Framing Death

(or, what's so existential about communicative psychotherapy?)

...to contain death
the whole of death
even before life has begun
to contain it so gently
and not to be angry -
this is indescribable.
-Rainer Maria Rilke (1978,p.48)

In *Death Anxiety and Clinical Practice* (1997), Robert Langs once again presents his Communicative theory of psychotherapy, this time with specific reference to our awareness of death. He asserts that '…death anxiety is a significant motivating factor for all manner of emotionally relevant mental and interpersonal or behavioural *defences* in human beings' (ibid.,p.5 *italics added*). Langs and his advocates repeatedly emphasise that communicative psychotherapy draws heavily upon existential themes, and in this respect is compatible with an existential-phenomenological analysis. However, they also point out that as a development of psychoanalysis, communicative theory is based upon a belief in 'the unconscious'. It is my contention that this belief actually undermines the superficial similarities between the two approaches and that so-called 'existential death anxiety' in communicative practice is not recognisably existential in an Existential sense. I will explore this issue by looking explicitly at the communicative fixation on 'secure frames' as a way of eliciting 'existential death anxiety'. I will draw upon philosophy, especially Heidegger's *Being and Time* (1926), supplemented by my experience as a psychotherapist in an acute hospital setting, in order to challenge assumptions in the communicative approach.

Brief background to the theory

Robert Langs bases his views upon an elaborate theory of human evolution. In summary, Langs thinks that the development of language resulted in the human ability to anticipate the future, including ultimately our demise; 'Death anxiety and its maladaptive consequences are the price humans pay for their extraordinary language-based survival-enhancing skills' (Langs,1997,p.6). In response we have developed two types of mental defence; communicative defence in which we disguise, encode, or obliterate our perceptions of death-related experience, and psychological defence in which we protect ourselves and adapt through repression and denial. We have also developed behavioural defences, which are actual activities that, consciously or unconsciously, serve our efforts at mental defence. External non-death experiences can also be linked unconsciously to death, thereby evoking death anxiety. Existential death anxiety is the awareness that death is a fact, without any realistic hope for survival. This anxiety is mostly 'disruptive', causing 'adaptive failures and dysfunctions' while promoting the 'development and use of awareness-obliterating, denial-based defences' designed to reduce rather than sharpen one's awareness of the threat of death. '*Within limits*, these obliterating, non-communicating, blind action, denial types of mental defences are in the service of overall adaptation' (Langs, 1997,p.10-4).

According to communicative theory, humans use deeply unconscious defences to fend off and reduce existential death anxiety. This occurs in the deep unconscious system of the emotion-processing mind, which relies upon unconscious perception. We have no means of direct undisguised access to the contents of this system - the contents were originally registered unconsciously and can be retrieved only in encoded form (Langs, 1997, p.18-21). *Somehow*, Langs has ascertained that there are three kinds of contents in this system: 1. Extremely threatening aspects of death-connected events, 2. Extremely traumatic death-related events, and 3. 'The death-related meanings of all non-death related events that are unconsciously connected with death and evoke death anxiety … *The most common class of these disguised and unconsciously experienced death-connected incidents pertains to ground rule and frame-related events and their management'* (Langs, 1997, p.20 *italics added*).

Langs' impressive theoretical edifice remains unsubstantiated, because *in principle* it cannot be substantiated[1], and so it is entirely hypothetical and speculative (but of course not necessarily *wrong*). By exploring the importance Langs and other communicative therapists place on 'ground rule and frame-related deviations', we can see more clearly the circular assumptions present in this theory. We can question the rationale for their emphasis on rules, frames, boundaries. It will also emerge that there are significant differences between the communicative and existential-phenomenological conceptions of 'existential death anxiety'.

What's so pivotal about 'therapeutic frames'?

The communicative theory is too elaborate to present here coherently. As well as the concepts mentioned above, it also hypothesises a 'message analysing centre', a 'deep unconscious wisdom subsystem', 'predatory death anxiety' and a whole architecture of other non-parsimonious constructs. However, the unique emphasis on the role of the psychotherapeutic frame is the defining foundation of this approach. Langs asserts that unconsciously, all frame-related interventions, whether frame-securing (e.g. adhering exactly to time and place) or frame-modifying (e.g. cancelling a session, therapist self-disclosures) connect with issues of death and dying and thus elicit death anxiety. For example, according to Langs,

> …therapists' frame-securing interventions are experienced unconsciously as sound and enhancing, but also as confining and annihilatory. They consistently evoke *existential forms of death anxiety* related to the inevitability of death … this arises because securing a frame is enhancing for the patient and yet entrapping as well - it establishes a rigid commitment to the therapy' (Langs, 1997, p.25 *italics added*).

