Yalom reminds us, though the physicality of death destroys us, the idea of death saves us. My intention has been to offer a hopeful message with this work: that like the aspirations of psychiatric phenomenology, even the most bizarre of claims *can* be understood and humanized. Working with individuals with schizophrenia can sometimes be disheartening, since the prognosis is usually poor and the likelihood of relapse is high, especially with poor treatment compliance. Staying hopeful in spite of this uphill battle in therapy is important for a therapist who is seeking to avoid the self-fulfilling prophecy of stigma and low expectations. However, feeling equipped or capable as a therapist to overcome the odds and connect with one's clients requires both intellectual and emotional strength. My hope is that this work will help the therapist expand their theoretical repertoire and feel connected to their client by being in the same existential boat. I also hope that it can offer interesting trains of further theoretical thought and help identify clinical examples that may otherwise go unnoticed. Schizophrenia will continue to be a dynamic and confusing disorder, serviced best by a diversity of thought about it.

## Notes

1. All introductory quotations can be found in Kelly (1995) unless otherwise cited.
2. See Škodlar, Henriksen, Sass, Nelson, & Parnas, 2013, as well as a series of articles in the journal, *Philosophy, Psychiatry, and Psychology*, Volume 15, Issue 3, from 2008, for an interesting discussion of some of the epistemological problems that divide phenomenology and behaviorism in clinical practice.
3. The dissertation was not considered “human subjects research” by the Rutgers University Institutional Review Board on October 22, 2013, and so review was not required.
4. From “On truth and lies in a nonmoral sense” (Ansel-Pearson & Large, 2006, p. 114).
5. It is important to note that such a process will vary and would need to be judiciously applied in a clinical context. Certainly other types of (psychotic) anxieties may function in the same way or toward a similar outcome. For example, individuals with schizophrenia will commonly report that they do not know how to behave in everyday situations, reflecting an existential uncertainty such as Blankenburg’s “loss of common sense” (See Henriksen et al., 2010). Bereft of non-arbitrary culturally sanctioned rules for behavior (e.g. shaking hands or taking off hats indoors) the individual may feel more vulnerable to catastrophic outcomes (death). This cultural isolation may add a secondary death anxiety into the mix behind another primary anxiety.
6. One Orthodox Jewish woman I worked with had been hospitalized for many years because her family had excommunicated her due to stigma against her mental illness. They refused to participate in her care or support her in any way, ultimately refusing to acknowledge her as a mother and wife altogether. Despite this, she was adamantly devout and refused to interact with male staff or patients, and refused to sign any legal or hospital documents, as her

religious and cultural values forbid women from engaging in business. Thus she could not legally leave the unit despite her mental stability. Another patient on the same unit was intensely bigoted and would yell racial slurs at staff and fellow patients, only cooperating with Caucasian staff. These comments and attitudes subsided slightly with psychiatric stabilization.

7. In clinical psychology, high structure is mostly associated with obsessiveness, whereas low structure would be associated more with hysterical personality organization. Shapiro (1999) has gone into great depth on the paranoid rigidity towards confirmatory evidence, which would indicate high PNS, as would the high black and white thinking that accommodates splitting common to primary defensive structures.
8. For example, the difference between ipseity disturbance causing death anxiety and death anxiety causing ipseity disturbance as a reflection of the correlation-causation problem in research. While the very idea of “cause” is likely misleading in the first place for death anxiety, whether or not directionality matters at all is subsumed under the problem of measurement anyway (if one did cause the other, how could we even come to know this fact regarding such metaphysical matters). The structure of the above sentence where exposure to death is associated with disrupted ipseity is intended only to reflect the structure of the study, where a mortality salience manipulation as the independent variable implies directionality.
9. In this case, death anxiety is again perceived as “causing” ipseity disturbance insofar as death anxiety is primordial and universal whereas selfhood or self-disorder is just one aspect of life. Becker and Schwartz can be seen (for our purposes) as offering a reductive metapsychology with death anxiety at the very bottom of all pathology. This position can be theoretically useful but reflects only one way of interpreting the relationship between death anxiety and schizophrenia experience.

