

**“Dying to Live: Death  
Awareness  
as Psychic Organizer  
to Live  
a fully Realized Life”**

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**Part 1: Vignette**

**Psychic Organizer Defined  
Literature review highlights**

**Part 2: Clinical Applications/ 2 Small Group  
sessions**

**Return after each to Large Group for  
discussion.**

**Part 3: Summary of Issues**



*Memento Mori, Latin for "remember that you die", reminds us that realizing our time is short helps us focus and appreciate what we have.*

## **Dara in transition :**



What Dara ate  
became her  
organizing function  
every day

# Death Awareness as a “psychic organizer”

“Psychic Organizers” (*Spitz, 1965*):  
act as a lens through which all  
else is interpreted.

Psychic Organizer: helped  
Dara's ego functioning to  
move forward



**Cheshire Cat metaphor as psychic organizer  
created new treatment  
plan**

Her physical  
disappearance,  
literally,  
became my psychic  
organizer in therapy



**How to keep  
Dara physically  
present  
in the room?**



# Dara's Resilience and ego strengths

... As Dara's death awareness increased she could...

tolerate more the anxiety such acknowledgement generated

hold her own discomfort re: uncertainty ("will I die today?")

feel more confident & competent re: her body needs

own a more worthy Self

forgive self + others: gratitude capacity increased

reduce ambivalence(s) toward loved ones

mentor others: begin to establish a legacy

# **Clinical Applications**

**Bottom up approach... to keep Dara physically present:**

**slow down words**

**label/pursue each affect**

**no disappearing parts of sentences**

**grounded in our bodies in intersubjective space**

**vulnerable painful feelings**

**role played real (altho' imagined) dialogue**



## **Section 3: Vulnerability shifts over time**

- Death Awareness oscillates along a continuum:**



- Such awareness is not a unitary self-state**

# Section 4: Literature Review Highlights

**5 Broad categories:**

**Philosophical ideas**

**Religious Ideas**

**Freud's Ideas**

**Contemporary Social Psychology Research**

**Contemporary Psychoanalytic ideas**

## **Section 5 : Freud sets standard rationale for death denial**

We “cannot wrap our minds around death because we’ve never experienced anything like it... it cannot be represented in the unconscious.” (p.289 in *Thoughts on War and Death*” (1915, SE 14: 289-300 & in *Ego/Id, Inhibition*.)

Razinsky (2013) suggests that in *Pleasure Principle* (SE18: 1-64) “Freud evades the actual psychic impact of having to die. (Instead) he converts death from an external event into something that is driven internally”, that is, the death instinct.

**Symbolic  
meaning  
of death  
vs.  
actual death**

**Picture:  
Street artist's  
depiction of  
death**



## Symbolic meaning of death vs. actual death

Lippman (2011) echoed Nietzsche: "human beings need their illusions to get by."

**VS.**

Stolorow argued, "Human beings pay dearly for the evasive illusions of invincibility and invulnerability that shield them (from) reckonings with finitude." (in: Stolorow, R (2007))

But Yalom noted: Every person must choose how much truth he can stand. (When Nietzsche Wept, 1992)

## **Analysts reinforce tracing anxiety to terror of actual death.**

**i.e. Supporting death awareness over omnipotent defenses.**

Rank (1936)

Winnicott ( 1935)

Winnicott (1956)  
(2013)

Jacques (1965)

Kubler-Ross (1969)

Yalom (1980)

• Colarusso (2000)

• Razinsky ( 2013)

• Aron & Starr

• Frommer (2016)

• Shabad (2016)

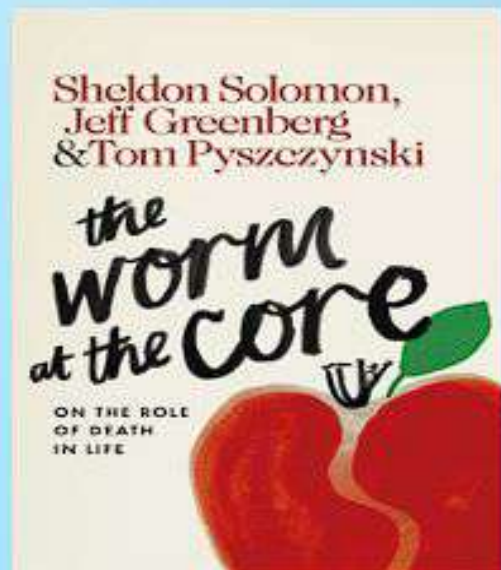
• Straker (2020)

# Section 6: Social Psychology's Evidence Based Research

## Terror Management Theory (TMT)

Maintain cultural worldviews to minimize dread

Self- esteem assesses sense of worthiness. *Research reviewed in The Worm at the Core, (2015) book.*