Langs begins *Ground Rules in Psychotherapy and Counselling* (1998) with an explanation of the significance of psychotherapeutic frames. He says that boundaries, contexts, frames, and rules abound in nature and human development. Human boundaries

have physical and psychological features. 'Frames mark off the spatial, temporal, interpersonal, and intrapsychic aspects of both physical and psychological structures, processes, and events' (Langs, 1998, p.6). If a frame is 'insecure', it creates a kind of disequilibrium that becomes a primary concern for whoever is experiencing it. For us humans, then, the secure frame feels like a supportive 'container' for surviving, but it simultaneously has an 'entrapping' quality that elicits 'existential death anxiety'. According to Langs,

> This sense of confinement is linked to the entrapping qualities of human existence itself - the gift of life that must end in death (1997,c.f. 1998, p.7).

Langs believes that frame interventions constitute the triggering events to which the deep unconscious system is most sensitive. In response, encoded narrative imagery is generated and, optimally (through therapy), decoded so it can enter awareness. 'In this way, the emotion-producing mind's natural use of disguise is undone and deep insight achieved' (Langs,1997,p.21). Communicative psychotherapy, by giving such careful attention to the integrity of the frame, is thus the only therapy that offers clients the opportunity to 'adapt' to death-related conflicts and anxieties successfully and thus acquire 'emotional health'.

Some initial assumptions from within the theory

There are underlying assumptions in this intriguing theory, as in all theories. Before concentrating on the concept of 'existential death anxiety', I would like to sketch some of the implicit assumptions in the communicative theory as it is, without questioning its basis in a theory of the unconscious[2]. Later I will present what I view as existential-phenomenological challenges to the theory.

Language enhances human survival and facilitates a sense of identity and anticipation of the future. This ability to articulate human life brings with it an insight into death and

thus, generates death anxiety. If language evolved for its survival-enhancing abilities, then language is imbued with a bias towards survival. A language biased in favour of survival may not be well suited for open enquiry into the very nature of life, and thus death. Would a survival-biased language allow an insight that may lead us to question the point of life itself - a question that might threaten our commitment to survival? Can we just assume that language, a survival tool, is automatically appropriate for such investigation? Langs admits that the death anxiety concomitant with language to some extent actually increases our survivability - after all, our anxiety encourages us to avoid injury, illness, death. But Langs also assumes that language will actually facilitate rather than obscure insight into death - he needs to provide a cogent argument for this (an argument coming from the mouth of that self-same language, incidentally). How, exactly, does a language of Being allow us to think, talk, conceptualise Non-Being? We are immediately fooled into sentences like 'death is…' This, as much as anything, is an indication of language possibly keeping us alive by keeping death obfuscated, disguising 'it' as another form of Being (rather than the negation of Being, or whatever). If we understood death clearly, without this bias, what would our response be? Communicative Psychotherapy assumes words, and language 'codes' (rather than our relationship to our saying, or our embodiment of language) is the basis of the therapeutic work. So-called 'existential death anxiety' thought to be elicited in a secure frame session may in fact be a <u>fear of death</u> seeping into our awareness, through a language bias, just enough to keep us careful when crossing the road. We cannot assume, with Langs, that this constitutes an 'articulation of a clear sense of death'. In his essay on 'Death and Metaphysics', Peter Kraus follows a similar line on the limits of our knowing. He suggests that everyday knowledge, language, and the 'scientific attitude', cannot include knowledge of that which is not a being, i.e. nothingness. He says, 'In the face of nothingness reason and logic are impotent, for nothingness is precisely not something which reason or logic can take as an object' (Kraus, 1998, p.100). Langs does not seem to admit to the possible limits of language as a 'tool' for insight into "nothingness".