10. The authors do not offer a direct interpretation of this finding, but suggest it may relate to underreporting of annihilation anxiety in self-report measures due to the defenses against such content that the projective measures are intended to bypass. Given that card IX and card V showed the greatest difference, one can suppose that the greater ambiguity and uncertainty surrounding card IX evokes more annihilation or death anxiety in its “card pull” than card V (however the introduction of color is another notable difference with a different set of relevant hypotheses).
11. Two studies exist that attempt to demonstrate that early loss may be an etiological risk factor for schizophrenia. Insofar as early loss may generate death anxiety (See Yalom, 1980, 2008, for a discussion on the connection between grief and death anxiety) it may represent another important factor relevant to schizophrenia. Clarke, Tanskanen, Huttunen, and Cannon (2012) reported that in a population based sample (Finland) of individuals (N=11,855), a traumatic early loss before age 5 of the father or a sibling (6,136 sudden deaths) correlated with an increase in the odds ratio of later developing schizophrenia to 1.3 after a sudden death compared to death by illness. Watt and Nicholi (1979) reviewed three studies to conclude that parental death was more common in cases of psychosis than other disorders and controls, that it could not be better accounted for by suicidality, that the younger age at the time of the losses was more associated with schizophrenia, and that in the case of bereavement there was a greater association with the paranoid subtype of schizophrenia. While it is dangerous and untenable to suggest that early loss causes schizophrenia, grief as an exposure to death is highly relevant to the current interpretation.

12. Sass (2000) discusses a related form of this disturbance, borrowing the term “indwelling” from Polanyi to describe typical, tacit lived-body intentionality comparing it to disturbances in schizophrenia where the boundaries of the body can either recede inward or expand outward. Sass identifies this process as distinctly hyperreflexive and thus objectifying and alienating of the body.
13. Certainly individuals with schizophrenia may also feel a hyper-awareness of an oppressive physical body, depending on the nature of their anomalous experiences. Also, depersonalization, while often prominent in schizophrenia, occurs in a multitude of disorders including trauma and depression, and is not on its own specific to schizophrenia in many cases.
14. This study found that hopelessness in schizophrenia was a better predictor of suicide than comorbid depression, presumably due to the despair accompanying a future marred with mental illness. They suggest that hopelessness may be the factor that either leads to depression or, at least, the appearance of depression. However, the authors do not take a phenomenological perspective and assume the standard perception of hopelessness and future.
15. (Heidegger, 1962, p. 307)
16. (As cited in Piven, 2004, p. 3)
17. Freud began describing these processes most explicitly in *Beyond the Pleasure Principle* (See Gay, 1995; and Piven, 2004), according to Gay (1995, p. 594) in the service of helping to explain the repetition compulsion where the pleasure principle alone could not, especially in the wake of World War I. The term “Thanatos” was not used by Freud himself, but added later by his followers to complement “Eros” as the two opposing drives: pleasure or life and aggression or death. The connection to psychosis is derived from the primitivism assumed by

drive-structuralism and the problem of narcissistic transference, or more accurately, lack thereof in the Freudian model.

18. Piven offers a few thoughts in his conclusion regarding the existential tradition; however, his description seems to be a caricature of existentialism, emphasizing only despair and depression. Piven writes: “[existentialists] tend to see death as a *problem of consciousness*, that the mature soul contemplates his finity and decay, and must feel terror and disgust...the existential view must contend with the complicated developmental factors that establish the fantasy of death, that death is never death plain and simple, and that the awareness that they so focus on is born of this protracted evolution” (p. 222, emphasis mine). Piven’s plea for a developmental context is understandable, but this context is not synonymous with an understanding of subjectivity or the ontological difference.
19. Karon goes on to define four bases of delusions in schizophrenia including: “transference to the world at large, defense against pseudo-homosexual anxieties as described by Freud, peculiar concepts or meanings to concepts taught within a specific family, and the need to have a more or less systematic understanding of ourselves and our world, even if we have strange experiences” (Karon, 2008, p. 9).
20. “Corporeal” in this usage refers more to a ‘literalism’ in the theory, and an emphasis on the body as a mere mechanistic apparatus. A more nuanced and integrated inclusion of the body will be discussed later in the chapter, and prove to be invaluable to an understanding of death anxiety. Psychoanalytic interpretations more closely resemble the strong mind-body split of western dualism that is questioned by existential phenomenologists.
21. Boss called his approach to therapy “Daseinsanalysis” and considered it a method of psychotherapy that analyzes Dasein itself rather than one’s unconscious in order to heal



psychopathology. While ultimately interested in synthesizing Freudian analysis with Heideggerian ontology, he criticized Freud for also “forgetting” the ontological difference and permanently divorcing the psyche, body, and world in his metapsychology.