# **Analyst's concept of “existential maturity”**

**i.e. Capacity to face one's mortality with equanimity**

Characterized by : Internalized aspects of deceased function as Self-Objects

Reduce inside-outside dysjunctions

- Linda Emanuel, MD, PhD. (1998) Ed.  
Regulating How We Die



## **Section 7: Clinical Applications**

**Where to start a death conversation with a patient?**

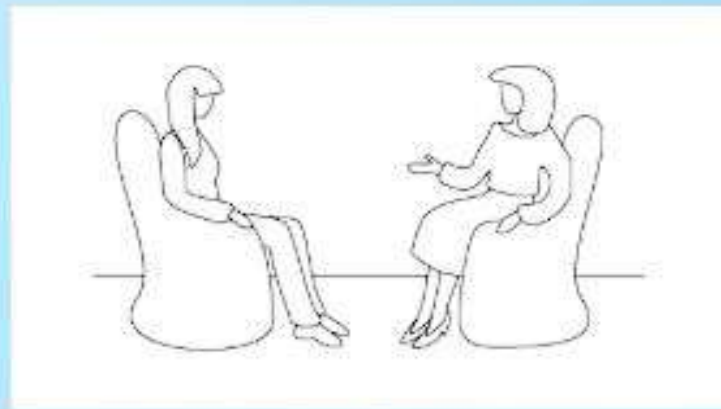
Deepen awareness?

vs.

Buttress defense? ...  
against death reality.

assess openness

ready vulnerability to talk  
death?



## **PART 2: Small Group Break out Rooms: Session #1, then break, then Session #2**

Peter Shabad summed up my hope for what you'll take away today.

***"The goal is to embody as much of (your) mortality (you) can tolerate, without either slipping into that dreaded abyss, or insulating (yourself) in protective omnipotent defenses"***  
(Shabad, 2016).



# Existential Orientation Form (EOF) excerpts

Please Respond to each Q. then discuss in your Small Group/ 1 of 2

## TIME

- 1) a) Draw a line of your total lifespan, from I (born)...to... the age you expect to die.
- b) Mark where your age is now along that line.

## LOSS

- 2) a) Along that time line, note losses in your life
- b) which feel most sensitive? (or unresolved?)

## DEATH

- 3) a) How often do you think about your own death? b) Check your range of subjectivity: do you step 'outside' yourself as a self-object to view your own death?
- c) What does death look like? (draw a picture?)
- 4) a) What happens to you after you die?
- b) Do you believe ...your soul lives on?...in an afterlife? ...your energy transforms into a different form? dust to dust?
- 5) a) If you could, is there one thing you'd like to redo?
- b) What needs to happen so you don't die with regret(s)?
- 6) Thinking about your legacy, write your epitaph (1-2 sentences). This is your 'public' remembrance. Does this differ from your 'private remembrance? (i.e. how you want your loved ones to remember you ?)

# Return to Large Group:

**Each group reports out.**

**Discuss & debrief your experience.**

The seven ages of man:

*spills, drills, thrills, bills, ills, pills, and  
wills.*



**B R E A K**

**1 0 M i n u t e s**

*“That man lives badly who does not  
know how to die well.”*      - *Lucius Annaeus  
Seneca*

# Existential Orientation Form (EOF) excerpts

Please Respond to each Q. then discuss in your Small Group/2 of 2

## LIFE

7) a) What helps you to feel more alive in your life?

b) What does life look like? Describe/ draw a picture.

## YOUR PATIENTS

8) a) In which ones do you detect an unlived life?

b) In what way(s)?

c) How might you approach them to start a death conversation?

*Sit quietly. Take a deep breath. Breathing is a sign of life. YOU are Alive.*

*You have the force of life within you.*

# Return to Large Group:

**Each Small Group reports out.**

**Discuss & debrief your experience.**

*“I cannot escape death, but at*

*least I can escape the fear of  
it.”*

*- Epictetus*



## Part 3: Summary of issues

**1)** US culture + psychoanalysis long biased against death awareness.

Death denial followed Freud's lead.

**2)** Mental health professionals responsible to discuss death with patients.

a) First need to assess and to differentiate among patients: who will be open & vulnerable vs. who needs to keep omnipotent defenses.

b) Death talk is nuanced. Human nature oscillates along a paradoxical continuum from acknowledgement/acceptance at one end ... to defense/ denial at the other end..

**3)** Proposed here: death awareness can be used creatively as a psychic organizer to help patients live better lives.

Starts with your own awareness about your own death/ mortality



## **Mortality is relational:**

*“...patient and analyst...create a rare mutuality defined by a heightened sense of aloneness...existing alongside a deep sense of connection ...” - Frommer (2016, p.11)*





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**T H E**  
**E N D**