Existential death anxiety takes precedence over 'predatory death anxiety'. This is a peculiar notion in which the real danger of death and our physiological response to it is

taken as a reminder of a more difficult 'existential' fact of death as inevitable. Thus, the secure frame is uncomfortable because it symbolises the limits of life, ultimately death. But doesn't the frame only become a significant symbol because in some way it approximates a potent actuality? Langs, in an implicit inversion of symbol and symbolised, takes the anxiety regarding the frame as having priority over the actual death the frame symbolises. This leads him to imply that responding to the news of a terminal illness, for example, is not as powerful a situation as the client who responds to a therapeutic 'frame break'. The frame deviation produces the deep unconscious response of 'existential death anxiety', which is more profound than a client bed-bound in hospital, trying to digest the devastating news that he is dying from an inoperable brain tumour. Langs would say that as a hospital counsellor sitting on the edge of this patient's bed, I am unable to establish the secure frame necessary to help this patient confront the inevitability of death. But my experience is that providing a 'secure frame' means nothing to either of us. I would argue that this patient is fully engaged in confronting not only the inevitability of death, but also its imminence. In an existential sense, life itself, not therapy, is the appropriate 'frame'.

A frame deviation causes an 'immediate stimulus' of deep unconscious existential death anxiety. Why would the 'deep unconscious' (of the client or therapist) perceive a frame deviation in psychotherapy as a 'frame deviation' at all? Doesn't this assume that the client knows there has been a 'deviation', thus presupposing that there is a shared understanding that psychotherapeutic boundaries exist and that they must be rigidly adhered to? There can be no frame deviation for the client if s/he does not recognise the existing frame or the rule that it mustn't be altered. On the other hand, Langs does not consider that other experiences could elicit so-called 'existential death anxiety'. Rather than confinement and suffocation, and its approximation of the coffin, or the grave, secure-frame therapy could offer the consolation of the womb - entirely secure and reassuring in its holding boundary. Likewise isn't it as possible that existential death anxiety could be evoked by a situation that is experienced as 'limitless', a vast expanse in which one is experienced as insignificant and without meaning? A therapeutic encounter that is completely unpredictable, and with the loosest possible boundaries, may also

confront a client with an experience of insecurity that leads to deep existential questions, including death. Death could strike at any moment, how does a secure frame elicit our response to death as an ever-present possibility? It seems Langs has focused on specific aspects that we can fear about death, or how we might die, but it is not clear that his model puts us in touch with 'existential death anxiety' as such - more on this later. At the very least, Langs does not seem to make room for individual differences in our sensitivities to various aspects of death, how we take up our experiences, how we assign individual meanings - the theory seems too general, and too generally applied.

Frames are important because boundaries abound in nature. Do they? Or do they abound in our way of perceiving nature? If they are so pervasive in nature, then why do we need to establish a special instance of them in therapy? Surely our clients would constantly bring boundary experiences from their living for us to focus on in the 'here and now' of the session. But couldn't we also assert that boundlessness, an experience of flow, and oneness, is also in nature? A sense of excess and expansiveness beyond our concepts and definitions is equally a feature of our existence. Why has Langs picked out 'boundaries' as having special status, unless he was already looking for a justification for stressing the importance of frames. He mentions the bounded individual physical body, but not the shared intersubjective 'lived' body. This omission also suggests that a pronounced mind-body dualism (self-other/subject-object separation) is lurking underneath Langs' theory of the frame.

Confronting 'existential death anxiety' is necessary in order to achieve 'emotional health'. Langs implies that 'existential death anxiety' is both inevitable and at the same time alleviated or 'mastered' by 'proper' therapy. What would be the point of obsessively focusing on evoking death anxiety as a goal of therapy unless it could be 'treated'? In this we hear the familiar echo of the psychoanalytic tendency to pathologise - to pathologise and then try to cure the human condition itself!

Langs writes of 'existential death anxiety' as if it were a thing, a little black worm that wriggles forth from the floorboards, is seen by the therapist, and squished by his/her

frame-related intervention. If it were true that addressing this issue is so crucial, and that communicative psychotherapy is the only model to do it, shouldn't clients emerging from a communicative analysis be obviously 'healthier' in some way? And, since it 'requires considerable mastery of a therapist's own death anxieties to forego undue defensiveness and to stay focused on the deep unconscious death-related meanings of patient's material' (Langs, 1997,p.38), shouldn't communicative therapists also exhibit some sign of greater 'emotional health' than the rest of us? This is a dubious claim, but a logical implication of the theory.

The existential and the communicative approach seek to challenge the power dynamic inherent in traditional psychotherapy. In *There is no Such Thing as a Therapist* (1998), Carol Holmes emphasises a 'realistic and democratic' perception of the therapeutic encounter. According to Holmes, the communicative position challenges the therapist's need to be 'superior' or an 'expert' and demands that the therapist abdicate an elevated position to focus instead on the deep unconscious of the client to guide the process of therapy (Holmes, 1998, p.7-8). She says,

> Although the communicative approach is primarily concerned with unconscious meaning, which is in direct opposition to an existential position, the philosophy of the approach and the attitude of the therapist is very much in keeping with the significance of the interdependent and equivalent nature of the therapeutic dyad (Holmes, 1998, p.52).