22. For this reason he is only to be mentioned briefly at the moment. His thinking will be more helpful in interpreting case material later.

23. Psychoanalysts use a similar metaphor, differentiating between manifest content and latent content. In this sense, the ‘what’ is manifest content that the patient may report as troublesome or anxiety producing, which only represents a portion of the etiology of the anxiety, leaving the latent referents to be uncovered. Like Dasein itself, the latent content is hidden *from itself*; the conscious ego is blindfolded from the anxiety provoking material using symbols and defenses, leaving only the anxiety itself lingering on as the fossil record of its hidden existence. The ontological is *not* equivalent to the unconscious, but it may be more accurate to say that ontological awareness of experience may be relegated to the unconscious. This is certainly true in the context of the “uncanny.”

24. Not unlike the behind-the-scenes presence of unconscious material in psychoanalysis. That which the client *does not say* often speaks volumes more than what they do say.

25. The MacQuarrie translation uses “anxiety” in place of *angst*, but Heidegger here is referring to the ontological conception.

26. “Everything” here refers to everything in the world, or ontic things. In *angst*, *besorgen* is irrelevant and *sorge* is paramount.

27. The idea of evading death or having someone else die in one’s place is a longstanding fantasy, and the premise of Euripides’ tragedy, *Alcestris*. In the play, King Admetus finds himself having struck a deal with the gods to outlive his naturally determined demise if he can

find someone to go to Hades in his stead. His parents refuse and his “dutiful” wife, Alcestis, volunteers. Admetus is portrayed as cowardly, unlike Herakles who discovers what has happened and wrestles Thanatos, the god of death, into submission until he releases Alcestis on behalf of his friend, Admetus.

28. While similar as objects, Sartre explains elsewhere how observing other conscious beings, other people, changes that experience. For Sartre, other subjectivities take something vital from one’s own subjectivity since he or she must accommodate their point of view and avoid objectifying others (Sartre, 1984, p. 342). This is related to the experience of shame one feels when looked back upon (p. 350), a phenomenon known as anamorphosis, which has been mentioned above.

29. Certainly, conceptions of a soul are a natural way for people to recognize the absence while still remaining wedded to an ontic structure. The belief that the soul is now elsewhere, heaven, hell, or some other metaphysical *location*, creates an object that can follow everyday world characteristics even though the ‘world’ is qualitatively altered. The purpose of this analysis is obviously not to make religious claims, though Becker (1973) amongst others have argued that religious conceptions of souls and an afterlife are the results of cultural death anxiety and denial.

30. This can be understood in several ways: loss of others exists in fantasy and anxiety either consciously or unconsciously before the loss even occurs. The idea of a loss or of death is thus primordial and deep, either primary as in organismal survival, or secondary as attachment such as Freud’s *fort-da* game with a young child. Alternatively, and more in line with an existential perspective, loss and death are existential givens and our Being-towards-death renders the

experience of loss as little more than a reminder of what is already unshakably known, albeit forgotten.

31. In Stanley Kubrick's 1987 film, *Full Metal Jacket*, the protagonist, Joker's, inner monologue reflects, "the dead know only one thing: it is better to be alive." Intended to be a bit of dark humor, the quote reflects the fantasy that consciousness exceeds existence. Yalom (1980) interprets this fantasy to explain how suicide is sometimes intended to exact revenge or inflict suffering on loved ones for one reason or another, as if the deceased will somehow still be able to savor the satisfaction of having an impact on another with a final outmatching (p. 122). Similarly, Sartre writes, "suicide is an absurdity which causes my life to be submerged in the absurd" (Sartre, 1984, p. 691), a fine example of death as representing absurdity and unrepresented nothingness.
32. Recall once again the similar Lacanian concept of anamorphosis and the Real. Sartre, as mentioned, had also taken up anamorphosis (Sartre, 1984, p. 349), but Sass's example (2001) works to point out the direct relationship to the Real as one term for the ontological shifts that are associated with death.
33. *Angst* and anguish are virtually identical in existential philosophy, mostly differentiated by variations in translation into English. Certainly the translation of 'anguish' brings a more prominent connotation of hopelessness and despair to be free, whereas 'anxiety,' while still dysphoric, is more prominently about the tension of possibilities.
34. The premise of Kierkegaard's 1844 book, *The Concept of Anxiety*, is that Adam's original sin according to Christian theology comes from the tension (anxiety) he acquires when God, in prohibiting him from eating the apple, indirectly informs him that he also has the choice of obeying or disobeying. The "knowledge" from the apple is in a sense already conferred upon

him by the prohibition itself because it brings him from ignorance of his freedom into the anguish of the recognition of freedom.

35. *Stimmung* is an untranslatable German word that roughly refers to the “moods” discussed above. Sass (1992, p. 45 n. 18) points out their centrality to schizophrenia throughout his book but notes that this use of the word comes from Nietzsche and the state of mind he was in that led to his production of *Thus Spake Zarathustra*. It is noteworthy that Nietzsche wrote the first three books of *Zarathustra* in three ten-day spurts across a few months (Pearson & Large, 2006, p. 246). He described in personal letters at that time that he was “in a bad way” not sleeping and in “darkness” after briefly “basking in my light” (Fuss & Shapiro, 1971, p. 70). Nietzsche was known for his grandiosity surrounding *Zarathustra*, and the work may well represent the product of a particular alteration in consciousness seen in manic episodes (See Sass & Pienkos, 2013, for a comparison of affective and schizophrenic anomalous experiences).
36. An idea that Nietzsche would likely have reveled in as a particularly radical “revaluation of values” where no mental stone is left unturned (even those that should probably remain nestled in their place).
37. “Pathways” may be a safer word since “options” implies the complicated issue of will, choice, and the “act versus affliction” debate. This position may be the case regardless of one’s willfulness or quasi-willfulness.
38. Recall Sartre’s emphasis on shifting from passive to active in the example of vertigo, as fear shifts to anguish, to demonstrate the vitality of freedom, choice, and intentionality.
39. The Capgras delusion is one in which individuals believe their loved ones and other familiars have been replaced by imposters of some sort: people in disguise, machines, or aliens. The

Cotard delusion is the belief that the self is dead or does not exist. Alternatively it can include other nihilistic delusions including parts of the body not existing, malfunctioning, or not belonging to them, as well as the delusion that the individual is immortal. While rare in schizophrenia, they can occur as part of polythematic delusions, but typically occur as free standing syndromes, often associated with brain lesions and other organic disorders.

40. Piven (2004) makes a similar claim, that Freudian castration anxiety is the step along the way to death anxiety that Freud chose as the stopping point rather than seeing it through to this conclusion. He takes the famous case of the “wolf man” as an example in the book, with bodily integrity and organ loss as a precursor to full organic death.
41. Renee complained of words “deprived of all meaning” (Sass, 1992, p. 187). For a more modern example, Jared Laughner, a man diagnosed with paranoid schizophrenia, famous for his attacks on US congresswoman Gabrielle Giffords was known to have spoken publicly and privately about words and their lack of meaning or arbitrariness, including symbols, ‘government,’ and other words more generally. In a video he posted on the internet before his arrest, he makes comments that appear to be solipsistic in nature, including “I am able to control every belief and religion by being the mind controller!” He also suspected the government of mind control by “controlling grammar.” His use of language and attitudes towards it are relatively common in schizophrenia.
42. It is unclear from the publication whether this apparent error is merely a typographical error, an error of translation from Norwegian, or if the subjects being quoted are actually intending to use ‘humane’ instead of ‘human.’ The third error indicates ‘human’ was the intended word; however, the first error indicates the copy editing may not be reliable or intentionally shortened. The second example is more genuinely ambiguous.