The existential therapist focuses on exploring and clarifying the client's meaning, values, way of being, while the communicative therapist looks for the patient's unconscious meaning expressed in encoded form. But how can a therapist work from a view that there is 'an unconscious' and not be introducing a significant power dynamic into the alliance? The unconscious is a theory. Whose theory is it? The therapist's. Unless the client has equal knowledge of this theory, and training in 'decoding' the unconscious, can the therapy be even remotely democratic? As Foucault said, 'Knowledge is Power'. Communicative psychotherapy is based upon a body of 'knowledge' (or assumptions) that

the client does not know. Who decides that there has been a 'triggering event' so that something needs to be 'decoded', how to 'decode' it, and when it has been correctly 'decoded'? One other aspect of this imbalance of power in the dyad is that the therapist should remain 'anonymous' while the client self-discloses. The therapist's attempts at democratisation are certainly laudable, but in this case, the theory undermines the therapist's willingness to address power in the therapeutic dyad.

Preliminary attempt to compare communicative and existential views of 'existential death anxiety'

Let's turn the focus to the peculiar conception of 'existential death anxiety' that requires a 'secure frame', a 'triggering event', 'decoding' etc. I will attempt to explore ways in which communicative theory has borrowed 'existential death anxiety' from existential philosophy without incorporating its existential crux. I will suggest that a more existential concept of 'existential death anxiety' calls into question the communicative model of practice, especially regarding the importance of 'frames'.

Langs believes that we tend to try to break rules, especially within therapy, in order to attempt to override the 'fundamental existential rule that death inexorably follows life'. These rebellious but futile efforts serve as a fantasised and unconscious means of denying 'the utter helplessness and anxiety evoked by the inevitability of death' (Langs, 1997,p.49). For this reason, managing the frame '… may be said to be constantly addressing the primary ontological difficulties and anxieties of being, as an ongoing process which is symbolically represented between the therapist and the client within and around the therapeutic frame' (Holmes, 1998,p.96). The frame (either because it is secure, or because it has been modified) will trigger the patient's deep unconscious to generate encoded death-related themes in the patient's narrative material. The therapist will decode these themes and link them to the triggering frame-related issue. This process allows the patient to address their existential death anxiety. Langs does admit that everyday life may arouse these anxieties but these events are not likely to come up in therapy unless they link with an incident in the 'treatment situation' (Langs, 1997,p.119). Therapy takes on a

very special mystique in communicative theory. It is only in therapy, and really only in communicative therapy, that existential death anxiety is 'triggered' and therefore only here that the patient can actually 'master it'. But what does this imply about 'existential death anxiety'?

Langs seems to use 'existential' only to mean universal and unavoidable. Existential philosophers like Martin Heidegger also use the term 'existential' to imply ontological givens, but they say much more than Langs seems to have gleaned from them. And specifically regarding 'death anxiety', existential philosophers refer to a lived phenomenon, a central quality of human life. Phenomenologically, death anxiety is here in our living. It is not coaxed out of us by the panic of a claustrophobic therapeutic relationship. In fact, to relegate death anxiety to the therapy situation could be a way of trying to escape our anxiety, to contain it there, while the rest of life we skip along merrily ignoring the issue.

But death 'is' not a thing. Death anxiety reveals the constant possibility of non-being hovering through and within every moment. The flip-side of Being, in a sense the foundation of our being, 'is' the non-being which defines it. In this pervasive sense it is not possible to escape our Being-towards-death any more than our being. And it is not possible to 'contain' it as a separated-out aspect of living. It is not possible to 'master' it as a symptom of something[3]. Death, and the anxiety which points to it, cannot be 'held' because it 'is' not a thing any more than being itself is a thing. **Death could be thought of as a facet of being which at the same time is only a facet in terms of its 'being' *structural* rather than a *content* supported by something else more fundamental.** The client is a being, a verb, not a noun in a cage. Langs takes the 'container' metaphor of therapy quite literally. In response, it leads him to confuse death anxiety as 'content', like a loose bit of something disgusting eeked out in the session. On the contrary, if we experience anxiety, like being, as a *movement* into 'no-thing', we find that it is our living, everywhere. Unlike the artifice of a secure frame, which can be broken, there is no escape from the life that 'I am'.

It seems that Langs takes the existential and psychologises it. Our being-in-the-world becomes something intrapsychic. Death anxiety is treated like an internal object, squeezed by a secure frame to pop disguised from the depths of the unconscious into consciousness. This begs the question of whether there can even be such a thing as an 'unconscious anxiety'. Logically, an anxiety that is not in consciousness cannot be felt as anxious - therefore in what sense is it even an anxiety? An anxiety that actually is an anxiety (entails an experience of being anxious) is *ipso facto* conscious. Robert Smith (1999) also asks how can 'death' (or its anxiety) be repressed into the unconscious when it offers 'no-thing', no matter to repress (Smith, 1999, p.74). Heidegger offers a far-reaching phenomenological alternative to Lang's theory.

The challenge of Heidegger's philosophy

Dasein is constantly *going on*, becoming itself, heading towards its completion only in death. But in its completion it is no longer *there* (or anywhere to be found, presumably). Death 'is' a future possibility for Dasein, but not future in the sense of a far-off event. It is 'future' in a multi-dimensional present sense of 'not yet', 'not yet', 'not yet' 'not yet' … 'now!'. And in the 'now' there 'is' nothing, by its definition. We can never 'be' closer to both our completion and our demise than at this still moment. It is thus that we live with a death anxiety which is so much of our being (and Being itself) as to be indistinct from it while also its antithesis. Usually our way of conceiving of this falls into quotidian euphemisms, 'of course everyone dies, what's the big deal' etc. Dasein flees death by falling into the everyday[4], into the elaborate formalities and rituals surrounding death, thereby avoiding 'the totality of its own life, its own being' (Collins and Selina, 1998,p.81). I wonder whether the 'secure frame', ironically, is another way of fleeing.

The possibility of death brings each of us face to face with a kind of 'process-self' that exceeds all attempts at capture or 'containment' - it 'is' an opening-on-the-world that is limited by the givens of its existence. Only a 'self' in retrospect (but this retrospective view is denied to oneself for when this encapsulating view could occur is precisely when Dasein 'is' no longer). Exactly in this sense, the awareness of our demise infuses our

existence. Our way of being lies upon this awareness as anxiety. We begin to see that Lang's attempt to delineate death anxiety seems to contradict the paradoxical unity of being and non-being and to deny the excess of being by treating it as content. Even further, it suggests that death anxiety, and the different forms Langs describes, are all only instances of our *potential* for 'anxiety' as such, and that it is death that brings anxiety as an existential and existentiell to the centre of our existence. In this way, it seems redundant almost to say 'death' anxiety, as though anxiety could be without death (yet in our work as therapists, this could also become a reduction of the ontic to the ontological).

Death, conceived existentially, is an on-going condition of human beings, not a final event[5]. 'It is' with us as an aspect of ourselves, in our daily lives. 'It' cannot be coaxed, confronted, separated out, any more than being itself can be - to face one is to face the other, yet what we face remains uncontainable, except perhaps as the posing of a question which is itself beyond our understanding. Human being (its death, and its anxiety) is no thing, and certainly not to be 'mastered'. This attitude 'to master', again rings of the deep anxiety that instigates a desire to cure itself, to complete itself in life (again paradoxically a denial of death by transition into a thing, another sort of death). We may not be able to conceive of death, and we may not be able likewise to conceive of an afterlife (or everlasting life, or immortality), having no 'experience' of either, but anxiety in a sense 'is' our experience of mortality. And it hovers in every moment, not just in therapy. The existential challenge is to find it revealed within one's way of living, as '*the possibility of the complete impossibility of Dasein'* (Heidegger, *Being and Time*, trans. Macquarrie and Robinson, 1962, p.294; trans. Stambaugh, 1996, p.231). Yet, there is nothing to appeal to which might oblige us to rise to this challenge.

Heidegger outlines what he sees as an 'authentic' response to death. In *Heidegger, An Introduction*, Richard Polt translates Heidegger's "authenticity" quite simply as a 'facing up to mortality - not by worrying about when demise will come, but by accepting the finitude of one's possibilities and choosing in the light of this finitude' (Polt, 1999,p.87). This is where an existential-phenomenological exploration of our consciousness can assist in clarifying our deepest values and concerns, bringing into awareness who we

have made ourselves to be within the context of our facticity, and pointing out how we inevitably fall into 'the they' and away from our 'ownmost possibility'.