43. Another important component is “intersubjective temporality” (Fuchs, 2013), which is the social component of time experience: a mutual sense of shared time with others. This is relevant to schizophrenia since patients often are radically isolated from others interpersonally and culturally, reducing the opportunity for a normalizing temporal experience. (Greater attention to the interpersonal role of temporality will be discussed later in the chapter regarding engulfment.)
44. Fuchs refers to a “transcendental delay” to describe his interpretation, which he suggests may be the “essence of...self-disturbances” (2013, p. 86). His interpretation emphasizes the dissolution of the protentional functioning, rather than a complete dissolution of time sense. One may point to Heidegger’s *sorge* to understand why protention is key rather than retention since it is the immanence of the future that is alarming. As Nagel suggested, (recall from earlier in this chapter) people tend to be somewhat arbitrarily more concerned with the fact that they will cease to exist than the fact that they previously did not exist before birth.
45. Carol North, in her autobiographical account shares a similar experience during a suicide attempt. She writes, “suddenly I realized that if I had killed myself, I would have smashed through reality to the other side, whatever it was...I knew I was afraid to plunge into infinity...” (North, 2002, p. 69). These lines bring up the “realization,” of mortality as well as the “otherness” conception of negation. Here, North has seemingly transcended into the absurd infinity.
46. Again Carol North rings as similar. In a catatonic state, she recalls thinking, “No! Don’t! Just let me lie here. If I move I’ll fall into that time warp forever, and everything will be lost” (North, 2002, p. 86). She later refers to her immobility as “rigor mortis,” a subtle mortality reference. Noteworthy is that in this case it is the self that is motionless rather than the world.

Certainly in schizophrenia either or both could be true. Her notion of a “time warp” is not well defined, but obviously reflects some disturbance in temporality.

47. Recall Kierkegaard’s definition of anxiety as the “dizziness of freedom,” and Sartre’s example of vertigo near a precipice discussed in the previous chapter. This interpretation would require additional evidence from the case material to be substantiated, but as it is not available in the published report, for the purposes of the current theoretical analysis we shall indulge the possibility.
48. Though the client seems to be referring to distances between objects, space and time are functions of one another, and thus represent one another in a manner of thinking. (Heidegger had written on this relationship, integrating it into a concept of “care.”) A common example of the implied connection is the “light-year,” a unit of distance that is measured by a unit of time. While temporal and spatial phenomena are obviously distinct, in a way they can be understood synonymously.
49. The relevant question of cause and effect, or psychogenesis, cannot be determined here. It is not known if hyperreflexivity causes death anxiety, vice versa, or some other scenario. The purpose at the moment is merely to establish a connection, and it may not be relevant which comes first, so to say, regardless.
50. In the case of hyperreflexivity of the body, while it may appear as if intentionality is being *expanded* and a wider array of objects are now able to be intended upon, it constitutes a looking-back upon that is self-objectifying and therefore nihilating of one’s own subjectivity. Alternatively, Fuchs (2005b) suggests that in schizophrenia, the body is estranged or disembodied and thus cannot offer the affordances for consciousness that the lived-body usually grants, thereby restraining intentionality.

51. An example of “disembodiment” in schizophrenia as described by Fuchs (2005a).
52. Recall the example from Møller and Husby of the patient who felt the “painful feeling that the brain was dead” (2000, p. 222). Originally considered the result of ineffability, the patient’s literalism can also reflect bodily hyperreflexivity.
53. Not to be confused with the “anaclitic” subtype of neurotic depression (characterized by an emptiness, isolation, and helplessness in psychodynamic models of depression), this sense of loss and emptiness is radical and qualitatively distinct.
54. In the psychodynamic tradition, as mentioned, death anxiety has long been associated with separation anxiety, usually considered a derivative of separation. While Searles recognized psychosis as a loss of self, he characterized it as a loss “in too great magnitude.” This common viewpoint can readily be understood as a *quantitative* difference that does not take into account the ontological difference.
55. While one might be inclined to argue that with the “for me” aspect of death anxiety removed, the resulting death would be irrelevant (lacking in *sorge*) and therefore *opposite* of death anxiety (if there is no “for me” then there is no reason for anxiety). However, this requires a certain paradoxical level of abstraction that does not reflect the immediate experience of the delusional mood, annihilation anxiety as defined by Hurvich, or the qualities of existential feeling as described by Ratcliffe. Specifically, as will be argued, only a context like double-bookkeeping can hold such a paradox (similar to the paradox of solipsism and the problem of other subjectivities).
56. The first domain category, “Diminished Sense of Basic Self,” refers to a “pervasive sense of *inner void*, *lack* of inner nucleus, a pervasive *lack* of identity...as if *non-existent* or profoundly different from other people” (Parnas et al., 2005, p. 244, emphases mine).