Authenticity is not the goal of existence, as 'emotional health' is the goal of communicative psychotherapy. It is only one possible form of our being and we cannot even advocate it above others. So what are we to do? In Polt's words, all I can do is face the '… naked truth that I find myself in a situation where I am forced to make something of myself' (Polt, 1999, p.88). Yes, 'forced', since *every possible turning from this fact is also an answer to it*. This is where a phenomenological exploration finds anxiety as life. In answer to communicative theory, there is no need to criticise the concept of an 'unconscious' when we can simply point out that there is no need to invent it in the first place. We can see that Lang's communicative theory does not follow an existential analysis of 'existential death anxiety', and that if it did, it could not justify its obsession with 'frames'.

Communicative psychotherapy is not existential

In her recent book, the communicative psychotherapist Carol Holmes repeats RD Laing's view that,

> *…psychotherapy must remain an obstinate attempt of two people to recover the wholeness of being human through the relationship between them*: Any technique concerned with … an object-to-be-changed rather than a person-to-be-accepted, simply perpetuates the disease it purports to cure (Holmes, 1998, p.121).

Yet communicative psychotherapy is, above all, a technique designed to change the client. It is a rigidly rule-bound exercise, designed explicitly to confront the denial of death and to 'master' existential death anxiety,

> … while fraught with psychological danger, there is no more healing experience in psychotherapy than the insightful mastery of death anxieties and the development of the ability to welcome, tolerate, and benefit from secured frames (Langs, 1997,p.40).

We can see that this is entirely at odds with existential philosophy as presented by Heidegger. Although Langs and Holmes seem to want to claim an existential lineage, apart from superficial similarities in language, there is not even a family resemblance. In response to Langs, Heidegger asks, ' How is it existentially possible for this constant threat [of death] to be genuinely disclosed' (*Being and Time*, trans. Macquarrie and Robinson, 1962, p.310)? The question is of 'disclosure', not 'mastery' and Heidegger responds that it is Dasein's mood that brings us face-to-face with nothingness, not 'unconscious content'. In his chapter, Death and Metaphysics, Peter Kraus points out that a confrontation with anxiety cannot just 'be had on demand' (1998, p.109), or conjured up out of a secure frame for that matter. Nor, I would counter, can it be sustained[6]. There are rare arbitrary moments in life when these disclosing encounters occur. To try to control, generate, maintain, or manipulate them, is another denial of the limitation upon Dasein's autonomy and self-determination.

Langs repeatedly asserts that psychotherapists are especially concerned with death-related issues and this affects their choice of profession and theoretical orientation. He concludes that Holocaust survivors 'have fashioned very popular, elaborate death-denying theories of psychotherapy as a means of denying and avoiding their own death-related issues…' (see Langs, 1997,pp213-221). 'Frame deviant' forms of therapy are in demand exactly because, says Langs, they offer an opportunity to deny the existential fact of death (ibid. p.126). He says it is only the communicative approach that can 'interpret validly a patient's unconscious death-related conflicts and defences' (ibid. p.221). Yet Langs, contrary to his democratisation, does not demonstrate any attempt to shine these convictions on himself. He does not explain how he, as a therapist and human being, has been affected by his own death-denying propensities and how his theory reflects this. If, somehow, he has been able to produce a theory and technique that is the exception, how does his theory account for that?

Realistically, like the rest of us, Langs has probably produced a theory rife with all the pitfalls and contradictions inherent in the human condition. Communicative psychotherapy is a practice that is reminiscent of the medical doctors who single-

mindedly devote themselves to the prolongation of life and the eradication of death. Isn't a technique to 'master' death anxiety just as death-denying? As mentioned before, the question arises whether Langs has mistaken fear for anxiety, and then set out to conquer it. Heidegger says,

> Being-towards-death is essentially anxiety. This is attested unmistakably, though 'only' indirectly, by Being-towards-death … when it perverts anxiety into cowardly fear and, in surmounting this fear, only makes known its own cowardliness in the face of anxiety (*Being and Time*, trans. Macquarrie and Robinson, 1962, p.310-1).

Lang's optimism about 'mastering' 'existential death anxiety' in a way that enhances 'emotional health' also hints at a suifying[7] motive in the theory. Heidegger remains open, yet decidedly sceptical, regarding the possibility of authentic disclosure of the threat that is being-toward-death,

> The existential project in which anticipation has been delimited, has made visible the ontological possibility of an existentiell, authentic being-towards-death … yet this existentially 'possible' being-towards-death remains, after all, existentielly a fantastical demand (*Being and Time*, trans. Stambaugh, 1996, p.246).

An existential possibility remains a possibility, but whether Dasein can realise that possibility in his or her own life is uncertain. And it is not a foregone conclusion that such awareness would bring a positive increment in 'emotional health'. Any existential philosophy that advocated such awareness (where Dasein confronts itself and is emptied of its significance) could therefore perhaps find itself at loggerheads with the mainstream values of conventional psychotherapy; happiness, adjustment, 'emotional health', conformity.

Concluding Remarks and the acute hospital setting

From the vantage point of a psychotherapist working in an acute hospital setting where patients are receiving terminal diagnoses, and dying, the communicative approach appears unconvincing and unresponsive. The emphasis on secure frames is not achievable on wards that often do not even have consulting rooms, and with patients who are often bedridden. According to Langs,

> The patient who is seriously ill or dying poses another *problem* for the therapist. Patients who are in the throes of death suffer from extremes of death anxiety. They dread both the secured frames with which they are struggling as their life nears an end and the unconscious meanings that death poses for them. Their frame-breaking and denial needs are enormous (1997,p.208, *italics added*)[8].

From my own experience working in a hospital setting with such patients, I would like to question Lang's conclusions. Each Patient dreads different things. Some dread leaving their families to cope on their own, some dread their own demise and the way it will happen, others look back with regrets and dread leaving a life that remains half-lived in many ways. All these responses to death anxiety and to impending death reveal a great deal about Dasein's possibilities as the being it is, and about the actual way of being of individual beings. I have yet to meet a patient who dreads a secure frame, unless we take that to mean life itself, which we have seen is not simply a container of some sort.

However, Langs says there are 'a number of special *problems of technique* that arise in connection with the dying patient…' (1997,p.236, *italics added*). One such problem is that therapists are tempted to become 'human' because of their 'own unmastered death anxieties' and to be 'openly compassionate, non-interpretative, and frame-altering' when their patients are dying. 'It takes considerable strength to behave and intervene in the best interests of the patient's deep emotional needs and to refrain from such comments and actions' (Langs, 1997, p.236). This seems the height of therapeutic arrogance, where the hypothetical construct of therapy conceals rather than reveals the reality of life events. It negates the possibility of 'being with' a person facing death by reducing this relationship to an interpretation of 'an unconscious adaptive response to a major triggering event within the therapy' (ibid. p.240-1). What could be more death-denying, life-denying, or even dehumanising?

The existential psychotherapist Hans Cohn poses a related question when he asks, 'Are we, in fact, ready to separate the therapeutic reality so completely from the reality "outside it"' (1998,p.109)? He acknowledges, as we all do, that therapy, like any human interaction, implies boundaries. But he suggests that they be 'loosely structured and flexible enough to respond to the events and developments taking place within them' (ibid. p.113). Implicit in Cohn's view is that therapy is not a special kind of reality that has to be kept rigidly separate from the world outside.

My motivation in tackling this unwieldy topic comes from my experience as a psychotherapist working with dying patients, their relatives, and the hospital staff who care for them. Lang's theories challenge the possibility that my work is 'therapeutic' and that we (my clients and I) are facing, in any significant way, our 'death anxieties'. This challenge is primarily based upon the fact that the hospital setting does not allow for 'secure frames', and thus we are not working at the level of the 'deep unconscious'. I hope that in reply to Langs' view, I have offered a substantive return challenge to the theory that underlies 'secure frames', the communicative concept of 'existential death anxiety', and to communicative overtures to existential philosophy in general. *On a very human level*, I write out of a desire to respect those clients who faced mortality, and their own demise by sharing their frailty, an awareness of their limitations, and their anxieties, with myself, a stranger who struggled to remain open with them, without the necessity or reassurance of a 'secure frame'.

References

Boyle, Moira and Carter, Diane E. (1998) Death anxiety among nurses. *Int. J. of Palliative Nursing,* Vol. 4: 37-43

Cohn, Hans W. (1998) Frames for therapies or therapies for frames? An exploration of the relation between setting and aim of psychotherapy. *J. of the Soc. of Existential Analysis,* Vol.9.2: 108-14

Collins, Jeff and Selina, Howard (1998) *Heidegger for Beginners*. Cambridge UK: Icon Books

Heidegger, Martin (1926) *Being and Time*. Trans. Macquarrie, John and Robinson, Edward (1962) Oxford UK: Blackwell P.