57. Again, “has” is not quite right, since ontological relatedness is not possessed but embodied.
58. Sass makes a similar point regarding Wittgenstein on solipsism. He writes, “Subjectivity, pushed to its outer limit, collapses into objectivity—ending in a sort of narcissism without Narcissus” (1994, p. 69). As it relates to death anxiety and diminished presence, extreme positions of subjectivity such as those represented by schizophrenia can blur the boundaries between subjectivity and objectivity. Death is a situation that is deeply personal (subjective) as well as brutally rigid (objective, or “factual”).
59. Marc may well have had considerable ambivalence toward his mother and aggressive tendencies—issues that comprehensive psychotherapy would eventually seek to understand. Psychoanalysis is well suited to work in this range of metaphors but is not geared to pick up the threads that the authors do.
60. Henriksen et al. note that the various disruptions in schizophrenia that they describe are parts of an “indivisible whole” known as care. In chapter two the difference between care and concern is noted, and Heidegger identifies several distinct words: *sorge*, *besorgen*, *selbstsorge*, and *fürsorge* (Heidegger, 1962, p. 237) that MacQuarrie translates as care, concern, care for oneself, and solicitude, respectively. In terms of disturbed grip-as-care-as-death anxiety, care as Being-towards-death may be preserved or even enhanced while other aspects of concern (such as for entities in the world) are in fact lost as part of the same process.
61. As Brad Pitt’s character, Tyler Durden, in the 1999 film, *Fight Club*, puts it: “[Martha Stewart’s] polishing the brass on the *Titanic*. It’s all going down, man.” Similarly, in the common practice of treatment of schizophrenia, retraining of “ADL’s,” or “activities in daily living” is frequently emphasized. These activities (bed making, teeth-brushing, etc.) already

carry a tedious banality, and in the face of anomalous experiences, or death, can seem utterly irrelevant.

62. This is not to disrespect such a belief, since a great deal of courage is required to commit suicide and it can often help a person regain some sense of dignity while alive. However, suicide is a major cultural taboo and not adaptive.

63. We have already noted the schizoid “hyper-permeability,” and the interpenetrations discussed in analytic observations of schizophrenia. The idea that Nothingness usurps one’s intentionality is similar to Sartre’s descriptions of “slime” and the tendency, especially in tactile contact, to touch back. Slime shares its essence, its slowness and stickiness, with the subject when touched, drawing the subject in.

64. The first clause derives from Nietzsche’s famous parable of the madman. The second clause is typically misattributed to Dostoevsky, an error Žižek claims was first committed by Sartre. In this context it is intended to mean that once comprehensive systems of meaning are lost, one is free to fashion meaning in whatever way they choose (a prospect that is likely more horrifying than liberating).

65. Certainly obsessiveness as a defensive style can be seen as the busy scramble for purposeful productivity and existential distraction. Comedian Louis C. K. comments on the role that smart phones play in today’s culture to fill every waking moment with some kind of occupation to save us from even one iota of emptiness.

66. On nihilism, Yalom references Alain Robbe-Grillet’s film, *Last Year at Marienbad*, as a prime example of an attempt to intentionally disrupt and frustrate any search for meaning for the viewer.

67. Alternatively, one could argue she was more ambivalent towards suicide than she conceded, that her belief more closely resembled a simple wish fantasy to fly, frank death denial, or even reflected a “self-deception” created to allow for herself her semi-conscious suicidal tendencies (the last of which being what Sartre may have considered being in “bad faith”).
68. Such a context seems to reflect the “for me” quality Sass describes in his book, and elsewhere. The idea is reminiscent of the classic example where the several “Napoleons” on an inpatient unit are put in the same group, and each one sees the other as outrageous, mistaken, or patently deceitful.
69. Psychological motivations for such a state are easy to imagine. Take the example of a pauper who dreams twelve hours a night he is a king, compared to a king who dreams twelve hours a night he is a pauper. For the pauper, his poverty is tempered by an equally “true” reality. In double bookkeeping the difference is simultaneity instead of seriality—living both rather than alternating between.
70. Quotations reflect paraphrased notes from her talk in October, 2012 at Rutgers, and are not precise quotations. The example used of apples as well as her specific language including “indulgence” and “equally plausible” are preserved.
71. Sass and Pienkos are quick to point out that this situation is not necessarily due to cognitive deficits, and quote Sophie: “I cannot count the number of times I’ve been told ‘but Sophie, X is impossible’ and all I ever want to say in response is ‘yes, I am perfectly capable of appreciating why you think X is impossible, but your conceptual or metaphysical constraints are simply not mine’” (Sass & Pienkos, 2013, p. 650).
72. One analogy for this process could be the (theoretical) discovery of dark matter and dark energy in astronomical physics. Ontic beings and events are to regular matter as the

ontological and Nothingness are to dark energy and matter. Once one becomes aware of its presence, it cannot be ignored and is just as (if not more) important than regular matter.

Moreover, dark matter and energy eclipsed regular matter by orders of magnitude in modern models of the quantitative contents of the universe.

73. One point to take from this is that negation need not be perceived as ‘taking away’ of some capacity, but can rather be understood as an ‘adding on’ of experiences. It is common to construe schizophrenia as a “loss” of reality, but may be better understood as an alteration characterized by the addition of alternatives that distract from consensual reality. This point may be obvious from a double bookkeeping perspective, but is similar to an argument made by Young (2012) in an article on the Cotard delusion. In this article, Young introduces a paradoxical manifestation of the nihilistic delusion where the individual believes themselves to be immortal rather than dead and emphasizes an alteration of experience in negation rather than a dissolution of experience.

74. Mann offers an important analysis of the role of time in psychotherapy. He further quotes Freud: “there is nothing in the id that corresponds to the idea of time...” which can be translated in the present analysis as reflecting Fuch’s evaluation of “implicit time.” Mann also suggests a thought regarding time consistent with the current argument, writing “if one can eliminate time sense, one can also avoid the ultimate separation that time brings—death” (Mann, 1973, p. 6).

75. Currently, we will use the term ‘solipsism’ to include also ‘quasi-solipsism’ in the interest of convenience, despite the important differences between the two.

76. A sort of existential projective identification.

77. Sass suggests this is often experienced as the “relentless light” of an “Apollonian illness” (Sass, 1994, p 117). Such bearers of special knowledge, may well feel themselves to be martyrly or tragic, like the Greek myth of Cassandra, who was endowed with the gift of prophesy but tainted by the curse of never being believed by others. Whether correct or not in their beliefs, their specialness not only sets individuals radically apart from others but the disbelief of others may even strengthen their resolve.
78. These two general examples may well be related to specialness and death anxiety, though further first-person examples would be needed to demonstrate how this could be. Certainly persecutory feelings have a “doomful” quality to them, and reference feelings may be interpreted as “signs” of metaphysical importance.
79. In his book, *Self and Others*, R.D. Laing reports an interesting case of (what would now most likely be considered post-partum psychosis, or a Brief Psychotic Episode, post-partum onset) a woman who believed that she was “in a state of death” or dying with poison in her blood, and coldness in her extremities due to “the coldness of death.” She retrospectively reported feeling she was in “that” world rather than “this” world, a sense of “unreality,” that she was behind a “tapestry of symbols,” or a state of bodily “non-reaction” where her body was inert to medicine, pathogens, and substances of any kind. While she did not believe that she was dead, she believed her death was imminent or in the process of occurring, that she was physically decaying—most notably evidenced by her “dying pallor” of blue skin. She recovered as her doctors made her an outpatient and recommended she reengage in her life, alongside her own interpretation that her bodily symptoms reflected those of loved ones deceased from illness (namely the tongue of her father, the bones of her mother, and the skin of her brother). Her specialness was apparent in her belief that the doctors could not properly diagnose her, since

her condition was unique, and the grandiose belief that her case would revolutionize modern medicine. Though not a case of schizophrenia, Laing recounts vivid details that seem to reflect a variety of ipseity disordered experiences that seem relevant alongside the frank death content.

80. For the purposes of this analysis, the Judeo-Christian conception of monotheism will serve as the base conception of god. While other religious conceptions and beliefs offer interesting variations and implications for schizophrenia, this analysis is not intended for a comprehensive discussion of comparative religion.