(1926) *Being and Time*. Trans. Stambaugh, Joan (1996) Albany US: State U of NY Press

Holmes, Carol A.V. (1998) *There is no Such Thing as a Therapist*. London: Karnac Books

Kraus, Peter (1998) Death and Metaphysics. Heidegger on nothingness and the meaning of Being, pp98-111. In Malpas, Jeff and Soloman, Robert C. (1998) *Death and Philosophy*. London: Routledge Press

Langs, Robert (1997) *Death Anxiety and Clinical Practice*. London: Karnac Books

(1998) *Ground Rules in Psychotherapy and Counselling*. London: Karnac Books

(1989) *Rating Your Psychotherapist*. New York: Holt and Co. Publ.

Malpas, Jeff and Soloman, Robert C. (1998) *Death and Philosophy*. London: Routledge Press

Parkes, Graham (1998) Death and detachment. Montaigne, Zen, Heidegger, and the rest, pp.83-97. In Malpas, Jeff and Soloman, Robert C. (1998) *Death and Philosophy*. London: Routledge Press

Polt, Richard (1999) *Heidegger, an introduction*. London: UCL Press

Rilke, Rainer Maria (1978) *Duino Elegies*. Trans. David Young. New York: W. W. Norton Inc.

Simon, Edward (1994) A viewpoint: Levels of attachment. *Int. J. of Communicative Psychoanalysis and Psychotherapy*,Vol.9: 41-4

Smith, Robert (1999) Memento mori. *J. of the Soc. of Existential Analysis*, Vol. 10.2: 63-82

Spinelli, Ernesto (1993) The unconscious: An idea whose time has gone? *J. of the Soc. of Existential Anal.*, 4; 19-47

Tennessen, Herman (1965) From the Tragi-Comic Encounter of (Clinical) Psychology with some Existentialist's Interpretations of Man, his "Nature", and his "Lot in the Cosmos". *Banff Conference on Theoretical Psychology*: U of Alberta Publ.

Weisberg, Irving (1993) Brief, time-limited psychotherapy and the communicative approach. *Int. J. of Communicative Psychoanalysis and Psychotherapy*, Vol 8:105-8

[1] Since unconscious contents must be 'decoded', how would we ever know if they have been decoded correctly, unless we already have a preconception regarding what the 'real' message is? In this case, we have the unconvincing situation of theory returning to confirm itself. This does not constitute evidence.

[2] To some extent this is unavoidable, and throughout this discussion we will bump into the quagmire of the unconscious. But a fuller examination of the theory of the unconscious is beyond this paper, and has been accomplished by others (notably, Ernesto Spinelli,1993).

[3] Unless we want to say anxiety is a 'symptom' of the 'disease' of life, extending the psychoanalytic proclivity to pathologise to its illogical extreme.

[4] It occurs to me that this inevitable fall into the 'They' may be some approximate of what communicative analysts refer to as 'denial' in the context of death anxiety. However, denial implies a failure in some respect, a judgement, and results in attempts to 'cure', whereas the existential position remains descriptive - just that as humans we have this potential to lose ourselves, and to find ourselves again.

[5] Polt (1999) makes this much clearer by offering the word 'mortality' for 'death', making it distinct from the moment of our demise. It parallels Lang's attempt, described previously, to differentiate predatory and existential types of death anxiety. However the experience of 'mortality' and the fact of 'demise' are also inextricably linked, in the same way as I have suggested that the hypothetical predatory and existential anxieties are.

[6] It is not clear whether Langs actually assumes that his 'treatment' results in lasting increases in emotional health or mere fleeting glimpses of authentic being. If the former, it is another indication of the superficiality of similarities between the communicative and existential approaches. If the latter, then what's the point?

[7] Suification is a term coined by the Norwegian existential philosopher Herman Tennessen (1965) to describe a human tendency to desire to live as 'happy pigs', and to prefer the comforting distractions of the 'They' to authentic openness to existence. Tennessen, unlike Heidegger, says we should strive for 'authenticity'. He advocates attempts to teach 'existential insight' whatever the outcome.

[8] Carol Holmes concurs with this view while pointing out that the therapist is also deeply challenged while working with dying patients as 'the sense of one's own end is brought closer to awareness' (1998,p.149). According to her theory, this must be in a disguised form, yet I am aware that my work with dying patients has made me consciously and plainly anxious about my death - no need for unconscious decoding.