81. Cassandra did not report mind control delusions, but such epistemological delusions can be understood as an alteration of the rescuer defense insofar as one's mind controller, voices, or omnipotent other can represent the "rescuer" that will take away all personal responsibility for the individual's life and status. As it pertains to death anxiety, Yalom (2008) often quotes Otto Rank as saying "some refuse the loan of life to avoid the debt of death" as a way of capturing the motivation one may have for distancing themselves from the existential responsibility for one's own existence, consciousness, and death. In comparison to quasi-solipsism, such an interpretation incorporates the sense of specialness, and also reflects the distancing as projection from in one's own mind to out of it.

82. Demarcation, or Transitivity, is described in Domain IV of the EASE interview, and is closely related to engulfment. It is defined as a "loss or permeability of self-world boundaries" (Parnas et al., 2005, p. 254). According to the EASE, feeling "invaded," "intruded upon," or "exposed" by physical proximity or touch are hallmarks of the domain, including "personal disappearance, annihilation, or ceasing to exist" (2005, p. 254).

83. The experience of being changed or infected is reminiscent of Sartre's phenomenological description of "slime" in *Being and Nothingness* (1984), in the section called "Quality as a Revelation of Being." For Sartre, slime is a substance that when touched is soft, and "yields" rather than "flees." This "yielding" lends the subject to believe he is "perpetually destroying it" but actually, as Sartre observes, "only at the very moment when I believe that I possess it, behold by a curious reversal, *it* possess me." Like a "leech sucking me," slime shares its essence with the subject by glomming on, sticking to it, and fuses itself with the subject. Unlike water which is rapid, "metallic" and fleeting, slime is "the agony of water" as it is slow with a "heavy flight." In engulfment or petrification, the individual is like an insect getting caught in tree resin that eventually hardens and petrifies into amber: touched by, stuck in, and slowly engulfed by the viscous resin before being turned to a virtual 'stone.' Ultimately, contact leads to death.
84. Compared to the death anxiety *reducing* characteristics of touch that Koole et al. (2014) demonstrated (recall from Chapter I).
85. An interesting parallel could be Lacan's famous mirror stage, wherein the infant sees its reflection in the mirror and compares the crisp, precise, ideal image of himself with the clumsy, fat, and probably sticky experience of his own body he has hitherto taken for granted. Certainly mirrors have complex meanings for many with schizophrenia, (See Parnas et al., 2005; Sass, 1992, 1994) and ambivalence toward the body due to death anxiety could be relevant.
86. The crude body is certainly evocative of Sartre's 'slime' analysis, but also Fuchs' (2005b) interpretation of corporealization in psychotic depression. Fuchs compares the experience of self in melancholic depression to that of schizophrenia, suggesting that in the former, one is

engrossed or stuck in an unruly body that bars them from the world like an insurmountable barrier, whereas the in the later, one is disembodied and wholly removed from the body and thus alienated from the world. Though individuals with schizophrenia seem to be more prone to disembodiment, like North's "transcended state," schizophrenia is certainly heterogeneous enough to accomodate such an experience.

87. See above note regarding Sartre and slime.

88. See Sass, Pienkos, Nelson, and Medford (2013) for a phenomenological comparison of schizophrenia with depersonalization using the EASE interview outline. In fact, this association may help explain Benveniste et al.'s (1998) finding that borderline personality disorder patients scored higher on annihilation anxiety than did schizophrenia patients. In both categories of disorders, early relational trauma (defined as traumatic attachment formations, usually when the primary caregiver is also the threatening object) can often play an important role in psychological development.

89. This to say nothing of the historical treatment of madness, where the public would frequently pay money to peer onto the asylum grounds at the patients within.

90. Ontological exposure can be seen as an existential "too much too fast" feeling, much like a Hitchcockian rapid zoom (Slavoj Žižek describes the experience cinematic techniques like these can induce, such as in the 1963 film *The Birds*, when the character Ms. Brenner finds a body with the eyes missing and the camera zooms in three distinct and abrupt times). This kind of engulfment is not interpersonal in nature, representing a more global interpretation of engulfment that fits better with the death anxiety perspective.

91. Auto-immune reactions may also be a useful metaphor for hyperreflexivity generally, as the process of self-consciousness comes to circle back and destroy itself.



92. Certainly existentialism as a whole is not homogenous or able to be whittled down to one or two core concepts. In fact, it is the very broad nature of it that has contributed to its lacking a unifying definition. It is also not to suggest that death is emphasized by any and all existential thinkers. Some spend very little time writing about it at all, including Sartre who named death explicitly quite sparingly.

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